



# RURAL Health Care

## Commitment to Community:

Advocate Health's Role  
as an Innovative National  
Rural Health Leader



## Foreword

Growing up, I often heard my father's stories about life in Yuma, a tiny rural town in western Tennessee, in a county with a population of around 20,000 people. In the 1930s, Yuma was little more than a dot on the map – no hospital in sight, dirt roads winding through farmland and few modern comforts to speak of. But what it lacked in infrastructure, it made up for in spirit. Neighbors looked out for one another, and the values of service, resilience and community ran deep.

Those values inspired my father to join the Navy and serve his country with pride – and they continue to shape the fabric of rural America today.

Yet, when it comes to health care, rural communities are in crisis. Since 2010, over 180 rural hospitals have closed and, as of 2025, 46% of rural hospitals are operating at a loss, with 432 currently at risk of closure.<sup>1</sup>

In many small towns, the local hospital isn't just a place to receive care, it's the largest employer, the economic anchor and a symbol of stability. When a rural hospital closes, it's not just a loss of services, it's a fracture in the community's foundation.

At Advocate Health, we get this. Twenty-one of our nearly 70 hospitals are located in rural counties, from the dairy farms of Wisconsin to the foothills of Georgia to the back roads of North Carolina – the second-most rural state in the nation. We care for close to a million patients in rural America, and we see their challenges up close every day. That informs our deeply held belief that access to world-class care should never depend on your ZIP code or the size of your town.

That's why we're investing \$3 billion in staffing, infrastructure and technology to strengthen rural health care. We're combining the scale and innovation of Advocate Health as a nationally leading health system, with the heart and commitment of local caregivers who live in – and love – the communities they serve.

Importantly, rural hospitals that are part of a larger health system like Advocate Health are not only more likely to survive – they're more likely to thrive. With access to shared resources, advanced technologies, clinical expertise and operational support, these hospitals can deliver high-quality care that rivals urban centers. They benefit from economies of scale, talent pipelines and innovation networks that empower local teams to do what they do best: care for their communities.

From virtual visits that bring specialists into small-town clinics, to expanded mental health services, to training the next generation of rural health professionals, to ensuring our clinical trials and innovations reach even the most remote corners – what follows in this report are tangible examples of our commitment to transforming rural care in America.

While my father passed away more than 25 years ago, I know he would be proud of the work we're doing. Because at Advocate Health, we believe that every patient – no matter where they live – deserves access to the care and resources they need to live their healthiest life.



Eugene A. Woods,  
CEO of Advocate Health

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# Commitment to Community: Advocate Health's Role as an Innovative National Rural Health Leader

## SUMMARY

Rural America is in crisis when it comes to health care. Twenty percent of the country's population live in rural areas. Hundreds of hospitals have closed and hundreds more are at risk of closure. Recent legislative actions threaten to reduce the revenues available to rural hospitals, adding another layer of challenges and complexity for industry leaders trying to preserve access to care close to home for people who live in smaller communities.

Amid these challenges, Advocate Health has made a commitment to “rewire” health care – to build the country's leading model for access to care. This type of transformation requires improving access for all people, including those who live in rural America, where ongoing access issues continue to impede their ability to live their healthiest lives.

In recent months, Advocate Health has invested in new infrastructures to make emergency care readily available, with demand for services exceeding projections. It's using its industry-leading virtual care capabilities to provide everything from primary care in the home to remote, virtual critical care monitoring in small town ICUs. With some of the most highly trained physicians, surgeons and academic researchers anywhere on staff, Advocate Health has equipped each of its hospitals with the capabilities necessary to bring renowned expertise in any number of specialties into any local hospital where it is needed.

Its mission: to deliver safe, high-quality and patient-centered care for all. Its goal goes beyond just treating illness, but also helping keep people well and out of the hospital, and building stronger, healthier and more vibrant rural communities.

With Wake Forest University School of Medicine serving as its academic core, Advocate Health is also changing the game in advancing medical trials, making them available across the entirety of its footprint, ensuring better qualitative results. It's also allowing patients in rural areas to take part, where previously they may not have been afforded that opportunity.

The health system's work on providing excellent care in rural areas is laying a strong foundation for even more substantial commitments, in concert with strategic private partnerships and critical legislative assistance from federal and state officials. Advocate Health and its leaders believe every patient – no matter where they live – should have access to the care and resources they need to thrive.



# INTRODUCTION

## Rural Health in Crisis

In many ways, the health of rural areas is on life support, sustained by the people, clinicians and providers who show immense commitment to their communities and to finding the innovative solutions they need.

About 20% of Americans live in rural areas,<sup>2</sup> where people often face greater health challenges. Smoking rates tend to be higher, as do rates of obesity and high blood pressure. Those underlying factors can lead to higher risk for heart disease, cancer, stroke and more. Substance abuse is an ongoing crisis in rural communities.<sup>3</sup>



**Closure of a hospital can be devastating for a rural area, especially when it is the lone facility for many miles. In small communities, a hospital can be a community institution on par with the local school, the county courthouse or a place of worship.**

— Dr. Nwando Olayiwola, president of Advocate's National Center for Clinical and Community Impact

On top of that, lower household incomes can make access to health insurance a challenge. As population density in rural areas drops, access to basic medical care does too.<sup>4</sup> Additionally, recent changes in public policy have introduced uncertainty around the funding streams that are vital to sustaining health care access in these communities. Even before that, roughly one in three of all rural hospitals across the United States are reportedly at risk of closure amid small patient populations and low reimbursement rates.<sup>5</sup>

"Closure of a hospital can be devastating for a rural area, especially when it is the lone facility for many miles," said Dr. Nwando Olayiwola, president of Advocate Health's National Center for Clinical and Community Impact. "In small communities, a hospital can be a community institution on par with the local school, the county courthouse or a place of worship."

On top of the other challenges facing small community hospitals is adequate staffing.



Dr. Matt Anderson, Advocate Health senior vice president for clinical transformation

"It can be difficult to recruit clinicians to practice in small, rural towns," said Dr. Matt Anderson, Advocate Health's senior vice president for clinical transformation, "but doctors and nurses who live in the community are trusted and frequently sought out by their neighbors for care."

For community hospitals, facing these challenges alone can be even more difficult. That's why larger health systems often show promise for patients when they pair resources and best practices with the community expertise and high-touch capabilities of rural clinicians.

"They know the institution, they know the people. They develop a camaraderie that allows them to thrive," noted Dr. Mehmet Oz, Centers for Medicare and Medicaid Services director, during his U.S. Senate confirmation hearing.<sup>6</sup>

### Advocate Health's rural footprint at a glance



**6 states** — WI, IL, NC, SC, GA, AL



**859,000+** unique patients



**36 counties, 21 hospitals, nearly 322 clinics**



**1,000+** physician and APC FTE

**10,600+** teammates FTE



**1.4 million outpatient visits**

**100,000+** rural virtual visits



With nearly 70 nonprofit hospitals serving local communities across six states, Advocate Health directly supports more than 859,000 rural patients living in 36 countryside counties. From Centre, Alabama, to Wadesboro, North Carolina, to Manitowoc, Wisconsin, Advocate Health doctors and nurses provide hands-on, personalized care as medical professionals who live in the communities they serve and understand the needs of their patients – their neighbors – best.

