

West Virginia Rural Health Transformation

Summary

Rural West Virginians should not have to sacrifice their health to live in the places they love—places where their values and way of life are honored and celebrated. With the launch of the West Virginia Rural Health Transformation (RHT) program, they no longer will. Thanks to funding included in President Trump’s One Big Beautiful Bill, RHT could provide \$500 million or more to revolutionize rural healthcare in West Virginia. Gov. Morrissey has developed a bold vision to invest those resources in Rural Health Transformation in West Virginia. This summary describes that vision and how it can revitalize our state’s people and economy.

The Problem

West Virginia is the third most rural state in the country, after only Vermont and Maine. For decades, the state has grappled with the challenges of providing healthcare to a rural population. West Virginians are by nature hard-working, independent people. But as one of only two states with no city larger than 50,000 people, we also face structural and cultural barriers to good health. Many of our citizens live far from healthcare providers and lack the means to travel to them. Many lack ready access to nutritious food. Many lack nearby places to exercise; in rural areas of the state there are few gyms or even places to walk except narrow, winding roads with no sidewalks.

Poor economic conditions, caused in part by political attacks on the energy sector and decades of offshoring of manufacturing jobs, have led to low workforce participation, poor mental health, and increased addiction. And, in a vicious cycle, those consequences of economic distress make it vastly more difficult to stimulate new economic growth, with employers struggling to find able workers.

The state’s rural healthcare providers are skilled and deeply committed but face challenges of their own. Most rural providers are small organizations that lack access to sophisticated technology to treat patients or operate their businesses. Because they serve a more remote and smaller population than their urban counterparts, their per-patient costs are higher. And—in another example of the vicious cycle of poor health—they have difficulty attracting healthy, qualified professionals and staff.

The health outcomes that have resulted from these structural and cultural challenges are well known. West Virginia has among the nation’s highest rates of obesity, smoking, diabetes, cardiovascular disease, addiction, and a variety of other health problems. Life expectancy is among the nation’s lowest, and in some of the state’s most rural, poorest areas, is more than 11 years below the national average. This crisis has been decades in the making and presents an

enormous hurdle to the state's efforts at economic revitalization. We must overcome our barriers and make health care more affordable, while demonstrably reducing the prevalence of chronic disease.

The Vision

But we are far from resigned to the status quo. Rural West Virginians, like people everywhere, *want* to be healthy. They want to enjoy longer, healthier lives with their families and friends. And they *can* be more healthy. They need not suffer from poor health simply because they choose to live where their families have lived for generations, as part of the time-honored American tradition of living in our great open spaces, in places that reflect their values and beliefs. West Virginia has been among the first and most enthusiastic states (and the most rural state) to embrace the principles of MAHA, banning several food dyes, securing a SNAP waiver for soda, and launching a Mountaineer Mile initiative to encourage residents to get outside and move. We are actively pursuing a path forward, both figuratively and literally.

West Virginia is, in short, perfectly poised to become the nation's laboratory for rural health transformation. We believe that no other state has our combination of: (1) a heavily rural population, (2) extremely serious rural health deficiencies, (3) state leadership that is committed to working hand in hand with the Department of Health and Human Services to advance MAHA principles, and (4) a population size at which the Rural Health Transformation grant can be truly transformative. No other state is as well-positioned as West Virginia to make RHT a success and to demonstrate to the rest of the country how to Make Rural America Healthy Again. And no other state stands to reap the economic benefits that West Virginia will realize from transforming rural health: Changing a generations-long vicious cycle, in which poor health worsens economic decline which then worsens health, into a *virtuous* cycle—a self-perpetuating flywheel effect in which better health fosters a stronger workforce and in turn a stronger economy, which further improves health, which improves the economy, which improves health.

Only a comprehensive, far-reaching program can accomplish that goal, and that is what Gov. Morrissey has proposed. West Virginia's Rural Health Transformation will take on an array of challenges:

- The **distance** between patients and providers.
- The **lack of access** of rural healthcare providers.
- **Resources** to support rural healthcare providers.
- Connecting West Virginians to the **workforce** as they become healthier.
- **Preventing** adverse health outcomes through **nutrition, exercise, and lifestyle**.

· Developing **groundbreaking technology** to simultaneously drive better health and economic growth.

Distance

Distance from healthcare providers is an overwhelming barrier to care for many rural West Virginians. Here, Gov. Morrissey takes a common-sense, two-pronged approach: When possible, bring care to where patients are. And when that's not possible, take patients to where the care is.

Several innovative strategies will bring care to patients as part of a new Connected Care Grid. Telehealth access will be increased. Community institutions such as schools and libraries will be outfitted as access points where patients with poor home broadband access can go to connect to telehealth. Those same institutions will become locations for community clinics, where healthcare providers go on a regular basis to meet patients where they are, in person. Mobile healthcare units—vehicles that take healthcare professionals into communities—will accomplish the same goal. And EMTs, who are already embedded in rural communities, will be trained and authorized to provide a greater range of local care.

