

Healthy, hopeful, vibrant rural communities

Delivered by Blandin Foundation President and CEO Dr. Kathleen Annette

Minnesota Rural Health Conference

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Hello, everyone! It's great to be here with you all. I see many familiar faces, and am honored that you have invited me to share some thoughts today.

It's also great to be in Duluth. I remember very well the day I arrived here for medical school. Excited by the challenges ahead...

Carrying so many expectations—from my community, my family, all those who had helped me to get to that day, all those who were waiting for me here. Because it had never been done by a female member of my tribe before. I was starting down a path of health care delivery that few Anishinabe had ventured down. I was entering into a world of incredible change.

Learning western medicine and direct clinical care was what I expected. The ever-changing legal and regulatory requirements were not. I remember when bugs were just mosquitoes; now they're bacteria, viruses and technology glitches.

I know that you, as people who care deeply about doing the best possible for your patients and your communities, have seen a lot of change. I can see it in this week's ambitious agenda....

Quint Studer, in his conference keynote yesterday, talked about how the environment we're navigating now requires change at a new level. He said this sector has moved from experiencing episodic change to continuous change, which requires a whole different set of skills and different level of urgency.

And I know Commissioner Ehlinger will talk later today about trends in Minnesota health care, including changes that cause us to think more holistically, to anticipate the needs of all. He'll challenge us to adapt.

More change.

Thank goodness that, later this morning, there's a breakout on "Leading change without losing it to stress...!"

Wouldn't it be nice to just be still for a while? To soak it in, to know that we are on top of things? To know everything we need to know, and have everything we need to have?

I can tell you that community leaders across this state also are looking at change—older demographics, shifting economy, and in some places neighbors who have come from the other side of the world. Strong community leaders are figuring out how not just to survive, but to work with whatever the community's assets are, and to help their communities thrive. Because leaders are those who do whatever it takes, as long as it takes. And in rural places they wouldn't dare give up.

You are those kinds of leaders. Your participation in this conference is a reflection of your passion for your craft, and for those whom you serve. Rural health care delivery is a calling.

At UMD, which strongly focuses on rural practice, we heard repeatedly that the same person you see for a colonoscopy one day, you see at the grocery store the next. Or, as a hospital administrator, the person who has a real complaint that they insist on talking to you about, is the person sitting next to you at the baseball game that night. In a rural community, all 4 of you might be at a city council meeting the next week voicing your concerns about road construction.

Rural health care absolutely is community leadership. To be effective--to be relevant--we must see ourselves--our gifts, our challenges and our care--in the context of the whole community.

A note about that word, community. Blandin Foundation has been in the work of strengthening rural Minnesota communities for more than 70 years.

It's complex work. Community, after all, is not a thing. Community is a system – or more accurately, a web of inter-connected systems. Community is the PTA, and the town council, and the Chamber of Commerce, the clinic, the pharmacy. Parents raising their kids. Business people serving their customers.

Community might be a place. Or a group with shared interests, skills or mission.

Every community is different. A community is shaped by its geography, its history, its resources and the cultures of its peoples.

As you have been working through your Community Health Needs Assessments, you had a chance to take a good look at who actually lives in your communities—not just those accessing care. Needs Assessments acknowledge the visible and the invisible. You stepped outside to engage the broader community in identifying needs and hopes. You are standing with your community as it designs and claims healthy, hopeful, vibrant futures.

These are acts of leadership, and we need to stop and recognize your hard work. So, take a deep breath, and just for this moment, soak it in. Stand still. Believe that you know what you need to know, and that your community has everything it needs for its future.

Standing with Minnesota's rural communities and leaders as they design and claim vibrant futures—that's what Blandin Foundation is about. It's an interesting twist for me on 25 years in the health care field. A related, expanded version of community health.

Many of you know the Foundation well, and know that we are place-based, one of the few rural-only foundations. The Foundation

- Offers grants, about \$12 million a year, for rural Minnesota efforts that expand opportunity through the blend of economy, education and inclusion.
- We bring rural Minnesotans together to address big, complex issues—like student success, broadband and vital local economies.
- When invited, we also train community leaders—usually 8 communities each year, plus programs specifically for reservation communities, communities partnering to end poverty, and in ethnically diverse communities.

I did the math. More than 6,500 community leaders, each of whom have spent up to 8 long days in leadership training with the Blandin Foundation over the past 27 years. We have had the honor of spending more than half a million hours with local leaders--those who are making things happen in rural Minnesota.

Are there alums of Blandin leadership programs here today? Please wave and let me know!