With 322 clinics and 21 hospitals in rural areas, Advocate Health's attention and commitment to rural care has grown with it – fueled by enhanced resources, innovations and expertise that come with providing care to patients and communities in different regions of the country: Advocate Health Care in Illinois; Atrium Health in Alabama, Georgia, North Carolina and South Carolina; and Aurora Health Care in Wisconsin.

"At its core, improving the health of people who live in rural areas is about finding ways to provide excellent care in places where it's often difficult to get, but desperately needed," said Kinneil Coltman, executive vice president and chief consumer and social impact officer for Advocate Health.

As an example, as recently as May 2025, Advocate Health announced it is expanding its school-based therapy program to serve students in five more rural counties in North Carolina.<sup>7</sup>

To provide nation-leading care to rural areas, Advocate Health combines:

- **Local Care:** Advocate Health hires people who live in the community and understand its needs. They provide in-person care with a personal touch, building trust and delivering care that feels familiar and compassionate.
- **Innovative Solutions:** The health system uses the latest tools, expert knowledge and strong teamwork to tackle health challenges early. The goal is to help people stay healthy and avoid hospital visits unless absolutely necessary.

- **Specialist Care Close to Home:** Thanks to new technology, patients in small towns can connect with top specialists without needing to travel far. Whether it's a virtual consultation or remote monitoring, expert care is just a click away.
- **Jobs with Purpose that Enhance Economic Well-being:** Advocate Health offers a wide range of good-paying, purpose-driven careers, whether as a nurse, technician or another vital role on the care team. In many rural areas, hospitals are among the largest employers. That means these jobs don't just support individuals and families – they help strengthen entire local economies.

Advocate Health plans to continue this investment sustainably and pursue new virtual-first care models, training programs and more.

"At Advocate Health, we believe access to nation-leading care shouldn't depend on your ZIP code or the size of your town," said Eugene A. Woods, chief executive officer of Advocate Health. "That's why we're investing more than \$3 billion across our rural footprint – to expand access, improve outcomes and create jobs.

"We're combining the strength of a national health system with the heart of local care – delivered by people who live in and understand the communities they serve," Woods added. "From virtual visits that bring specialists to small towns to new facilities, expanded mental health services and training the next generation of rural health professionals, we're committed to transforming rural health and strengthening the communities we call home."

Advocate Health understands it can't do this alone. It intends to continue to seek out innovative partnerships, design new models of care and advocate for public policies that advance rural health care delivery.



At Advocate Health, we believe access to nation-leading care shouldn't depend on your ZIP code or the size of your town. ... We're committed to transforming rural health and strengthening the communities we call home.

– Eugene A. Woods, CEO  
of Advocate Health

For example, a national Medicare provider licensure program would make it easier for clinicians to provide treatment virtually across state lines, increasing access to care. Protecting Medicaid funding and reining in insurers' prior authorization practices would ensure rural providers get paid adequately and on time.

Enhancing loan forgiveness and scholarships for future rural clinicians would help with recruitment.

Solutions like these can provide help across communities that each have unique challenges. There's an old adage that says "if you have seen one rural community, you have seen one rural community." Being a part of a larger health system that cares for patients in many different communities can help each one.

"I want to hear the ideas of other places," said Tifani Kinard, who runs the Atrium Health Floyd Polk County Medical Center in Cedartown, Georgia, which has been named a "Top Rural Hospital" by national watchdog The Leapfrog Group four times. "Maybe they've figured out something that I haven't thought about."





# COMMITMENT TO CARE

## The Newest Partner

In late 2024, Hugh Chatham Health announced it was looking for a partner, in hopes of preserving the health system's and 81-bed hospital's commitment to the health of Elkin, North Carolina, and the nearby region.

Their ask was for a partner health system with a dedication "to high-quality care, patient safety and clinical excellence," as well as the financial stability to keep delivering long-term.<sup>8</sup>

In July 2025, Hugh Chatham Health announced the signing of a definitive agreement allowing it to join Atrium Health Wake Forest Baptist, which is part of Advocate Health.

The agreement comes with a \$100 million commitment from Advocate Health that will help Hugh Chatham's patients directly,<sup>9</sup> by:

- Supporting and expanding current clinical programs such as women's services, heart and vascular and cancer care to ensure essential services stay local.
- Implementing a new electronic health record, EPIC, to facilitate seamless care coordination between providers at Hugh Chatham Health and Atrium Health Wake Forest Baptist.

- Advancing the recruitment and retention of primary care and specialty care providers to the Yadkin Valley region of North Carolina.
- Providing professional and career growth opportunities for Hugh Chatham Health team members and providers.

"With our 25-year history of collaboration, this next step naturally builds on our shared commitment to deliver high-quality care, while providing access to advanced resources, cutting-edge technology and clinical expertise," said Dr. David Zaas, president of Atrium Health Wake Forest Baptist. "With Wake Forest University School of Medicine as our academic core, we are excited to bring new opportunities for medical innovation and growth, ensuring long-term health and wellness for the communities we serve."

In addition, Atrium Health Wake Forest Baptist has committed \$30 million to establish the Yadkin Valley Wellness Foundation, whose mission will advance health and wellness priorities in the community and ensure the terms and conditions of the broader affiliation are fully met.



Atrium Health Wake Forest Baptist President Dr. David Zaas, third from right, addresses leaders during rounding at Hugh Chatham Health



**The Big Idea:** Across the United States, rural hospitals are closing at an alarming rate – more than 180 in the past 15 years.<sup>10</sup> Each closure creates a crisis, leaving communities without access to essential services, exacerbating health challenges and forcing residents to travel farther for care. Hospital closures also can be economically devastating and emotionally demoralizing, often stripping a small community of a major employer and a vital institution on par with the local school or house of worship.

In North Carolina, 12 hospitals in rural areas have been closed or turned into urgent care centers, outpatient centers or other facilities since 2006.<sup>11</sup> Most recently was the 2023 closure of the 43-bed Martin General Hospital in Williamston, which treated some 16,000 emergency room patients each year.<sup>12</sup>

The next year, in Wisconsin, Hospital Sisters Health System closed both Sacred Heart Hospital in Eau Claire and St. Joseph's Hospital in Chippewa Falls, resulting in lost emergency care, inpatient beds, mental health care, substance abuse treatment and labor and delivery services. Those two closures led to 1,400 people losing their jobs.<sup>13</sup>

“The news of these two outright closures is something that we really should not ignore, certainly in my state,” Wisconsin Hospital Association CEO Eric Borgerding said during a media interview at the time. “I think it's probably an acute sort of example of some of the pressures that are there across the industry right now.”<sup>14</sup>

It's not just full hospital closures, either. More than half of rural hospitals now lack labor and delivery services,<sup>15</sup> the kind of care provided by two clinicians featured later in this report, Dr. Tara Burgher and Viterose Wiltshire, at Atrium Health Stanly.

Advocate Health is demonstrating how keeping hospitals open and providing key services requires commitment to communities and innovative solutions to overcome persistent challenges.

## How a Rural Hospital was Saved

For the 25,000 residents of Cherokee County, Alabama, the nightmare scenario was almost a reality.

Cherokee Medical Center, a 60-bed hospital in Centre, Alabama, had cycled through a series of operators, none of which were able to achieve long-term financial sustainability. Its future looked bleak until local leaders made a heartfelt plea: “Please come operate it. See what you can do.”



