



# The Providers



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# About the Film



"I LOVE THIS COMMUNITY. BORN AND RAISED, NEVER LEFT. NEVER GONNA LEAVE. FOR ME, WHAT I WAS GOING TO DO WAS NOWHERE NEAR AS IMPORTANT AS WHERE I WAS GONNA DO IT."

—Matt Probst, in *The Providers*

Set against the backdrop of the physician shortage and opioid epidemic in rural America, *The Providers* follows three healthcare providers in northern New Mexico. They work at El Centro, a group of safety-net clinics that offer care to all who walk through the doors, regardless of ability to pay. Amidst personal struggles that reflect those of their patients, the journeys of the providers unfold as they work to reach rural Americans who would otherwise be left out of the healthcare system. With intimate access, the documentary shows the transformative power of providers' relationships with underserved patients.

# Using this Guide



This guide is for organizations who are hosting an Indie Lens Pop-Up screening of the film *The Providers*. The guide is primarily to assist facilitators in using the film as a starting point to address the healthcare crisis in rural communities across America. As our nation's demographics become more urban, rural populations are aging, have less income, and are more likely to be sick than their urban counterparts, and people in rural areas also tend to have poorer access to health care.<sup>1</sup>

A screening of *The Providers* is an entry point for communities to discuss what it will take to address broad disparities in access to health care and in health outcomes across the United States and how to look within communities to grow and encourage a highly skilled and empathetic workforce to care for those most in need. Though the film takes place in a rural setting, the challenges and strategies it chronicles will be familiar to any healthcare provider in an underserved setting, such as low-income urban areas and facilities like jails and prisons.



Indie Lens Pop-Up is a neighborhood series that brings people together for film screenings and community-driven conversations. Featuring documentaries seen on PBS's *Independent Lens*, Indie Lens Pop-Up draws local residents, leaders, and organizations together to discuss what matters most, from newsworthy topics to family and relationships.

Source:

1) Centers for Disease Control and Prevention (2017), "Reducing Potentially Excess Deaths from the Five Leading Causes of Death in the Rural United States," [https://www.cdc.gov/mmwr/volumes/66/ss/ss6602a1.htm?s\\_cid=ss6602a1\\_w](https://www.cdc.gov/mmwr/volumes/66/ss/ss6602a1.htm?s_cid=ss6602a1_w)

# #WeAreAllNeighbors Indie Lens Pop-Up National Dialogue



In this season of *Independent Lens*, participating communities are coming together around a central inquiry: **What does it mean to be a neighbor?** During a time when many of our communities are experiencing increasing polarization and division, audiences will have the opportunity to discuss this question at hundreds of film events convened by Indie Lens Pop-Up partners in 60 communities across the United States. Films like *The Providers*, *RUMBLE: The Indians Who Rocked the World*, *Dawnland*, *Charm City*, and *Wrestle* have been selected from the *Independent Lens* season to inspire conversation. Please join the conversations at screenings near you or online at **#WeAreAllNeighbors**.

## **The Providers National Conversation**

The Corporation for Public Broadcasting is proud to partner with ITVS to present *The Providers* as the centerpiece of a national conversation to raise about the urgent healthcare crisis in rural America. We are pleased to present these resources that will bring a fresh focus on rural communities, invigorate the public media system, and bring to the forefront compelling stories on one of the most important issues of our time: health care in America. Several rural PBS stations will develop community strategies to increase awareness of the need for rural workforce healthcare providers. Their local stories will become part of the national conversation.

# Letter from the Filmmakers



We are both children of doctors and share a lifelong fascination with medicine. We grew up with lunches stored in the “Biohazard” fridge and dinner-table discussions about the complex and challenging role of being a healthcare provider. Over the course of making this film, we came face-to-face with the uncomfortable reality that those who have been dealt the harshest hand in life typically receive the worst care. The film follows rural providers practicing a healthcare model that seeks to serve those routinely left out of health care, helping to heal the traumas many on the margins of society have experienced, rather than compound them. As these healthcare providers work with underserved rural Americans to take control of their health, the film showcases people doing what they can to give and get care in some of the toughest circumstances in our country.

