

UNLOCKING POTENTIAL:

Collaborative Strategies for Rural Health and Economic Prosperity

A CALL TO ACTION

As the Thrive Rural Framework makes clear, rural health and rural community and economic development are inextricably connected—neither field can be successful without the other.

Thriving economies and communities require healthy people, and people need strong economic and health systems to thrive. Ideally, both fields are aligned and working together toward a common outcome: healthy places where each and every person belongs, lives with dignity, and thrives.

In practice, however, it is all too common for stakeholders from health and rural development to work in silos, talk past each other, or even work against each other as they seek to implement their respective projects. But the rural health and development fields can work together to

exchange learnings and adopt new approaches from each other—moving collectively toward equitable rural development with projects grounded in place and a people-centered vision of community impact.

To achieve this, we must align mindsets across fields to truly work together toward our common goal. This Call to Action is part of a series that aims to equip local- and systems-level actors with equity-centered principles that will lead to equitable, healthy, and long-lasting regional economies in rural communities and Native nations across the United States.



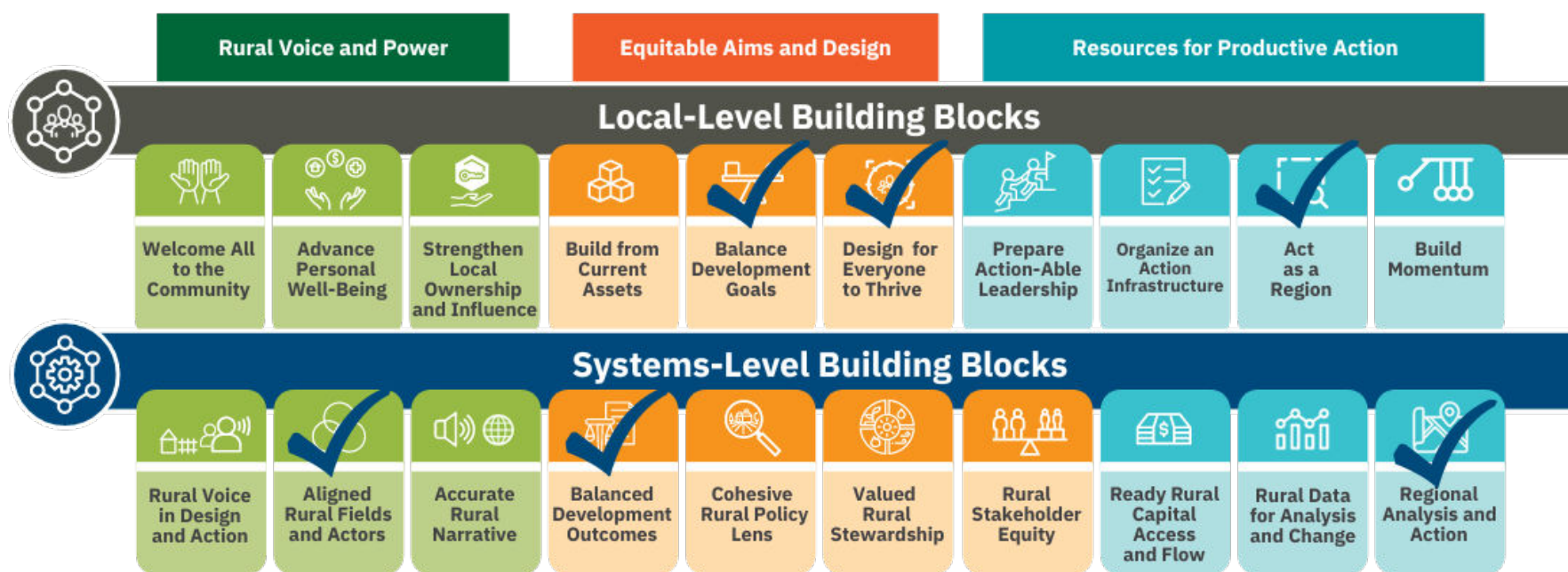


3 PRINCIPLES TO UNLOCK POTENTIAL: COLLABORATIVE STRATEGIES FOR RURAL HEALTH AND ECONOMIC PROSPERITY

THE PROCESS

This Call to Action results from Aspen Institute Community Strategies Group (Aspen CSG)'s Thrive Rural Action-Learning Exchange (TRALE). TRALE is a process that quickly taps on-the-ground insights and experiences to help generate breakthrough thinking about what works and what's needed to push forward policy and practice that improve equitable outcomes for rural communities of color and concentrated poverty. For this TRALE process, Aspen CSG convened 29 economic and community development practitioners from rural and Indigenous communities across the United States. Click [here](#) for the list of participants.

THRIVE RURAL FRAMEWORK BUILDING BLOCKS HIGHLIGHTED IN THIS REPORT



Foundational Element: Identify and dismantle historical and ongoing discriminatory practices that disadvantage rural people and places based on place, race, & class.