At that moment, what could have been another line in the growing ledger of rural hospital closures became a story of revival.

Atrium Health Floyd answered the call, bringing with it more than just hope. The system cautiously evaluated the opportunity, given there was no special reimbursement model or guarantee of financial viability. Still, leaders saw a path to minimize losses at the hospital while re-establishing trust within the community.

It took more than two years, but the turnaround eventually came. Today, Atrium Health Floyd Cherokee Medical Center remains open and operational. (Atrium Health Floyd is part of Atrium Health, Advocate Health's Southeast care delivery brand.) Soon after committing to keep the hospital open, Atrium Health Floyd began operating the emergency management services in Cherokee County.



**Were it not for Atrium Health, Cherokee Medical Center probably would not be open today. Cherokee County is a big county, geographically. Depending on where someone was, they might have to travel hours to get to the next closest medical facility.**

– Kurt Stuenkel, president and CEO  
of Atrium Health Floyd



## Since Atrium Health Floyd EMS launched operations in Cherokee County in 2018:



Average ambulance response times **improved by more than a minute**



Air medical transport flights **decreased from 15-18 per month to just 5-10 per year**



School and community education programs **launched on CPR, water and ATV safety, trauma prevention and more**

“Were it not for Atrium Health, Cherokee Medical Center probably would not be open today,” said Kurt Stuenkel, president and CEO of Atrium Health Floyd. “Cherokee County is a big county, geographically. If Cherokee Medical Center were to close, depending on where someone was, they might have to travel hours to get to the next closest medical facility. By keeping Cherokee Medical Center open, we have kept open the much-needed emergency room in the middle of the county.”

The next-closest hospital, Regional Medical Center Jacksonville, closed in the summer of 2018, just as Atrium Health Floyd began managing Cherokee Medical Center.<sup>16</sup>

As it works to continually improve access and outcomes for people in the community, Cherokee Medical Center recently opened a women’s imaging mammography suite on site, diagnosing four breast cancer cases within its first month of operation. Previously, the health system invested nearly \$1 million in upgrades to the hospital’s emergency department, doubling its size and upgrading imaging services.

At a time when many health systems are shying away from rural operations due to possible financial risk, this case shows what’s possible when an organization prioritizes the needs of the community. For rural America, the story of Atrium Health Floyd Cherokee Medical Center offers more than just comfort. It offers a model of what’s possible when leaders choose to stand in the gap.

“We weren’t sure it would be viable,” Stuenkel said. “But we thought, ‘maybe we could make it work,’ and we did.”



Atrium Health Floyd's helicopter pad in Rome, Georgia



## Time is of the Essence

Dr. P.J. Lynn, director of the emergency department at Atrium Health Floyd Cherokee Medical Center, in Centre, Alabama, answered a call from the local volunteer fire department: They had a premature baby that had been delivered in a house. The mother did not know she was pregnant and, therefore, was not expecting to deliver a baby. The baby was born at only about 25 weeks – and the first responders needed help.

The newborn was so little that it was hard to identify some of his features.

Lynn walked the first responders through how to cut the cord. The baby didn't have a pulse and was not breathing. Lynn instructed the responders on how to complete the delivery and start resuscitation.

An Atrium Health Floyd ambulance arrived on the scene and EMS teammates quickly called Lynn to ask if they could use the hospital's helicopter pad to transport the baby to a large academic institution. Prep for the flight and travel would take much longer than staying local – 90 minutes.

Lynn instead instructed the ground ambulance team to drive as fast as possible to Atrium Health Floyd Medical Center. The baby arrived in 38 minutes.

He knew the baby would be in the best of hands with Dr. Bridgette Dingle, a skilled and experienced neonatologist.

A few months later, a special visitor arrived back at the hospital. The baby had been adopted by his foster parents and his mother wanted to meet the men and women who had saved his life in his first couple of hours.

When he turned 1 year old, his family invited Lynn to their son's birthday party. They also invited the nurses, fire and EMS teams that cared for him.

The Atrium Health team played an important part in this baby's life, and the local hospital was there when he needed them. Atrium Health Floyd Cherokee Medical Center, in recent years, has been revitalized after the last of a string of owner-operators had largely given up on the rural hospital. Without Atrium Health Floyd, the hospital would not have been there, and the help this baby needed would not have either.

"Sometimes we are the phone call or the gateway to help people survive," Lynn said.

"Things happen for a reason," he added. "We're thankful to be here and have this little hospital in rural northeast Alabama available to help save lives."



## A Creative Solution with a Clear Need



It had never been done in Georgia before, but the need in Chattooga County seemed clear.

So, in 2023, Atrium Health Floyd built a standalone emergency department – an \$18.5 million facility built by assembling pre-constructed modules made in neighboring Alabama. Today, this small county has its own emergency room, staffed 24/7 by doctors and nurses. The new ER has six treatment rooms, an onsite laboratory and imaging services – including X-ray – and has a helipad for urgent transports. It's also linked to its sister hospital, Atrium Health Floyd Medical Center, in Rome, Georgia, about a 45-minute drive away.

Stuenkel, who spearheaded the project, said the health system predicted the site would draw about 30 people per day who needed more serious care than was available at local urgent and primary care locations.

It draws about 50 people per day, clearly illustrating the need and its impact.

“Every rural area, every rural county, has its own individual needs,” Stuenkel said. “You need to bring some creativity to these problems. There’s no one-size-fits-all solution. This was an innovative idea we thought would work in Chattooga County. It’s clear now from the numbers the need was there.”

In this case, cooperation with local officials was key. That partnership has continued to grow trust locally as Atrium Health Floyd became the official ambulance provider in the county in 2023.

## A Helping Hand for an Important Upgrade

For years, patients have been going to Atrium Health Stanly’s cancer infusion center to get the care they need during a tough time.

There’s just one problem: This small community hospital doesn’t have enough bathrooms to keep up with demand.

“

That would not have been possible without us being part of the health system, for sure.

– Marietta Abernathy, facility executive and chief nursing officer at Atrium Health Stanly

The infusion center has nine beds and just one bathroom to be shared by patients and caregivers alike, and the side effects of chemotherapy are such that one bathroom just isn’t cutting it. Still, a \$5 million expansion is expensive at a time when the hospital has plenty of other priorities.

Now, in 2025, Atrium Health Stanly is working on a renovation, upgrading to 14 treatment beds and four bathrooms. They can pay for it because Advocate Health is joining a donor and the local hospital foundation to fund the project.

“That would not have been possible without us being part of the health system, for sure,” said facility executive Marietta Abernathy.



Atrium Health Stanly – Albemarle, NC



## ‘I Finally Said Yes’



Viterose Wiltshire,  
labor and delivery nurse,  
Atrium Health Stanly

Viterose Wiltshire can't get enough ice. She eats it all the time.

Wiltshire is a labor and delivery nurse who works nights at Atrium Health Stanly hospital in rural Albemarle, North Carolina, where her family, coworkers and practically everyone she

knows understands that she is the guru of where to find the “best” ice.

Wiltshire figured her affinity for ice – and her chronic exhaustion – was because of an iron deficiency. She'd known that for a while, but hadn't sought care, even though she's a nurse who works in the hospital alongside doctors every day.

“Even though I'm a nurse, I'm just the same as everyone else,” she said. “It's hard to put myself first because my family needs me.”