While we are not healthcare professionals, we formed an immediate connection with the providers in the film. In a sense, we are all healthcare nerds (although we don’t know if the providers would appreciate the moniker!). As we spent more than a hundred days filming in New Mexico over the course of three years, we saw the ways the healthcare problems in these small towns are entwined with the broader challenges facing rural American communities, and witnessed firsthand the connections between poverty, hopelessness, illness, and addiction. Particularly in a moment where our national narrative is of a deeply splintered America, it was very hopeful for us that the process of making this film felt like a coming together across divisions over a shared vision of caring for each other.

Given the tensions of the last decade over how to shape the American healthcare system, we think it’s a particularly important time to have conversations as a country, and in all parts of the country, about the human stories behind the headlines. One of our favorite parts of making the film was meeting the Semillas De Salud (Seeds of Health) students from rural areas who are interested in pursuing healthcare careers. We hope the film will inspire more young people to go into rural health care, and we are reaching out to rural high schools and medical education institutions (including medical schools, nurse practitioner programs, and physician assistant programs) to have community-led discussions about how they see themselves in the solutions to the health challenges we face as country.

— Laura Green & Anna Moot-Levin  
Co-directors, *The Providers*

# About the Providers in the Film



## EL CENTRO FAMILY HEALTH

A network of clinics and healthcare providers in northern New Mexico with a mission “to provide affordable, accessible, quality health care to the people of northern New Mexico.” **El Centro provides care** to all patients in its service area of 22,000 square miles, regardless of their insurance status or ability to pay.



## MATT PROBST, PHYSICIAN ASSISTANT

“EVERY ONCE IN A WHILE I HAVE A PATIENT WHO, AS THEIR PHYSICAL BODY WITHERS, THEY BECOME MORE ALIVE, BRIGHTER. ... I’M ALWAYS LOOKING FOR THAT IN MYSELF—I WANT TO FIND THAT LIGHT.”

El Centro’s medical director, Matt Probst was born and raised in rural northern New Mexico. After a childhood that included selling drugs in order to support his family, Matt decided the practice of medicine was a way to serve the community he grew up in. Both his father and his sister struggle with substance use disorder. The pain of experiencing and witnessing their resulting health, social, and legal problems recommit Matt to his work at El Centro. As medical director, Matt’s primary functions are seeing patients and recruiting staff. He started the Semillas de Salud (Seeds of Health) program as a way to encourage the growth of healthcare talent within northern New Mexico’s rural communities, especially among youth like him. Matt graduated from the University of New Mexico.

# About the Providers in the Film



## Chris Ruge, Nurse Practitioner

"IF I KNEW IN MY HEART OF HEARTS THAT BRINGING MY PATIENT AND HER 13-YEAR-OLD HOME FOR A MONTH WOULD PUT THEIR LIFE IN ANOTHER DIRECTION AND TOTALLY CHANGE THEIR REALITY FOREVER, I THINK I'D ARGUE FOR IT."

Chris Ruge left his Midwest home the day after he graduated from high school. After driving trucks for about a decade, he became a family nurse practitioner because he wanted to find a way to feel more connected to others. Through his position at El Centro, he devotes himself to caring for his patients with a rare dedication. Through most of the film, Chris is employed by Project ECHO, an initiative of the University of New Mexico. He worked with the pilot program, ECHO Care, which funded home visits by general practitioners to patients who are too far from a clinic or too sick to visit regularly. The ECHO Care program ensured that Chris received support from specialists via teleconference, telephone, and email as he provided these complex patients with treatment. Chris and El Centro have continued to advocate for and provide home visits even after the funding and medical support from the ECHO Care program ran out. Chris graduated from the University of New Mexico.



## Leslie Hayes, Family Physician

"I WANTED TO BE SOMEPLACE WHERE PHYSICIANS WERE REALLY NEEDED."

Leslie Hayes knew she wanted to become a doctor from a very young age. She was raised in Los Alamos, New Mexico, a community that hosts a national nuclear laboratory and that boasts the highest rate of PhDs per capita in the nation. She came to El Centro because she wanted to practice medicine in a place where her services were needed. As one of the few remaining primary care doctors in the region who delivers babies, Leslie is often on call for deliveries several days a week. Like Matt, she was raised in a family that struggles with substance use disorder, although her grandfather's successful recovery is part of what inspires her treatment of her patients. A family practice physician, Leslie is distinguished by her advocacy for using medications to treat substance use disorder, especially opioid use disorder, in a primary care setting. She believes that in order for patients to have the best possible outcomes, they need evidence-based, nonjudgmental care in a place that is accessible and familiar to them. Leslie graduated from the University of New Mexico School of Medicine



# Background Information



This section of the guide includes a glossary of terms and background information to help facilitators understand the healthcare system and the overall economic and social strengths and challenges for communities like those in the film. Facilitators may read this information beforehand or reference appropriate parts of it during the screening event using the included suggested discussion questions.