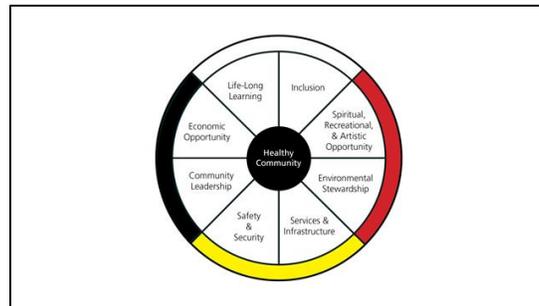
Great to see you here!

Blandin Community Leadership Program alumni, such as these folks, were asked by their rural Minnesota communities to participate in one of our community leadership trainings. Thank you for taking on this role!

In the 500,000 hours Blandin Foundation has spent with community leaders, we have learned many lessons. Because I believe it is directly relevant to the work you do every day, here are what I call our top five lessons of community leadership:

Lesson Number One: The healthier the community, the more its residents are able to solve problems and create new trajectories.

In Blandin Foundation's experience, community "health" can be understood and assessed through eight lenses, or dimensions:



Since we're in Duluth, I'll start in the Northeast. The 8 Dimensions of a Healthy Community are...

- **Inclusion** -- In a healthy community, people consistently make the effort required to capitalize on the range of differences in the community.
- **Spiritual, recreational and artistic opportunity** -- opportunities available express the cultural backgrounds, talents and experience of all community members.
- **Environmental Stewardship** -- The community supports management of natural resources in a way that best provides for a sustainable future.

- **Services and Infrastructure** -- Whether it's transportation, broadband, water, sanitary living conditions, or health and wellness services—the community has the quality and quantity it needs. And everyone has access.
- **Safety and Security** -- The community provides appropriate safety and security measures for all, and actively addresses the causes and consequences of violence.
- **Community Leadership** -- There are broad-based leadership structures in which many people fill leadership roles.
- **Economic opportunity** -- All people can earn an income that allows them to live with dignity.
- **Life-long Learning** -- All ages have access to educational opportunities that enable them to participate in the community to the full extent of their potential.

It's easy to get fixated on one of these dimensions. It's actually the *balance* that creates a healthy community. For example, when we start talking about economic opportunity, we can't talk very long before we have to consider education and inclusion too. Without viable educational opportunities to prepare the workers of the future – or retrain older workers – work goes undone. And when we aren't acknowledging and leveraging our differences, we're wasting resources.

The second lesson I'd like to share with you is that **Change can happen from anywhere.**

A leader does not need the power of position to make things happen for their community. Anyone can frame issues, build social capital and mobilize resources. In fact, one of the hallmarks of healthy communities is that engagement and power are widely distributed with multiple stakeholders.

What would it look like if an entire community—and I mean everyone—was prepared to take advantage of the Internet? In Winona, the community has marshalled its resources to get all residents online—equipped to use broadband, as well as to get connected.

Project FINE is dedicated to making sure that even residents who speak other languages are able to take advantage of the community's advancements. For example, they are providing digital literacy for Hmong and Hispanic immigrants in their own language. Imagine the impact on Winona's workforce. Imagine the possibilities there for education. And how about telemedicine?

Again, change can happen from anywhere. Change in Winona is happening from everywhere.

In Cook County, residents there have been working hard to help foster a culture of change, too. Leadership is coming from throughout the region, including from health care providers. For example, Grand Marais leadership is using telemedicine to make it possible for more seniors to stay in their homes.

Communities tackling complex issues together—that's leadership!

Closely related to that is our lesson #3: **Leadership is an unlimited resource.**

Interestingly, leadership is even more important in rural communities than in larger cities.

At University of Minnesota Extension's Center for Community Vitality, Ben Winchester has been measuring rural leadership. Ben will tell you that in urban areas you need one in every 138 people involved in non-profit organizations. In rural areas, you need one on the equivalent of every city block to be such a leader.

Rural communities are far more dependent on local leaders than urban areas—there's still a lot of work to do out here, even if we have fewer residents. So it's a good thing we can make more!

Do you know that, in our Rural Pulse survey, 41% of respondents statewide told us they had never been invited to play a leadership role? That's four out of every ten.

Even more—43%--do not feel that local leadership reflects representation from people of differing backgrounds.

Where do you have the opportunity to reach out and invite someone into a role of leadership, someone who just needs to hear, "You are the leader we have been waiting for?"

I have had the opportunity to get to know the people of one of Minnesota's beautiful, vibrant small towns—Bigfork. With a population of 444, Bigfork has a thriving health care facility.