Then, one night at work, Dr. Tara Burgher was doing her rounds at the hospital and saw Wiltshire, as usual, eating ice. Burgher pulled Wiltshire aside, offered to run some tests and, afterward, made a care plan.

“I finally said ‘yes,’ and it was because of her bedside manner,” said Wiltshire, who is from

New Jersey and has worked at several hospitals, including a large university medical center. “It's like a family. You don't always get that in big-city hospitals. She cared enough to take time out of her day for me.”

Wiltshire now has regular appointments to manage her condition, which are made easy to remember by the alerts she gets from the health provider's mobile app. Scheduling the appointments is handled through the app, too, as are her prescriptions – which come through the mail, so she doesn't have to drive anywhere to pick them up. She lives in Statesville, North Carolina, which is a 60-mile drive from the hospital where she works.

“I have a very busy life, so those reminders are so important,” she said.

Soon after Burgher pulled Wiltshire aside in that hospital hallway, she had iron transfusions. In the summer of 2025, she's slated to have surgery to address the underlying issue causing her anemia.

As a result of the care plan they've begun together, Wiltshire says she has a lot more energy for her family and personal life, and addressing her condition now means she can avoid the health problems that could come if it was left untreated – saving her time and money, as well as giving her more healthy days at home and at work.

“I'm like a different person,” she said.





## Specialty Care Closer to Home



**Dr. Nyal Borges**, medical director of interventional cardiology at Atrium Health Sanger Heart & Vascular Institute

In February 2025, Atrium Health Sanger Heart & Vascular Institute made specialized cardiovascular care more accessible to rural patients by launching a cardiac catheterization lab at Atrium Health Cleveland, located in Shelby, North Carolina, a community of just over 22,000 residents. In May 2025, the lab performed

its first percutaneous coronary intervention (PCI), a minimally invasive procedure that opens blocked arteries, restoring blood flow to the heart.

“Our goal is to provide the same level of cardiac care that we offer in our high-volume centers, right here in Shelby,” said Dr. Nyal Borges, medical director of interventional cardiology at Atrium Health Sanger Heart & Vascular Institute. “This is about making advanced heart care more accessible to those who may not be able to make the trip to Charlotte, which is more than an hour’s drive away.”

That commitment to access doesn’t stop at interventional procedures. Atrium Health is also expanding its regional capabilities through the introduction of cardiac computed tomography, a noninvasive imaging test that uses advanced technology to visualize the heart and blood vessels. It helps detect plaque buildup, assess coronary artery disease and evaluate other heart-related conditions with exceptional clarity and speed. For patients, this means earlier diagnosis and more precise treatment planning – all closer to home.

Heart disease remains a leading cause of death in rural America, where factors like higher rates of smoking, obesity and hypertension contribute to increased cardiovascular risks.

Previously, patients in Shelby had to travel to larger hospitals in Charlotte or Concord, North Carolina – each an hour or more away, on a good day – for procedures like PCI or advanced imaging.

## Clinical Trials

Cancer care is progressing all the time, thanks to research being done in clinical trials. Participation in those trials can give patients who qualify access to leading-edge technologies that may be able to help them when other treatments have fallen short.

Care provided by Atrium Health Levine Cancer extends into rural areas, including at Atrium Health Wake Forest Baptist Wilkes Medical Center.

The hospital, in rural Wilkes County, North Carolina, first started helping patients into cancer trials in 2021, when nine people were enrolled. The first, which was led by an investigator from Wake Forest University School of Medicine – the academic core of Advocate Health – studied how to help patients better keep blood sugar levels in check and tolerate chemotherapy.

By 2023, the count of clinical trial patients had more than doubled, to 22, and the health system continues to prioritize this work. The Wilkes facility employs a dedicated research nurse to coordinate the many moving parts, improving convenience for patients and helping make the clinical trials available and effective.

“Most cancer patients are treated in their communities,” said Kevin Platé, vice president of Atrium Health Levine Cancer. “To make substantial progress in oncology treatment, it’s vital we bring the latest developments in care to the communities we serve.”

Advocate Health hospitals also offer cancer clinical trials at 29 centers in Illinois and Wisconsin, including at rural sites in Two Rivers and Marinette, Wisconsin.



Atrium Health Wake Forest Baptist Wilkes Medical Center – North Wilkesboro, NC

# CARE REDESIGN AND INNOVATION



**The Big Idea:** The advancement and adoption of technologies that are increasingly available on phones and other electronic devices make it easier to seek out care that may have been difficult to access even just a few years ago.

Advocate Health's virtual primary care program enables patients to connect via video calls with a physician when they need them. Common health concerns, chronic conditions, medication management and other medical consults can be conducted virtually, in the comfort of the patients' preferred environment. This is just one of many innovations that help keep care closer to home.

Traveling to get health care can be tough for patients and their families for a number of reasons. Time spent on the road driving to and from appointments could mean taking a day off, missing a day's pay, using precious vacation time or falling behind on work. Rarely is there just one appointment, and people whose condition prevents them from driving themselves must often ask for that same sacrifice from a family member. It might also mean having to arrange for kids to get to and from school and after school care. Each of those challenges may cost money, on top of the cost of gas and wear on a vehicle.



**Ultimately, virtual health isn't about replacing in-person care, it's about expanding options. We want to ensure that whether a patient connects virtually or visits in person, they receive the same high standard of care.**

– Dr. Matt Anderson, Advocate Health  
senior vice president for clinical  
transformation

“Ultimately, virtual health isn't about replacing in-person care, it's about expanding options,” said Dr. Matt Anderson, Advocate Health's senior vice president for clinical transformation. “We want to ensure that whether a patient connects virtually or visits in person, they receive the same high standard of care. Our comprehensive approach is patient-focused, flexible and allows us to provide quality care to patients everywhere.”

## Changing with the Times



Cathie Kocourek,  
president of Aurora  
Health Care –  
Manitowoc County

When Cathie Kocourek was a teenager in the 1960s, she got a job in the cafeteria at a hospital in the small, eastern Wisconsin town of Manitowoc.

Later, she moved on to the lab of another small hospital, where test results were written out on paper. It was time-intensive, important work that required a keen

attention to detail because patients' lives depended on accurate lab results.

“There were no computers then; not like now,” Kocourek said.

Kocourek isn't performing lab testing anymore, and test results are now largely digital, saving clinicians loads of time. Her focus on serving the needs of patients remains today, but her role has changed dramatically.

Kocourek is now the president of Aurora Health Care – Manitowoc County, responsible for the lives of thousands of patients every year, right where she grew up. Under her leadership, the hospital has been named a “Top 100 Hospital” by Chartis Center for Rural Health for four years. She celebrated 50 years with Aurora Health Care in July 2025.

Kocourek says the community hospital benefits from being part of a larger health system because it has access to resources it might not otherwise have. Much like the transition from paper charts to digital records, Kocourek has seen beneficial changes when it comes to modernizing care, including those aimed at improving access.

Patients who end up at her hospital can talk to specialists who work elsewhere. Even intensive

care unit patients benefit from the health system's virtual critical care team, a group of board-certified intensivists and nurses who remotely monitor and help manage the hospital's sickest patients. This way, they don't have to drive or be transferred to Green Bay or Milwaukee for that care – the kind of travel that often delays intervention and challenges patients and families who live in rural areas across the country.