# Glossary of Terms

## Affordable Care Act:

Passed in 2010, the **Affordable Care Act (ACA)**, also known as “Obamacare,” was designed to dramatically increase the number of Americans who receive healthcare coverage by: (1) providing subsidies for coverage for middle-class households, (2) expanding the number of people eligible for Medicaid by including all adults who earn less than 138 percent of the federally defined poverty level, and (3) encouraging innovation in strategies that reduce the cost of health care. Since its passage, the ACA has been controversial and has been the subject of **multiple legal challenges**. Several states have yet to expand their Medicaid coverage.

## Federally Qualified Health Center (FQHC):

**FQHCs** are mostly outpatient clinics that are certified by Medicaid to provide “safety net” care to anyone in need, regardless of their ability to pay. Services are often provided on a sliding scale and subsidized by Medicaid and other federal or state funding sources.

## ECHO Care Program:

Project **ECHO (Extension for Community Healthcare Outcomes)** was founded at the University of New Mexico to increase access to specialty care for patients who live in places where access to health care is challenging. ECHO Care is a pilot program to treat complex-care patients with multiple chronic illnesses, which may include mental illness and/or substance use disorder. The program offers in-home and office-based primary care to these high-need patients, as well as care management and coordination for their patients. As part of ECHO Care and other programs which support primary care practitioners, Project ECHO offers education and resources to healthcare professionals through continuous learning, mentorship, and teleconferencing with specialists.

## Family Medicine:

Family medicine is a specialty of medicine that trains providers to offer general medical care for people throughout their life cycle, from birth to old age. Family medical providers also guide patients who are in need of more specialized care to appropriate specialists. Family medicine practitioners can include many levels of healthcare providers, including physicians, nurse practitioners, and physician assistants who are trained in a wide variety of care options and treatments, from preventive screening to simple surgical procedures, and they are the front line of care for people in most rural and underserved settings. Family medicine providers often practice in primary care settings.<sup>2</sup>

## Healthcare Providers:

There are many kinds of healthcare provider degrees and designations, each of which involves specialized education, training, and certifications. State boards set policy to define the specific procedural, prescription writing, and supervision requirements for providers with different kinds of training. The movement in health care today is increasingly toward a team approach like the one in El Centro, where different kinds of providers work together in a general practice setting to treat a patient load that has diverse health needs and issues.<sup>3</sup> In the film, we see Leslie, who is a medical doctor (MD), also known as a physician, Chris, who is a nurse practitioner (NP), and Matt, who is a physician assistant (PA). Other kinds of providers include doctors of osteopathy (DO), registered nurses (RN), medical assistants, and many others.

## Opioid Use Disorder:

A type of substance use disorder, opioid use disorder is defined by physical and / or psychological dependence on opioids, including heroin and medications such as fentanyl, morphine, oxycodone, and others; significant engagement in activities to seek opioids, even when those activities are illegal and hazardous; and social and life functions, such as going to school, working, and engaging with family, that are impeded by opioid use and opioid-seeking behaviors. Like other kinds of substance use disorders, opioid use disorder is considered a chronic illness and is characterized by periods of use, withdrawal, recovery, and relapse. Medication-assisted treatment is recommended for recovery in addition to psychological and social support programs.<sup>4</sup>

Source:

2) American Academy of Family Physicians (2019), <https://www.aafp.org/about/the-aafp/family-medicine-specialty.html>

3) Consumer Reports (2018), “Will You See an Actual Doctor the Next Time You Go to the Doctor,” <https://www.consumerreports.org/doctors/will-you-see-an-actual-doctor-when-you-go-to-the-doctor/#guide>

4) Centers for Disease Control and Prevention, “Assessing and Addressing Opioid Use Disorder (OUD),” <https://www.cdc.gov/drugoverdose/training/oud/accessibile/index.html>