For healthcare services that require travel, transportation options will be drastically enhanced under a new initiative called Rural Health Link. This initiative will use a range of transportation option to get patients to their medical appointments, including public buses, rideshare apps like Uber and Lyft, and private vehicles made available through faith-based or other organizations. Allowing more patients to regularly make it to their medical appointments will directly improve health outcomes.

Provider shortage

Every rural county in West Virginia is currently designated a healthcare shortage area. And 22% of rural practitioners in West Virginia are nearing retirement age, meaning our shortage of rural providers will get worse unless we act now. To reverse that trend and grow the state's base of rural healthcare professionals, Gov. Morrissey will implement an intensive, multifaceted recruiting and retention effort known as the Mountain State Care Force.

Under the Care Force strategy, recruitment will begin in high school, with outreach programs that expose West Virginia high school students to healthcare careers. The state will add healthcare faculty at regional and technical colleges to train more graduates. Financial incentives will be used to attract providers to rural areas and keep them there. Healthcare professionals will be recruited from other states. And workers already in the healthcare field will receive support to climb the career ladder and continually improve their skills and credentials, through both in-person and virtual training. Through all of these efforts, workforce participation will grow.

Resources and support for providers

Rural healthcare providers incur higher per-patient costs than their urban counterparts; their administrative costs are higher and their patient populations are smaller and declining. West Virginia hospital services have the second-highest per-patient cost in the country. Gov. Morrissey's proposal will provide rural practices with technology and administrative support to reduce their operating expenses. And it will transition the state to a value-based care model in which providers have financial incentives to improve outcomes—and thereby decrease costs.

Workforce and economic growth

West Virginia's economic challenges are directly related to our poor healthcare outcomes. We have the lowest workforce participation rate in the country. Thousands of West Virginians who otherwise would participate in the workforce have stopped looking for work because of poor physical or mental health or addiction.

The RHT response: a Health to Prosperity Pipeline that will get West Virginians back to work. West Virginians with chronic illnesses will receive improved care coordinated with placement services to connect them to jobs that they can perform when their conditions are properly managed. Addiction treatment will be enhanced to grow the state's drug-free workforce. Pipeline coordinators will work with employers to increase opportunities for job-seekers in recovery or under care for a chronic condition.

To keep employees healthy and employed once they are on the job, RHT will support workplace health and wellness programs to promote prevention and rapid injury care. And employers who agree to hire participants from the state's new health-to-work program will be eligible for support to offset higher healthcare costs that they incur from those new employees.

Personal wellness

A lasting solution to West Virginia's health crisis requires prevention through personal wellness, not just treatment after disease occurs. Lifestyle factors such as nutrition, inactivity, and smoking are primary causes of preventable disease and lower life expectancy.

Aligning itself with the core principles of MAHA, this component of RHT—the Personal Health Accelerator—focuses on motivating (and incentivizing) West Virginians to eat better and move more. Building on efforts such as Gov. Morrissey's Mountaineer Mile, a statewide health challenge will offer awards to communities that achieve the strongest health and lifestyle outcomes. West Virginia will challenge neighboring states to a state-versus-state competition with similar goals. The state employee benefit plan will introduce incentives for weight management.

RHP will fund innovative care models to help reverse Type 2 diabetes, encourage SNAP recipients to purchase healthy foods, and enhance existing food and wellness programs like local

farmer's markets and healthy hospital menus. Behavioral health and addiction-treatment programs will embed wellness and prevention education to prepare participants for long-term healthy lifestyles after program completion. And computerized tracking systems will be developed to measure and coordinate each patient's prevention and wellness across all settings where they receive care.

Groundbreaking healthcare technologies

Finally, West Virginia's Rural Health Transformation will fund the development and commercialization of new healthcare technologies. The program's HealthTech Appalachia initiative will invest—along with private partners—in technologies that address chronic disease and addiction and that promote personal wellness. Successful technologies will not only improve healthcare in West Virginia and around the country but will jumpstart the technology sector in the state's economy.

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For a heavily rural state like West Virginia—one with serious challenges in health and healthcare—Rural Health Transformation holds the promise to literally and fundamentally transform the state. It will radically improve the quality of life of hundreds of thousands of people, giving them more time—and more quality time—with their spouses, children, grandchildren, and friends. It will ease the burdens—obesity, diabetes, heart disease, addiction—that afflict them every moment of every day. And it will eliminate some of the biggest barriers to growing the state's economy: improving the health of our people and increasing the size and productivity of our workforce. There is nothing more important that West Virginia can do for its people than give them their health back.

This program also represents an unprecedented opportunity for West Virginia to serve the country. Our scale, our rurality, and our commitment to MAHA make us the ideal laboratory for rural health transformation—the perfect place to experiment, innovate, and develop the best practices that will revolutionize rural health across America and lift up our economic strength and standard of living.

There is no time to waste. West Virginia's transformation begins now. Together, we will make rural West Virginia healthy again.