As part of its continued investment into quality and improved outcomes, the hospital installed a surgical robot, resulting in smaller incisions, less pain and faster recoveries. It's a technology more commonly found in major academic medical centers than in rural community hospitals – and it's way beyond what Kocourek could have imagined during her days working in the hospital cafeteria.

"For a tiny community hospital like ours to have a surgical robot is just incredible," she said. "It's about giving our patients the same level of care they'd get in a big city, right here, close to home."



Aurora Medical Center – Manitowoc County, Wisconsin

## When Your Life is in the Balance

A life-threatening health problem is stressful enough without having to worry if the local hospital has the emergency expertise needed to care for you. After all, who wants to be transferred hours away to another hospital?

"Every intensive care unit patient, no matter where they are in our system, should have access to a board-certified critical care physician," said Dr. Mike Green, who oversees Advocate Health's virtual critical care team, "and these patients should be able to stay close to home."

That's why every Advocate Health hospital, no matter how small or where it's located, has access to the health system's virtual critical care team. It's comprised of a group of critical care nurses, respiratory therapists, pharmacists and physicians who are working 24/7 to consult, assess and intervene in real-time, supporting rural hospital needs.

In hospitals that don't have such clinicians on staff – or overnight, after those specialists have gone home – this team can beam into a patient's room with a precision camera with real-time audio and video. They can zoom in to read the medication labels on an IV pump and spot the tiniest tremor in a patient's hand. The detail is that crisp.

They don't just wait for the patient to have a problem to get involved – they use their ability to monitor a patient remotely and address problems before they get worse. For example, quickly diagnosing sepsis – a harmful and potentially fatal response to infection – saves lives. The first few hours of care for a sepsis patient are the most important to survival. Sepsis affects 1.7 million people per year and kills nearly 350,000, so it's critical to intervene early with the right resources.<sup>17</sup>

Plus, specialists on Advocate Health's virtual teams can remotely monitor heart rhythms to help better analyze and rapidly diagnose heart problems, then treat these issues with the care teams on the ground across multiple states.

Shared expertise and workload is one way being part of Advocate Health is helping smaller, rural hospitals. As of July 2025, the health system's team includes 132 doctors and advanced practice clinicians, 70 nurses and 20 others, including pharmacists and respiratory therapists.

"There is a national shortage of critical care physicians," Green said. "If you're a hospital in a rural community, you may not be able to hire someone. There just aren't enough trained critical care physicians to staff those places. With virtual critical care, we can provide access to these specialists at all Advocate Health hospitals."



## Getting the Right Medicine

Advocate Health's pharmacy teams can help rural patients get the medicines and treatments they need affordably and without having to travel far and wide. Here are some ways how:

- Through **Dispensary of Hope**, some uninsured patients below certain income levels in Wisconsin and Illinois can receive 90 days of free medication.
- **Home infusion** therapies are provided across all 100 counties in North Carolina, plus counties in South Carolina and Georgia, ensuring patients can receive complex treatments at home.
- **The MedHelp** program bridges gaps for patients unable to navigate manufacturer assistance programs, especially elderly, uninsured or non-English speaking patients.
- Advocate Health operates **more than 20 remote dispensing centers** (tele-pharmacies) and provides **mail-order services to 46 states**, ensuring medication access in pharmacy deserts.
- **Virtual clinical pharmacy services** are set to be available at all of the system's acute care hospitals as of July 2025, ensuring rural hospitals have access to specialized expertise, such as pediatrics and oncology. This means patients will be treated with the same standard of care, no matter where they are served.
- Advocate Health's centralized pharmacy procurement team helps optimize access to limited medication allocations, ensuring **timely delivery to sites** where patients have the most urgent needs.



## Hospital at Home

An innovation created amid the challenges posed by the pandemic, Advocate Health's hospital at home program provides hospitals more flexibility to allocate resources when and where they are needed most.

The program unites community paramedics, nurses and other health care professionals to use remote monitoring technology and daily in-home visits to provide patients a full array of services – from IV infusions and wound care to EKGs and lab testing.

Serving more than 110 patients per day, as of May 2025, Advocate Health's program is the largest in the country, offering hospital-level care in the comfort of a patient's own home. It's recently expanded to include pediatric patients and is poised to expand further into more rural areas.



Hospitalist Dr. Stefanie Reed conducts a virtual home visit with 7-year-old Mackenzie.

Each day, patients speak directly with a doctor through a video conference call and have 24/7 access to a nurse using hospital-provided technology. Most importantly, these services are fully integrated into a wide continuum of care that connects patients with other clinicians as needed, including pharmacists, physical therapists, behavioral health specialists, social workers and more.

"Health systems like ours that are pioneering this new care model are impressed with what we have created and the impact hospital at home is having on our patients," said Dr. Scott Rissmiller, executive vice president and chief clinical officer for Advocate Health. "We believe it has immense potential to be scaled even further, and it is tremendously popular among our patients who have experienced it."

# GETTING TO WORK

**The Big Idea:** Rural communities across the United States face a mounting crisis: not enough clinicians to meet growing health care needs in an aging population. While 20% of America's population lives in rural areas, only 10% of physicians practice there.<sup>18</sup> It's a problem that has a direct effect on the people who live in these communities.

Research shows that clinicians with rural ties and rural training are far more likely to return to practice in rural communities.<sup>19</sup> Investing in innovative education, training and recruitment programs can help create a pipeline to help address this ongoing challenge.



**By investing in these education pathways – and in the people who walk them – Advocate Health is cultivating committed, compassionate care teams who see rural health not as a placement, but a purpose.**

– Dr. Ebony Boulware, dean of Wake Forest University School of Medicine and Advocate Health chief science officer and vice chief academic officer

“By investing in these education pathways – and in the people who walk them – Advocate Health is cultivating committed, compassionate care teams who see rural health not as a placement, but a purpose,” said Dr. Ebony Boulware, dean of Wake Forest University School of Medicine and Advocate Health chief science officer and vice chief academic officer.

## Powering the Rural Workforce of the Future

Breanna O'Neil grew up on a beef farm near the small town of Plymouth, in eastern Wisconsin, doing daily chores, fighting with her older brothers and dreaming of one day being a large-animal veterinarian.

While she was in college, her mother was diagnosed with breast cancer, giving O'Neil a firsthand perspective of how her mom and families like hers struggled to get the care they needed without having to drive long distances to get it.

Now, O'Neil is Dr. Breanna O'Neil, a general surgeon at Aurora Medical Center – Manitowoc County. She's just minutes from where she grew up – performing hernia and gallbladder surgeries, repairing perforated colons and emergency bowel obstructions and treating breast cancer patients. Leaning on the benefits of being part of the Advocate Health system, she even advocated for a plastic surgeon from a sister hospital in Sheboygan to travel to her clinic regularly, so her patients can easily access reconstructive care without traveling far.

“We hear all the time from patients saying, ‘I don't think I can travel to Green Bay,’ either because of transportation issues, work obligations or family support,” O'Neil said.

“They just really appreciate the opportunity to get care close to home, to not have to travel and still get what they need done.”

O'Neil trained through the Wisconsin Academy of Rural Medicine (WARM) program. Aurora Health Care is a partner and has hosted 76 students since 2013.