# Glossary of Terms

## Primary Care:

Primary care clinics act as front-line generalized medical settings for most patients. Primary care clinics like El Centro offer a wide variety of services, which may include prevention, education, treatment, care for chronic disorders, and care for complex health issues and may also offer counseling and other support services for a wide variety of patients. Family practice and internal medicine are the most common providers practicing in primary care settings. Primary care providers also refer and advocate for patients whose conditions are beyond the capacity or resources of their clinics.<sup>5</sup>

## Rural:

The U.S. Census Bureau has been collecting data about rural areas since 1890. A census block is called “rural” based on the following criteria: how many people live there, how close together they live (population density is measured by people per square mile), and distance from urban centers.<sup>6</sup> Statistics about rural areas vary between organizations like the U.S. Census Bureau, the U.S. Department of Agriculture (USDA), and the Centers for Disease Control and Prevention (CDC), as those agencies use slightly varying criteria to define “rural.”

## Substance Use Disorder:

Although it is commonly referred to as “addiction,” the term substance use disorder (SUD) more accurately describes the spectrum of challenges presented by physical addiction to drugs or alcohol, including the physical, mental, social, and legal issues that often accompany the disease. SUD is considered a chronic illness, and most cases are characterized by stages of physical dependence, withdrawal, recovery, and relapse. One of the most common misconceptions about SUD is that it is a moral failing or a choice, rather than a complex chronic condition with far-reaching physical and mental effects.<sup>7</sup> Opioid use disorder is one type of SUD, and many people who struggle with SUD must address use of more than one substance. Medication-assisted therapy is recommended for several types of SUD, including opioid and alcohol use.<sup>8</sup>

Source:

5) American Academy of Family Physicians (2019), <https://www.aafp.org/about/policies/all/primary-care.html>

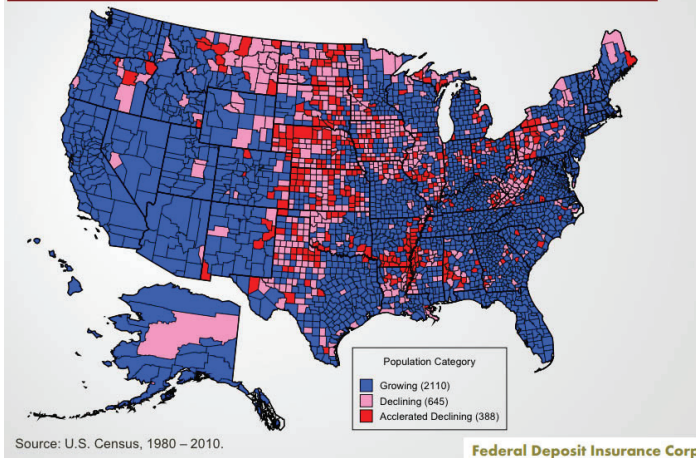
6) U.S. Census Bureau (2016), “Defining Rural at the U.S. Census Bureau,” [https://www2.census.gov/geo/pdfs/reference/ua/Defining\\_Rural.pdf](https://www2.census.gov/geo/pdfs/reference/ua/Defining_Rural.pdf)

7) National Institute on Drug Abuse (2015), “Addiction Science,” <https://www.drugabuse.gov/related-topics/addiction-science>

8) Substance Abuse and Mental Health Services Administration (2018), “Medication-Assisted Treatment,” <https://www.samhsa.gov/medication-assisted-treatment>

# A Snapshot of Rural Health

While the majority of the counties in the U.S. are growing, there are significant depopulation trends in some areas.



Our nation's rural populations have been declining steadily since the 1970s. The decline is more dramatic in areas that rely on agricultural or manufacturing employment than in places where tourism is central to the economy.<sup>9</sup> Due in part to this consistent decline, people who live in rural areas are older, have lower incomes, have more chronic diseases, and have less access to health care.<sup>10</sup>

Source:

9) U.S. Department of Agriculture (2018), "Rural America At A Glance," <https://www.ers.usda.gov/webdocs/publications/90556/eib-200.pdf?v=5899.2>

10) Agency for Healthcare Research and Quality (2017), "National Healthcare Quality and Disparities Report," <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/chartbooks/qdr-ruralhealthchartbook-update.pdf>

11) U.S. Census Bureau (2017), "What Is Rural America?," <https://www.census.gov/library/stories/2017/08/rural-america.html>