3 PRINCIPLES TO UNLOCK POTENTIAL: COLLABORATIVE STRATEGIES FOR RURAL HEALTH AND ECONOMIC PROSPERITY

1

PRINCIPLE 1: Recognize the interconnected goals of rural health equity and equitable rural development and work to align these fields through a common language and shared, overlapping measures of success.

Across our conversations, the need to develop a shared language and understanding was a consistent theme. Many participants noted that people from different contexts use the same words in different ways (e.g., community, development, equity, health), which can get in the way of effectively working together. Participants emphasized that developing shared language and aims requires deep listening and building trust, including in contexts where power imbalances have made trust challenging in the past.

Recommendations

For All

- Create opportunities for “same team” understanding at all levels, and be honest about broken trust, history of oppression, stigma, structural barriers, and power dynamics.
- Use plain language to illustrate rural assets and challenges and find common ground through stories.
- Align understanding of rural assets (natural resources, renewable energy, unique cultures, invested community members) and how they can be leveraged to advance health equity and rural development. Make use of tools like [WealthWorks](#) and the [Thrive Rural Framework](#).
- In addition to focusing on “symptoms” (e.g., food insecurity), take action on root causes (e.g., alleviating poverty).

For Government

- Incentivize agencies to participate in cross-agency and cross-field collaborations.
- Expand the definition of economic development to incorporate broader indicators of a thriving community (e.g., wellbeing).

For Philanthropy

- Provide opportunities (via learning convenings, grantee convenings, and meetings) for health and economic development practitioners and funders to learn together and build and share foundational assumptions. The Robert Wood Johnson Foundation’s [Culture of Health Prize](#) exemplifies this.
- Invest in cross-sector partnerships working to improve community conditions and quality of life, aligning improving health outcomes and reducing poverty with economic development.

For Rural Practitioners

- Develop a shared vision and goals for equitable development in partnership with the community that encapsulates the aspirations and needs of rural regions and Native nations. This can involve setting clear objectives for economic development, social wellbeing, cultural preservation, and environmental sustainability.
- Identify local, upstream drivers of health and economic development that are human-centered and grassroots-driven.
- Build stronger relationships to enable joint work between health departments and hospitals, economic development districts, agricultural extensions, tourism agencies and organizations, and local chambers of commerce.
- Acknowledge and disrupt existing networks (e.g., “old boys clubs”) that exclude people and perpetuate inequitable power dynamics.



2

PRINCIPLE 2: Align funding, planning, implementation, and evaluation systems across the rural health equity and rural development fields to advance common goals.

Even when actors within the rural health and development fields use the same language and work toward the same goals, the systems and structures associated with the two fields work separately, often repetitively, and sometimes at odds. Planning and assessment processes in both fields require extensive community input and data gathering, and the same community members are often called upon to contribute to both. Collaboration and coordination across agencies and fields could allow these processes to become complementary rather than parallel or conflicting, enabling communities to better meet their goals. Funding mechanisms also need to shift in specific ways to accommodate shared definitions and goals.

Recommendations

For All	
<ul style="list-style-type: none"> • Start and scale community connectors and technical assistance to translate and bridge between communities, organizations, and funders at the local, state, and national levels. • Encourage healthcare to get “outside their lane” and be engaged in their local economy and economic development efforts. • Promote education with and within anchor institutions on how they can enhance their local impact. 	<ul style="list-style-type: none"> • Create public-private partnerships to collaborate across fields. • Look at state trends, map alignment of health equity and economic development policies, and associated health outcomes, particularly by race/ethnicity and gender. • Look beyond traditional approaches in each sector to advance community goals (e.g., resource extraction, tourism for economic development, consolidation, one-size-fits-all prevention for health).
For Government	
<ul style="list-style-type: none"> • Structure the funding and evaluation of economic development and health agencies to incentivize collaboration and shared outcome measures. • Transition state and federal economic development programs and incentives to support human-centered economic development (e.g., housing, transportation, childcare), not just business-centered economic development (e.g., jobs, capital investment). • Bridge gaps between fields by aligning economic development and public health planning processes (e.g., state/local economic development strategic plans, state health plans, local comprehensive plans, Comprehensive Economic Development Strategy/CEDS, Community Health Needs Assessment/CHNA, Community Health Improvement Plan/CHIP, Comprehensive Outdoor Recreation Plan/CORP). For example, communities could provide input through a common process that could be accessed to develop multiple planning documents. 	<ul style="list-style-type: none"> • Design funding opportunities as much as possible to support and enhance, rather than duplicate or conflict with, opportunities from other agencies. • Require grant reporting metrics around integration and collaboration across economic development, rural development, and health. • Change federal cost report overhead reporting mechanisms that financially penalize hospitals for community-based programming (e.g., childcare, Birth to 3, Meals on Wheels). • Consider creating coordinating council intermediaries or working groups to enhance work across fields.
For Philanthropy	
<ul style="list-style-type: none"> • Convene learning exchanges to bridge gaps between fields. 	<ul style="list-style-type: none"> • Fund innovative collaborations to demonstrate possibilities.
For Rural Practitioners	
<ul style="list-style-type: none"> • Help rural anchor institutions understand and communicate their broad contributions to the community. 	<ul style="list-style-type: none"> • Advocate for systems change across agencies and fields.