Each year, students are placed in rural clinics across Wisconsin, working side-by-side with mentors, developing trust with patients and seeing, firsthand, the impact of community-rooted care. These experiences not only shape their clinical skills, they often shape where those skills are put to use.

Now, having completed her clinical rotations at Aurora BayCare Medical Center, in Green Bay, and a stint in South Dakota to deepen her rural surgery training, O'Neil puts those skills to use near her rural hometown.

According to the University of Wisconsin School of Medicine, graduates of the WARM program are seven times more likely to practice in a rural setting and four times more likely to practice in Wisconsin.<sup>20</sup>

### Wisconsin Academy of Rural Medicine Program Graduates:

- **7 times more likely** to practice rurally
- **4.1 times more likely** to practice in Wisconsin
- **1.9 times more likely** to practice primary care





O'Neil's story is one of many made possible through the health system's support of innovative, rural education programs like this one.

Aurora Health Care also runs its own rural family medicine residency program, based at Aurora Lakeland Family Medicine Clinic, in Elkhorn, Wisconsin. Residents spend one year in Milwaukee for inpatient and emergency department rotations. They then do the next two years in Elkhorn and the surrounding communities getting that experience in more rural communities that is so important to developing clinicians who will return to practice in similar areas.

## Wake Forest University School of Medicine Experience Ignites a Passion for Rural Care



Dr. Marlena Wosiski-Kuhn,  
Emergency Medicine

Near the campus of Wake Forest University School of Medicine in Winston-Salem, North Carolina, stands the free, student-run DEAC Clinic. An acronym for “delivering equal access to care” for all (as well as short for the university’s Demon Deacon mascot), the center provides hands-on

clinical experience for the med students, providing high-quality care to local residents who don’t have insurance or don’t qualify for government assistance.

For a good bit of her seven-year stint studying at the school of medicine, Dr. Marlena Wosiski-Kuhn spent hundreds of hours at the clinic, eventually serving as its executive director. It changed her. The Oklahoma native had been on track to become a neurologist, but the experience steered her into emergency medicine.

“I think that’s also what turned me on to rural medicine, honestly,” said Wosiski-Kuhn. “The small clinic; connecting on a small level with my patients and being a part of the community, where you can deliver care to people that you know.”

Wosiski-Kuhn recalls that, during her time at Wake Forest University School of Medicine, part of her training included spending dedicated periods of time in a smaller clinic with a family medicine doctor.

“The physician knew her patients,” she said. “Her kids went to the same school as her patients’ kids and they shared that community.”

Today, Wosiski-Kuhn practices emergency medicine at a community hospital in Pagosa Springs, Colorado – population 1,718. She serves a diverse patient base there, which includes tourists during

ski season. There are also farmers and ranch hands and, she said, roughly one-third of the patients in the emergency room are Native Americans who travel an hour or more from a nearby reservation to be seen.

Each patient subset requires an entirely different skillset to treat.

“It is a challenge,” she said. “You have to be willing to be a lot more independent, which I actually love.

“I’m not at a big trauma center where I’m seeing tons of super sick people and big traumas all the time, but when I do see something difficult, like, I’m the one that manages it, right? I don’t have someone else to call. I don’t have specialists. So, my knowledge has to be on point... I have to be creative because I’m all I’ve got and this is my community.”

The hospital opened in 2008,<sup>21</sup> thanks to local leaders pulling together to fill the health care void in their community and establish it. Prior to that, residents were 60 miles from the nearest hospital.

Like many rural hospitals, it struggles to recruit and retain a professional workforce. Wosiski-Kuhn’s job in the emergency department had been open for a year before she reached out about the opening, she said. A lack of local jobs for working spouses adds to the challenge.

Wosiski-Kuhn says few of her classmates were headed towards rural care to practice, but she has “zero regrets,” noting it “was totally the right decision” for her. She suggests taking part in practicing medicine in a rural area opens eyes, especially in emergency medicine and surgery. She also hopes others will follow her path.

“Rural health care deserves better,” she said. “Just because you live out here, doesn’t mean that you deserve any less in your care. It feels awesome to be here and be part of delivering that, and I hope ‘Wake’ can inspire more people to be a part of it too, because it’s so rewarding.”

## New Opportunities

In North Carolina, Atrium Health and Wake Forest University School of Medicine are pushing forward new opportunities to educate clinicians in rural settings. The school of medicine is the academic core of Advocate Health, which helps bolster the system's rural capabilities and is training the next generation of medical professionals.

In the spring 2025 semester, the school offered a rural family medicine elective course for the first time. It gives doctors-to-be exposure to the full spectrum of family medicine patients at three rural sites. Creation of the class is a clear acknowledgment of the need for rural clinicians and the reality that physicians who train in rural areas tend to return there.



**This rural residency program will exist because people came together to plant something meaningful, rooted in a shared commitment to rural health and the well-being of the community.**

— Dr. Dawn Caviness, clinical associate professor of family medicine, Cabarrus Family Medicine Residency Program

Dr. Dawn Caviness knows the value. She grew up in a farming family. Caviness now works at Atrium Health Primary Care Cabarrus Family Medicine and travels once a month to a dairy farm an hour away to provide care for people who don't have the time or resources to seek care elsewhere. During the pandemic, she worked with area farmers to set up vaccination clinics<sup>22</sup> at individual farms to help protect workers, many of whom have limited transportation options or other barriers to seeking care.

Caviness is working with a team of leaders to help develop a rural residency program that will hopefully be recruiting its first class of resident doctors in the next two years.

The residency program is modeled after one developed at NorthEast Medical Center, in Concord, North Carolina – which is today Atrium Health Cabarrus – back in the 1990s. Now, the health system is implementing it at its hospital in Stanly County, in

Albemarle, North Carolina, which remains a rural part of the state.

“This is driven in large part by the huge need for clinicians who provide maternity care,” said Dr. Erika Steinbacher, vice-chair of the department of family medicine at Wake Forest University School of Medicine. “Part of the long-term strategy is to train clinicians who can support labor and delivery services and can practice in a rural community.”

That's where Dr. Tara Burgher comes in. She has already been hired as faculty for this future residency program and is now practicing out of Atrium Health Stanly hospital, near where she grew up in Albemarle. She focuses on women's health but, like many small-town family doctors, she takes care of the entire family.

“We've seen hospitals in rural America closing labor and delivery units because they don't have physicians,” Burgher said.

The fact that she's already been hired for this role years before the program begins speaks to how Advocate Health is planning ahead and making a long-term commitment to this work. As a faculty member for the new residency program, she'll mentor young physicians in the same way she was guided by her own mentors.

“For me, growing up in a rural community, it was very important to go back to a rural community,” Burgher said.

The new residency program recently received a boost from The Duke Endowment, which announced five grants worth a total of \$4 million to Atrium Health Foundation. The grants also included funding for a virtual nursing program at Atrium Health Stanly and a program at Atrium Health Union, in Monroe, North Carolina, that prepares students for a successful future by providing them with experiences in health sciences careers and pathways.<sup>23</sup>

Caviness hopes to train residents that someday work alongside her in rural North Carolina.

“One day, future students, resident doctors and the people who live in Stanly County will look back and feel the impact,” Caviness said. “This rural residency program will exist because people came together to plant something meaningful, rooted in a shared commitment to rural health and the well-being of this community.”