A settler in that area, Alice Strand, wrote in her journal that "Around 1938 or so, our community decided to build a hospital in Big Fork."

"The men gathered together to talk it over and everyone was willing to donate time, energy and supplies." That was community leadership!

Today, Bigfork Valley Hospital, Clinics and Communities provide critical services and quality of life—at the edge of northern Minnesota's wilderness. Bigfork is the kind of place where leaders are intentionally identified, raised up, put to work, and appreciated. Based on size alone, they should not be able to offer the quality and depth of care that they do today. It's possible because of leadership.

The intrepid Alice Strand also wrote in her journal that, “The hospital has since been replaced, but we are proud to have built the first one. It was always part of the pioneering spirit to help others.” And so it was, and so it is....

Alice Strand reminds me of another pioneering woman in Bigfork today. Heidi Korstad is a doc there, and even more. She is actively involved in mentoring kids, teaches classes at the high school, and runs the lights and sound at Edge of the Wilderness Performing Arts Center.

Dr. Korstad is brilliant, and she chooses Bigfork to be the place where she invests her career, raises her children, and carries on the work that Alice Strand started nearly a century ago.

I know there are many Alices and Heidis among you all today.... Again, thank you for your leadership.

I grew up on the Red Lake Reservation.

As a girl, I was given the name “Anna KOO ba day” by an elder in my community. Some girls are given names that mean “beautiful flower” or “rising sun.” But not me. My Indian name means “to tie to together.” From the day I was named, I was invited to be a leader. Not just any kind of leader, but one who ties together—what an honor.

And as someone whose name means “to tie together,” I especially love Leadership Lesson #4: **Sustainable community action is anchored in the quality and diversity of its connections.**

Let me say that again. The quality and diversity of our relationships defines the quality of our community.

For Aaron Wenger, the quality that he wants for the Iron Range Engineering programs cannot be achieved without seeking differences.

Dr. Wenger says that the field of STEM—or “Science, Technology, Engineering and Math--really needs to represent ALL people, all histories, all communities, but it cannot do that until it reaches out and brings differences into its midst.

Iron Range Engineering has demonstrated that the whole program is better when it includes women, appreciates and engages their differences, and sees the potential of every person.

And now they are demonstrating that all students succeed better when people from a wide, wide range of perspectives—wealthy and poor, Native Americans, Vietnamese, Hmong, white, men and women—participate. Differences make us stronger. Owning who we are, all our bits and pieces, makes us stronger. Seeing others—in all their bits and pieces AND our commonalities—makes our relationships, our communities stronger.

I know that’s true for health care, too. In order to serve our patients, it’s not enough to just to manage difference, but to seek it. And to see it.

In your case, to realize that the person who walks into hospitals or clinics and sees our health providers may have other healers that they see, too. Or that a lack of eye contact means someone isn’t listening, because in my culture you turn your ear to someone who is talking.

It’s been a while since I treated patients, but some experiences have really stuck with me. We had a patient who was hospitalized, and likely at the end of his days. All of a sudden, a colleague came in concerned that people at the end of the hall were smoking marijuana. I could see right away what was happening... they were conducting a

ceremony—a smudging—that involved burning sage. Once we could see and understand this difference for what it was, we found a way to honor it.

North Country Regional Hospital in Bemidji, I know, took this journey of intentionally seeking differences. They were the primary referring facility when I was practicing in Cass Lake in 1986. They had a large Native American patient population, but no Native American employees. My patients did not always feel welcome there. But that has changed!

It is a different place today! They actively sought out staff that reflected the community. They made space available for healing ceremonies. Traditional healers are welcome to this day, and ceremonies supported. Today, it is welcoming place for all.

I'll say lesson 4 again.... Quality and diversity of connections lead to quality of community.

Finally – lesson number five:

In order for a community to change, it has to have hope.

As the poet Emily Dickinson wrote: Hope is the thing with feathers/ That perches in the soul/ And sings the tune without the words/ And never stops at all ...

Hope is believing that a different future is possible, for ourselves, our patients, our communities. Hope is being able to imagine what that future might be. Wise leaders know that creating a shared vision for the future, a vision arising from and embraced by the community, is the engine that powers change. When people have hope, they can accomplish amazing things.

Sometimes hope emerges from unlikely places. From tragedy.

As many of you may remember, just a little over 9 years ago a 16-year-old student at Red Lake High School went on a shooting rampage that left 10 people dead and seven

injured. He killed his own grandfather, a teacher, a school security guard and five other students before killing himself afterward. Another dozen people were injured.