12) Frostenson, Sarah (2017), "The Death Rate Gap Between Rural and Urban America Is Getting Wider," <https://www.vox.com/science-and-health/2017/1/13/14246260/death-gap-urban-rural-america-worse>

13) U.S. Department of Defense (2019), "Casualty Status," <https://dod.defense.gov/casualty.pdf>

14) Rural Health Information Hub (2017), "Rural Health Disparities," <https://www.ruralhealthinfo.org/topics/rural-health-disparities>

"IF YOU'RE GOING TO HAVE A SATISFYING LIFE AND CAREER AND VOCATION, YOU HAVE TO DECIDE WHERE YOU'RE GOING TO FIGHT, HOW YOU'RE GOING TO FIGHT."

—Matt Probst, Medical Director, El Centro

Rural American populations are geographically and economically diverse. For example, the mostly agricultural economy of northern New Mexico is distinct from the mining and manufacturing economies of West Virginia and Kentucky. Although more than 70 percent of the nation's land is classified as rural, only about 15 percent of the population lives in rural areas.<sup>11</sup>

Visit [ers.usda.gov/data-products/state-fact-sheets/](https://ers.usda.gov/data-products/state-fact-sheets/) for USDA information about the rural areas in your state.

Matt, Leslie, and Chris care for patients with complex chronic illnesses, including heart disease, cancer, diabetes, and substance use disorder.

"IN 2016, 70,000 DEATHS IN RURAL AMERICA COULD HAVE BEEN PREVENTED WITH BETTER ACCESS TO CARE.<sup>12</sup> THAT'S 10 TIMES THE NUMBER OF AMERICANS WHO DIED IN THE AFGHANISTAN AND IRAQ WARS COMBINED."<sup>13</sup>

—The Providers

These kinds of illnesses are more common and more severe in rural areas than in other parts of the country because of several major factors:

- Geographic isolation
- Lack of transportation
- Lack of access to health care
- Lack of employment opportunities
- Low income
- Chronic conditions (including substance use disorder)
- Unhealthy behavioral norms, such as smoking, drug and alcohol use, and lack of exercise<sup>14</sup>

# Addressing Health Disparities

A health disparity occurs when a health problem is more common in one population than another. Health disparities refer to differences like access to nutrition, health care, and education, as well as exposure to physical harms like pollution and social harms like discrimination. Race and income are consistent factors in health disparities in every population. In order to understand patterns of health disparities, it is necessary to consider the contexts in which people live and the choices available to them.

## Where do we see health disparities?

Health disparities are apparent between many groups in many ways. Race, income, and access to health insurance, however, consistently affect health across the nation.<sup>15</sup>

### Rural Areas

Use the interactive maps on the federal **Rural Health Information Hub** to explore data on health disparities in rural areas close to you.

### Urban Areas

**These city maps** demonstrate how different life expectancy can be within a city's limits—for example, there is an 11-year difference in life expectancy between different neighborhoods in Denver, Colorado, that are separated by fewer than eight miles.<sup>16</sup>

### Suggested Discussion Questions:

- What stands out to you as you examine the data about health disparities?
- Which health disparities are you aware of in your community?
- What are some further questions raised by these figures?

Source:

15) Agency for Healthcare Research and Quality (2017), "National Healthcare Quality and Disparities Report," <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/chartbooks/qdr-ruralhealthchartbook-update.pdf>

16) American Public Health Association, "Disparities in the U.S.," <https://www.apha.org/what-is-public-health/generation-public-health/disparities-in-the-us>

## Why do health disparities happen?

There are many factors that influence health disparities and that interact in complex ways. The following chart includes different kinds of factors that measurably influence health outcomes:

Figure 1

### Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

In *The Providers*, we see how many of these factors work as **challenges** and **solutions** in the lives of the patients and the providers. Use the following quotes from the film to remind the audience of examples of challenges and solutions represented in the film.