## Building Skills, Meeting Community Needs

Atrium Health Cleveland and Cleveland Community College, in western North Carolina, teamed up to tackle the local nursing shortage. Through a hands-on, rigorous nursing program, students gain real-world experience and preparation for licensure. The collaboration produced 30 new registered nurses in 2024, ready to serve the area and its population of roughly 100,000 people.



For a lot of these students, they may be the first in their family to go to college, and many are low-income families. By extending this helping hand, we're growing our pipeline of nurses to care for the patients of our region, and we are helping meet the needs of our community by helping to lift these families up economically, too.

— Kurt Stuenkel, president and CEO of Atrium Health Floyd

Atrium Health's "Rise to Success" program goes even further upstream, providing free education and health care career opportunities each year to eight to 10 seniors from Kings Mountain High School's nursing fundamentals class. The students work part-time for Atrium Health and, in return,

the health system pays for up to three years of education at a local community college. Tuition, textbooks and scrubs are covered, and successful program participants will be guaranteed a job in health care upon graduation with an associate's degree in a health care related discipline.

By aligning education with local health care needs, these programs ensure more skilled nurses are available to care for Cleveland County residents.

A similar program is funding the nursing school education for up to 10 students at Stanly Community College, with the commitment that the students work at Atrium Health Stanly while they're studying, and for at least one year after they graduate with their associate's degree. The program has grown from five students in its first year just three years ago.

In Georgia, Atrium Health Floyd committed nearly \$7 million over five years to pay for scholarships, tuition assistance, faculty, equipment and more at Georgia Highlands College. The goal: Help the next generation of nurses get their education and into care team roles at rural clinics and hospitals.

"For a lot of these students, they may be the first in their family to go to college, and many are low-income families," said Kurt Stuenkel, president and CEO of Atrium Health Floyd. "By extending this helping hand, we're growing our pipeline of nurses to care for the patients of our region, and we are helping meet the needs of our community by helping to lift these families up economically, too."

## ABOVE AND BEYOND

**The Big Idea:** No one demonstrates the commitment to caring for patients in rural communities more than the people who do the work every day. Often, unique challenges require creative, innovative solutions, and clinicians in tightly knit communities frequently go above and beyond to come through for each other.

### 'He is One of Ours'

Nurse Katie Funderburke noticed one of her patients hadn't been in for a few days amid an intense winter storm, and she started to worry.

Funderburke works at Atrium Health Anson, in Wadesboro, North Carolina. For years, she has provided care nearly every day for a local man with wounds that require lifelong attention.

Plus, she couldn't reach him via phone, so she concluded there probably was a problem.

Tracking down that problem isn't really her job. Still, when you care for people in a small community through ups and downs for years, they can feel like family.

"He is one of ours," she said.



Funderburke asked a hospital driver to check on him, but the patient blew him off. Then she called a neighbor, who walked a phone down the street to the patient's home. Once on with Funderburke, he admitted it. He needed help.

His pipes were frozen. He didn't have water. Ice was keeping him from leaving his home, and he was concerned his heat might go out soon.

That's when Funderburke started to rally the team at the hospital, encouraged by nursing director Teresa Cochran, who gave the green light.

"Do whatever you need to," Cochran told Funderburke. "I will help you."



**The more you show compassion, the more you connect with your patients; your family grows. It just becomes second nature. You can read them without even seeing them. If I'm dealing with wounds that can't heal, why not slap some compassion on them?**

– Katie Funderburke, registered nurse,  
Atrium Health Anson

Funderburke and the team gathered food, water and heating oil, then drove with Tracy Lamonds, an imaging supervisor at Atrium Health Anson, to deliver the supplies and bring the patient into the clinic for the care he desperately needed.

Like many nurses, doctors, techs and drivers – especially those who live in rural areas and frequently expand the scope of their work to resemble more of what a family member might do – Funderburke downplays her role in the story, saying it was just part of her job.

"It's extremely rewarding," Funderburke said. "The more you show compassion, the more you connect with your patients; your family grows. It just becomes second nature. You can read them without even seeing them. If I'm dealing with wounds that can't heal, why not slap some compassion on them?"

## But it's Not Time for Shots

Once a month, a team of health care workers don their scrubs and head into the elementary schools throughout Anson County, North Carolina.

They are from Atrium Health Anson, a 15-bed hospital in Wadesboro – the seat of this rural county of about 22,000 people. The nurses are there to see the kindergartners.

Kindergartners can be pretty savvy. Even 5-year-olds know what to expect when they see a nurse in scrubs: It's time for shots.

But it's not time for shots.

Instead, the nurses, radiology techs, administrators and others visit kindergartens at five schools throughout the county to read books to the students. The benefits of reading to children are well-documented, but this trip is about more than that.

Friendly nurses sharing beloved stories with children establish themselves as role models for these kids – perhaps showcasing a career that might give these young students a new answer when asked what they want to be when they grow up.

More importantly, they're laying a foundation for a lifetime of good health. With just their simple presence in a classroom, the nurses are setting an example, showing that taking their health seriously is important.

With titles like "Interrupting Chicken: Cookies for Breakfast," it's not like these books are focused on health. In "Click, Clack, Moo: Cows That Type," a farmer's herd rises up to make demands via the typewriter they've stolen from him.

By showing up to read books instead of just giving shots, they're revealing that health care professionals are friendly, helpful people who aren't scary – they will be there when these kids need them someday.

"They're not as afraid to come in and see us if they've seen us in other settings," said Teresa Cochran, director of nursing at Atrium Health Anson. "We do a lot of events like this. It's about creating trust."

## Health Beyond the Hospital

Frequently, kids and young adults in Ablemarle, North Carolina, will stop Daniel Harkey in the grocery store. They remember him from way back in fourth or sixth grade, when he would visit their schools.

Harkey is a well-being coach at Atrium Health Stanly hospital, where he runs a program called “Passport to Health.” Every year, he visits the classes of 11 schools in the county, teaching more than 700 children about the importance of handwashing, the dangers of smoking, the benefits of healthy eating and more.

Plus, they get to taste-test food in school. These lessons are hands-on and memorable.

That’s why they still stop him in the grocery store years later.

“I very often have kids who see me and say: ‘You know, I still eat hummus. I buy hummus all the time,’” Harkey said. “I get more from their parents, who say their children remember the lessons and are still trying to follow them.”

“

It’s just very simple stuff that’s getting kids to start thinking in a different way. Some people in our county are in poor health, with high blood pressure, heart disease, high smoking rates – and we’re just trying to break the cycle.

– Daniel Harkey, well-being coach  
Atrium Health Stanly

In Stanly County, like many rural areas where people face higher rates of chronic conditions, these lessons can introduce children and teenagers to healthy lifestyle options and choices that can last a lifetime.

Every summer, as an offshoot of the school program, Harkey takes groups of children to hike at the Morrow Mountain State Park. Sometimes, as many as 75 kids show up. Parents sometimes join, too.

Harkey is the leader of these programs, but it takes a village to make them happen. Community partners like The Stanly Health Foundation, the local grocery store and the agricultural extension office and team up to provide lunch, water and healthy snacks.

Understanding the importance of keeping kids healthy and the downstream benefits, Advocate Health hospitals invest in school-based wellness initiatives across each of the states it serves. The hospital in Lincolnton, North Carolina, for example, recently was a finalist for a national award recognizing a behavioral health program that connects therapists virtually with students who need help with anxiety, depression and more.