Because of my role at the Indian Health Service, I was assigned to coordinate the local response for the federal Department of Health and Human Services. At the time, I was the most senior federal official who was geographically close. Plus I happened not only to be Native but was raised on the Red Lake Reservation. That was my high school. I knew the teacher who was killed. Being a physician and having worked with the reservation leadership for years helped. I trusted them and they trusted me.

There was so much to organize, but my most immediate role was to be there, to be home. I remember being so very sad, attending so many funerals. I saw leadership from so many— I remember a nurse at the hospital who stepped forward to tell me about her colleagues who'd been up for days and wouldn't go home, who had tended to the injured and made a makeshift morgue at the hospital. "Find people to cover for them, and send them home," she said, and I did.

Even in those days of terrible tragedy were the seeds of hope: the absolute commitment to protect the children, the urgency to get the school back together, to create a promising future.

Communities established youth leadership councils and we strengthened the local Boys and Girls Clubs. We took on drug and alcohol problems, youth leadership, even cancer prevention. All elements of the community came together—tribal leadership, fire department, educators, the health care system--the whole shebang. We used what we'd learned about leadership during this horrendous tragedy to help the community heal and emerge stronger than before—resilient and hopeful.

You are out in your communities, working to make them even better places to live and work every day, so you already know this, but it bears repeating: nothing truly

worthwhile has ever been easy. There's a lot of hard work ahead to make our communities what we want them to be.

I hope that my stories and these Five Lessons of Leadership will be of value to you in your own leadership journey:

1. It takes a healthy community to move forward.
2. Change can happen from anywhere.
3. Leadership is an unlimited resource.
4. Quality and diverse connections sustain progress.
5. Hope leads to change.

When people arrive at our leadership training retreats, we tell them, "YOU are the leaders we've been waiting for." I remember how that felt when they said it to me. What a wonderful and awesome sense of challenge there comes with hearing it.

"You are the leaders we've been waiting for." And, in that spirit, some thoughts to take home....

Invite opportunities to develop your community leadership as well as your individual leadership. They are not the same. Great community leaders frame issues, build social capital and mobilize resources. They know that they have to do it themselves, but they can't do it alone.

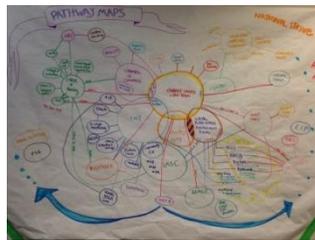
Know that complex community issues still come down to local leadership—maybe your leadership, and that it's possible to move a community and change a system. A great example is broadband—very complex. Another complex issue, of course, is quality health care. Blandin Foundation's rural pulse survey, which we have been doing every three years since the mid-90s, consistently finds access to quality health care among rural Minnesota's top community issues.

You can see here that health care opportunities and educational opportunities are right up there with the economy.

Even though the underlying pressures on health care are largely national in scope, rural residents believe and expect that local leadership can make a difference.

A third thought to take home.... Assess your connections. Certainly you are there for your community, but are you and your organization of the community? Change breaks along relationship lines—how healthy are your relationships? With whom are you connected? To whom aren't you connected?

Try this exercise—map an issue you really care about. Put it in the center, then ask yourselves—who already is connected to this issue in our community? Even better, then ask—who is not connected yet to this issue?



Here's what it looked like when we did this recently in Itasca County for an emerging community-wide effort around student success.

Fourth, think about what Professor Aaron Wenger, of Iron Range Engineering, said: in order to represent ALL people, all histories, all communities, we must reach out and bring differences into our midst. How intentional are we?

The Community Health Needs Assessment is a great opportunity to go deep, to do what it takes to anticipate all people's needs and set priorities based on broader knowledge.

Finally, every once in a while, stand still. In the midst of change and complexity, acknowledge and be part of building on community assets. Know that good change is possible, and that you and your organization bring considerable perspective, data and passion to the work – as do others.

What Blandin sees over and over **is that real communities are built through hard work** - the hard work of leadership, of genuine inclusion, of reaching across boundaries and building lasting connections.

That's the fertile soil resilient, vibrant rural communities grow from.

I believe that we *all* are in the hope business.

As I mentioned, the Blandin Community Leadership Program has been around for 27 years. A few years ago, we put together a documentary that brings this all home. I think this clip helps to bring to life all that I have shared today...

[LINK: <https://www.youtube.com/watch?v=IONqTzPu5Yc&feature=youtu.be>]

I thought that clip and story in it was particularly appropriate, as Duluth has just been named the Best Place to Live in America by readers of Outside magazine. That took leadership.

It is my absolute pleasure to be with you today, and to seed your conversations with a little different take on community health.

Thank you.