### Challenges

**Income:** Matt describes the need to sell drugs at a young age to help support his family. *"You shouldn't be selling cocaine when you're a sophomore in high school to pay the mortgage."*

**Hunger:** One of El Centro's patients describes why his weight has dropped. *"Toward the end of the month, I get sort of skinny."*

**Stress:** Stress can be a source of many kinds of health issues, including substance use disorder, as evidenced by these statements from Cheri and Chris:

Cheri: *"I felt like drinking so bad yesterday."*

Chris: *"I know, but that's been your fallback for how many years? So it's natural that when you're in crisis that's going to come up as an urge. So a classmate of yours just OD'ed?"*

Cheri: *"Yeah, he was a year younger than me. He died in front of his kids and his girlfriend. I went to his rosary, his funeral. It was so awful, his little kids putting the—on the coffin. It's awful, awful."*

Source:

17) Orgera, Kendal, & Artiga, Samantha (2018), "Disparities in Health: Five Key Questions and Answers," <https://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>

# Addressing Health Disparities

**Support systems:** Cheri identifies her mother’s drinking as a major barrier to her staying sober. “[M]y mom, she got kicked out of her house for fighting—drunk, and now she’s, like, trying to come, you know, back and hang out. She came around the other day, and, oh, I see her with the bottle, and it’s, like, everything that I drink, you know? And it’s still hard for me.”

**Provider availability:** Matt says, “Between now and summer, we’re going to end up being about eight providers short. I describe it like a bridge, and you have all these trusses, and now you’re eight short. The remaining trusses feel more weight.”

## Solutions

**Transportation:** Chris’ home visits provide care to patients who live too far from the clinic or who are too sick to travel there. Chris says, “The 15-minute visit in the clinic doesn’t work with these patients.”

**Education:** The Semillas de Salud program offers young people a pathway to health care. Matt says, “The evidence is really clear. You’re much more likely to retain (a provider) if they’re from that community.”

**Social integration:** The ECHO Care program is based on the power of human connection. Miriam, the program’s administrator, describes it this way: “A lot of the intervention has really been about persuading these patients to attach to somebody and actually experience what it feels like to be cared about and to trust somebody.”

**Health coverage:** Even after ECHO Care lost its funding, El Centro negotiated with insurance companies and secured funding to continue the home visit model of care. Chris talks about the program’s importance, saying, “If they changed the heavy emphasis on home visits ... it would likely lead to the early death of a lot of our patients.”

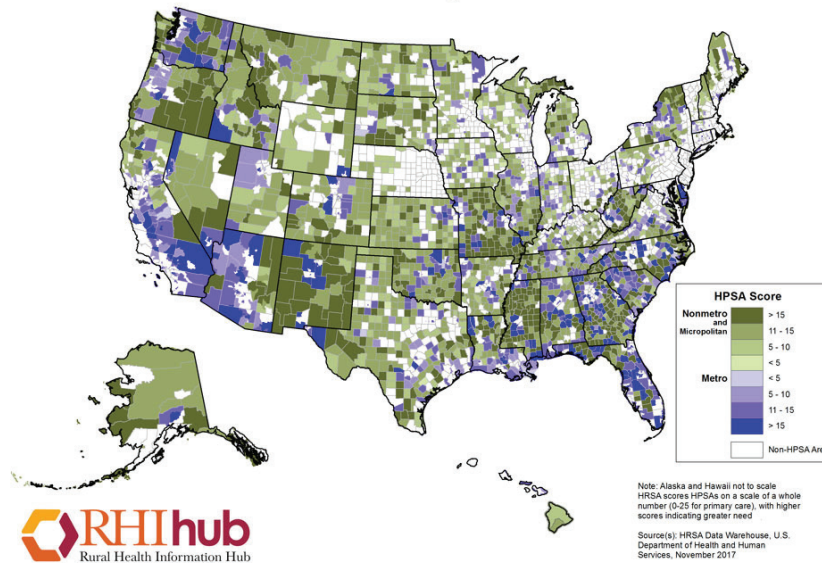
Solutions exist for health disparities like those in rural America and elsewhere. They will require interventions that address individual actions, community-level services, and policies at both the state and the national level.

## Suggested Discussion Questions:

- What factors did you see in the film that suggest why health challenges exist in northern New Mexico?
- Which influences in the film suggest both the causes of and the potential solutions to health disparities?
- What did you see that resonates with challenges in your own community?
- What other factors do you see in your own community that contribute to health disparities?
- What are solutions / policies you want to build in your own community that will alleviate health disparities?