Daniel Harkey, well-being coach at Atrium Health Stanly, holds “Passport to Health” participant Levi on his shoulders.

Harkey and people like him work for the local hospital, where the people of Stanly County know to go when they’re sick. But his job is to set young people on a lifetime path of good health, using creative ways to teach them how to live great lives and stay away from needing hospital care for as long as possible.

He’d rather see them in their schools or in the aisles of the grocery store.

“It’s just very simple stuff that’s getting kids to start thinking in a different way,” Harkey said. “Some people in our county are in poor health, with high blood pressure, heart disease, high smoking rates – and we’re just trying to break the cycle.”

## Managing Crises

Having more resources, a vast network of clinicians and extensive mobile capabilities meant that Advocate Health could respond when rural North Carolina was hit by Hurricane Helene in 2024.



Deploying its proprietary MED-1 mobile hospital to a remote area of western North Carolina was a key element of Advocate Health's response. The state of North Carolina requested MED-1 and its support teams set up in Tryon, North Carolina. For 12 days following the storm, Atrium Health provided transitional care to patients and transfers to nearby medical centers. During that time, an on-site team of physicians, nurses, paramedics and support staff provided care to 116 patients in the vehicle, which is self-sustaining with generators, a water purifier and a satellite communications system and even includes an operating room. The team worked side-by-side with a federal disaster medical

assistance team and FEMA personnel to assist residents in the region.

"It's amazing to me how quickly it became its own little town," said Wendy Henson, one of the clinical nurse leaders for MED-1. "We became very close with everyone because we all ate together and we had daily meetings. MED-1 was the center of the compound, but bringing every agency together is what made it function well."

With its wide network of acute and post-acute health care facilities and ample ground and air transport capabilities, Advocate Health can efficiently manage patient transfers during emergencies, ensuring no single site will be overwhelmed and that any patients in need of specialty care are brought to the hospitals that are best equipped to provide it.

"The ability to manage patient transfers improved after COVID-19, when North Carolina set up an online system that allows every hospital in the state to list patients that need to be transferred," said Kinneil Colman, executive vice president and chief consumer and social impact officer for Advocate Health. "That system proved vital after Helene, and it remains important and useful in rural communities especially."

Read more at [AdvocateHealth.org/HeleneResponse](https://www.advocatehealth.org/HeleneResponse).

## RURAL CARE REDEFINED: POLICY PRESCRIPTIONS

**The Big Idea:** Advocate Health continues to be committed to its rural communities, finding innovative ways to ensure that a patient's ZIP code does not adversely affect the quality of care they receive.

Strong partnerships are essential for Advocate Health, as well as other systems that care for patients in rural communities. They help sustain efforts to keep access to high-quality care close to home for their patients amid the increasingly difficult financial outlook for providing that care. These partnerships are forged on many levels – with local and state government officials, school districts, agricultural leaders, education leaders and more.





That spirit of partnership must also extend to Washington, D.C., where increased support and policy changes are needed to preserve the viability of rural care delivery and protect the health of the 20% of the U.S. population who live in rural America.

These solutions would make a real difference:

- **Create a National Medicare Provider Licensure Program**

Allow doctors to practice across state lines – especially via telehealth – by creating a unified licensure system. This cuts red tape and brings access to care to places that need it most.

- **Make Telehealth and Hospital at Home Flexibilities Permanent**

Keep the pandemic-era rules that allow people to get hospital-level care in their own home. These programs have been game-changers for rural areas where hospitals are far away.

- **Expand Academic-Health Care Partnerships**  
Support rural training programs like the **Wisconsin Academy for Rural Medicine (WARM)**, which places students in rural hospitals and clinics.

- Incentivize rural residencies, mobile clinics and research hubs.
- Offer scholarships and loan forgiveness for students who commit to rural service.

- **Modernize Rural Hospital Payment Models**

- Update how Medicare and Medicaid pay rural hospitals so payment reflects real costs and challenges. This helps keep hospitals open and services available.
- Ensure Medicare Advantage payments are timely and fair. Rural hospitals often wait longer for Medicare Advantage reimbursements than urban ones. Prompt payment is essential to keep services running.
- Cut red tape from prior authorization. Rural hospitals often lack the staff to handle complex insurance paperwork, and streamlining this process speeds up care, reduces provider burnout and keeps small hospitals focused on patients.

- Tailor regulations to rural realities. One-size-fits-all rules don't work for rural hospitals. Flexibility in staffing and reporting requirements can help them stay open and effective.

- **Continue to Invest in the Rural Health Transformation Fund:**

The funds allocated in the One Big Beautiful Bill Act to transform rural health care are a start, but long-term commitment is needed to bring quality health care services to rural communities.

- **Integrate Agriculture and Health: A Rural Wellness Revolution**

Address rural health in agricultural policy by funding:

- Produce prescription programs
- Farm-to-hospital initiatives
- Community gardens and food co-ops

- **Promote Regenerative, Nutrient-Dense Farming**

Support farmers who grow healthier food using sustainable methods. This helps prevent chronic diseases linked to poor diets.

- **Use Smart-Tech to Advance Rural Health**

Encourage AI and wearable health tech to help rural residents manage chronic conditions from home.



# CONCLUSION

When Daniel Harkey steps into a school in Albemarle, North Carolina, to teach fourth graders the dangers of smoking cigarettes, he's trying to break a cycle of addiction that has damaged the health of generations of people in his community, so that they don't end up in the hospital that employs him.

When Dr. Breanna O'Neil changed careers to become a general surgeon near where she grew up near Manitowoc, Wisconsin, she did so to spare her neighbors from long drives, lost wages and the other inconveniences that come with having to travel great distances to get health care, like hernia surgery.



**For Advocate Health, this is just the beginning. We are energized by the stories of our patients in rural communities and committed to continuing to serve them in the best way possible.**

– Dr. Nwando Olayiwola, president of  
Advocate's National Center for Clinical  
and Community Impact

When Dr. Tara Burgher returned to her home county in North Carolina to be a labor and delivery physician and teach the next generation of rural doctors, she began planting the seeds needed to ensure the babies she's delivering today will have access to good health care from great doctors tomorrow, just like her mentors did for her.

They live in different rural communities, but their commitment to their homes unites them.

Advocate Health's commitment to rural communities is only growing, with clinicians sharing stories of their successes with their colleagues across the country and improving the quality of the care they provide right back at home. Each year, Advocate Health is investing over \$3 billion in operational and capital expenses to deliver leading-edge care to rural communities, while providing an additional \$600 million in uncompensated care.

"We're going to keep learning from our dedicated rural health leaders and clinicians and putting these lessons to good use in every rural community we serve, adapting for the local context," said Dr. Nwando Olayiwola, the president of Advocate's National Center for Clinical and Community Impact. "For Advocate Health, this is just the beginning. We are energized by the stories of our patients in rural communities and committed to continuing to serve them in the best way possible."

The health challenges faced by people living in rural communities will keep changing, as will the need for new, innovative solutions. The need for health care providers to commit to their communities – with support from their communities and government leaders – will be a constant.

"Technologies are going to advance and provide more opportunities for our expert doctors and nurses to provide excellent care in rural communities," said Dr. Matt Anderson, Advocate Health's senior vice president for clinical transformation. "Our patients come first, and it's our job to keep innovating and putting those new tools to the best possible use for them."

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