3

PRINCIPLE 3: Bring together resources across rural health equity and rural development to design and implement projects grounded in community assets, awareness of exclusionary histories, and leadership of those most affected.

Participants were very clear that one key to aligning work across fields toward equitable rural development is to keep the work focused on—and led by—Black, Indigenous, Latino, Asian, and low-wealth rural people and communities at all levels. Keeping people at the center and communities in the lead when addressing development and health issues will require interrupting traditional power dynamics related to race, place, and class—within rural communities and between rural communities and outside actors. Investing in local capacity is also a vital element of this principle—this includes both the inclusion and development of local leaders and investment in community organizations that are trusted connectors and hubs in the region. And grounding work locally and regionally through Rural Development Hubs is an essential strategy for alignment and accountability.

Recommendations

For All

- Ground community work in the [Foundational Element of the Thrive Rural Framework](#): identifying and dismantling historical and ongoing discriminatory practices that disadvantage rural people and places.
- Understand that capacity in rural areas is found in nontraditional places, and there may be hidden layers of expertise. Prioritize finding the relationship holders and value lived experience as expertise.
- Incentivize community members to participate in projects; reinvent models to compensate people for their insights, wisdom, and time.
- Support efforts that assist leaders (both formal and informal) from marginalized communities in using their voices and power and encourage and support them in shifting power in their communities.
- Include people with disabilities in community conversations and decision-making, particularly regarding the built environment.
- Look to a community's elders, healers, parents, and caregivers; incorporate their voices in policymaking and design.
- Promote transparent economic development practices that bring deals into the daylight and allow communities input into how their resources are invested.
- Work to start, maintain, and scale [Rural Development Hubs](#).

For Government

- Help address rural capacity challenges by making grant processes accessible and/or providing technical assistance for rural communities. Consider partnering with higher education to help communities navigate and take advantage of funding opportunities.
- Invest in capacity building initiatives to enhance the skills, knowledge, and resources available to powerholders working in rural development and health. This can involve providing training programs, technical assistance, and mentorship opportunities that support the development of expertise in areas such as community engagement and policy advocacy.
- Make grant funding more equitable for rural communities and Native nations, including by adjusting grant eligibility criteria that negatively impact communities with smaller population sizes (see [Measure Up: A Call to Action](#) for specific recommendations). Don't force small communities to compete with one another for resources.
- Require proposals for funding to demonstrate documented partnerships with community-based organizations and leaders of marginalized communities, connecting the proposal to community planning priorities.
- Create funding mechanisms to support community abundance planning and implementation, investing in the basics: food, housing, and shelter.
- Consider creating equity assemblies to engage communities in decision-making using a process informed by NIH community listening sessions.



For Philanthropy

- Share examples of successes and cases that resonate with community members, not just with national organizations.
- Be aware that education and connections bring money in—community members might not have that expertise, but they can still make a significant impact.
- Invest in rural leadership and capacity development, especially through [Rural Development Hubs](#).
- Fund mechanisms for diverse groups of local people to learn and work together.
- Support and invest in youth and youth leadership.
- Invest in organizations with histories of working with communities successfully; consider funding outside of traditional organizations.
- Work to expand the number of community foundations so they can focus on smaller geographies.
- Implement and accelerate trust-based philanthropy and participatory grantmaking processes.
- Invest in power building work.
- Fund projects grounded in local culture and make grant reporting culturally relevant.

For Rural Practitioners

- Center community assets in planning processes using tools like [WealthWorks](#) and the [Thrive Rural Framework](#).
- Provide education on power dynamics and the history of structures of discrimination.
- Provide mental health support to rural residents to move from a scarcity mindset to an abundance mentality.



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The views expressed here do not necessarily reflect the views of the Foundation.*

Since 1985, the Aspen Institute Community Strategies Group has been committed to equitable rural prosperity. We work towards a future where communities and Native nations across the rural United States are healthy places where each and every person belongs, lives with dignity, and thrives.

Aspen CSG serves as a connecting hub for equitable rural community and economic development. We design and facilitate action-inducing peer learning among rural practitioners, national and regional organizations, and policymakers. We build networks, foster collaboration, and advance best practices from the field. The foundation of our work is the Thrive Rural Framework – a tool to take stock, target action, and gauge progress on equitable rural prosperity.

*Aspen CSG's consultant Rebecca Huenink led the writing process for this report.
We are grateful for her contributions.*

For more on Aspen CSG,
see: www.AspenCSG.org

For more on the Thrive Rural Framework,
see: www.ThriveRural.org