# Building the Healthcare Workforce

## Health Professional Shortage Areas Primary Care



*The Providers* highlights one of the driving issues underpinning the challenge of health care in rural areas—there are not enough healthcare providers. Although nearly 20 percent of the U.S. population lives in rural areas, only 11 percent of medical doctors practice there.<sup>18</sup>

This is not a new problem in the United States, and it is not limited to rural areas. The federal government tracks **Health Professional Shortage Areas** (HPSAs), which include rural settings, low-income urban communities, and certain types of facilities, such as facilities on Native American reservations and federal and state prisons. In addition, many of these areas and facilities struggle with hiring challenges.<sup>19</sup>

### Suggested Discussion Questions:

- Locate your home state on the map. What do you notice about the area where you live? Does it surprise you?
- How does it compare with other parts of your state or your region?

Source:

<sup>18</sup> Frostenson, Sarah (2017), "The Death Rate Gap Between Rural and Urban America Is Getting Wider," <https://www.vox.com/science-and-health/2017/1/13/14246260/death-gap-urban-rural-america-worse>

<sup>19</sup> Health Resources and Services Administration (2019), "HPSA Find," <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

# Building the Healthcare Workforce

## Programs That Address the Workforce Issue

Public and private programs are in place across the nation to encourage medical providers to practice in HPSAs. Some programs offer financial incentives, like scholarships and loan forgiveness for students who agree to practice in an HPSA for a pre-agreed amount of time after graduation. Another large program is the federal J-1 Visa, which allows foreign medical students to stay in the United States after graduation in exchange for practicing in an HPSA. Although these programs do successfully attract practitioners, they can result in high turnover, as providers who come to a community through these programs are less likely to stay than providers who come from within the communities themselves. **Research shows that practitioners who feel integrated within a community are those most likely to stay there.**<sup>20</sup>

### Semillas de Salud—Training a Workforce From Within

"THIS COMMUNITY—IT'S SO MUCH A PART OF WHO I AM. I CAN'T SEPARATE MYSELF FROM IT. I COULD'VE DONE A LOT OF DIFFERENT THINGS BESIDES MEDICINE. I COULD MAKE A LOT OF MONEY, I COULD LIVE WHEREVER I WANT, BUT I CAN'T TURN MY BACK."

—Matt Probst, in *The Providers*

It is well documented that the practitioners who are most likely to stay in rural settings are those who are from the communities themselves.<sup>21</sup> This is why Matt focuses El Centro staff recruitment efforts on local medical schools and training centers. For example, he often speaks at the nearby physician assistant training program at the University of New Mexico in Albuquerque. When he speaks to students, he says, "The difference-maker is when you can say 'This is my community now, and I want to be part of this community.'" Matt derives job satisfaction, in part, from his sense that his work contributes to and enriches his own community.

Matt also started the Semillas de Salud program in nearby high schools to encourage students from the area to consider health care as a career. He says, "Right now we export our most precious resource, and that's our educated youth. They've gotta move away because there's nothing here to do. Well, you know what there's here to do? Health care."

Through Semillas de Salud, high school students get early training and exposure to the healthcare field, which serves two purposes: (1) making students aware that a career in health care is possible for them, and (2) showing students health care is a career that will enable them to stay in their home community.

"I STARTED THINKING ABOUT BECOMING AN EMT FROM BEING IN THE SEMILLAS PROGRAM, AND EVER SINCE, THAT PASSION HAS JUST GROWN. IN 2011, MY GRANDFATHER WAS DIAGNOSED WITH LEUKEMIC CANCER, AND OVER THE YEARS, IT JUST GREW WORSE AND WORSE. I WOULD CALL AN AMBULANCE KNOWING IT WOULD BE AN HOUR AND A HALF BEFORE THEY GOT TO OUR HOUSE OR EVEN FIND OUR HOUSE. SO I WANT TO GO INTO THE MEDICAL PROFESSION BECAUSE THIS COMMUNITY IS SO FAR FROM MEDICAL HELP."

—Tiffany, Semillas de Salud student, in *The Providers*

The program has been very effective. As Matt says, "Our school age health career clubs produce fruit slowly." And yet, he estimates that thousands of students have participated in some part of the Semillas program. Through Semillas, El Centro also provides clinic rotations to students in post-graduate training, giving them hands-on experience with rural medical practice. To date, 400 students have done clinical rotations at El Centro, and of those, 24 have gone on to accept clinical positions at El Centro after training.

Source:

20) Gilman, Lisa (2013), "Recruitment and Retention in Shortage Areas," <https://dhss.delaware.gov/dhss/dph/hsm/files/recruitretentionindsa.pdf>

21) Bennett, Keisa, Phillips, Julie, and Teevan, Bridget (2009), "Closing the Gap: Finding and Encouraging Physicians Who Will Care for the Underserved," <https://journalofethics.ama-assn.org/article/closing-gap-finding-and-encouraging-physicians-who-will-care-underserved/2009-05>



# Building the Healthcare Workforce

## The ECHO Care Program

"PROJECT ECHO IS PROBABLY THE REASON I CAME TO NEW MEXICO. THE PROGRAM IS DESIGNED TO WORK WITH PATIENTS WHO HAVE SIGNIFICANT MEDICAL ISSUES, SIGNIFICANT PSYCHOLOGICAL ISSUES, AND CHAOTIC SOCIAL SITUATIONS. THE 15-MINUTE VISIT IN THE CLINIC DOESN'T WORK WITH THESE PATIENTS."

—Chris Ruge, in *The Providers*

Recognizing that educating and incentivizing healthcare providers to live in rural areas is a long-term solution, the University of New Mexico founded Project ECHO to immediately increase access to specialty care for patients who have complex health issues, like cancer, chronic pain, diabetes, mental health issues, and substance use disorder. The project works by offering education and resources to healthcare professionals through continuous learning, mentorship, and teleconferencing with specialists. In this manner, the rural providers get the professional support they need in order to offer high-quality, personalized, and culturally sensitive care to their patients.

This [infographic](#) demonstrates how the model works.

The ECHO Care program that supported Chris' at-home visits with patients lost funding during filming. **Project ECHO** programs that serve other populations and have different funding structures still exist in New Mexico and throughout the United States.

## Suggested Discussion Questions:

- Why do you think it might be difficult to find providers for HPSAs?
- What do you think would have to change to make practicing in an HPSA more attractive?
- Which programs and incentives do you think might be most effective in addressing the healthcare workforce shortage?
- How might students be encouraged to seek a career in health care and stay in rural communities?

## BACKGROUND INFORMATION

# Practicing Rural Medicine

Filmmakers Laura Green and Anna Moot-Levin created *The Providers* both to raise awareness about the crisis in rural health care and to demonstrate the experiences of healthcare providers working in a rural setting.

### Practicing rural medicine is ideal for practitioners who want to:

- make a public impact.
- live in small towns, which often provide access to nature and offer a strong and close-knit sense of community.
- expand their skill sets—the biggest opportunity for rural health is in primary care, which enables the provider to see many types of issues and health challenges and so continue to learn throughout their careers.<sup>22</sup>

Rural providers also may enjoy financial benefits from government and private programs, like those discussed above that offer loan assistance and forgiveness for medical school debts.

When he speaks to medical students, Matt often talks about health care being “a relationship.” Matt, Leslie, and Chris all enjoy practicing in El Centro because of the relationships they build there. Providers in rural settings who do not work within the bureaucratic systems may have more time to spend with patients, especially if they are non-M.D. providers, such as physician assistants and nurse practitioners.<sup>23</sup> The relationships they build, with one another and with their patients, provide them with job satisfaction and with the ability to understand their patients and work with them to seek solutions.

Research shows that trusting relationships improve healthcare outcomes. In addition to improving overall patient satisfaction, trusting relationships increase patient-centered decision-making processes and increase the likelihood that patients will follow provider recommendations and will return for follow-up visits and further preventive care.<sup>24</sup>

[Click here](#) for a list of medical schools across the nation that feature a specialty in rural health care.

Source:

22) Kowarski, Ilana (2017), “Consider a Career in Rural Medicine,” <https://www.usnews.com/education/best-graduate-schools/top-medical-schools/articles/2017-02-27/consider-a-career-in-rural-medicine>

23) National Conference of State Legislators (2012), “Meeting the Primary Care Needs of Rural America,” [http://www.ncsl.org/research/health/meeting-the-primary-care-needs-of-rural-america.aspx#\\_edn11](http://www.ncsl.org/research/health/meeting-the-primary-care-needs-of-rural-america.aspx#_edn11)

24) <https://www.mdedge.com/jfponline/article/60508/benefits-trusting-physician-patient-relationship>

### Suggested Discussion Questions:

- What did you see in the film that would promote rural health care?
- What benefits does working in a rural or other HPSA setting offer healthcare providers?

# Tips for Hosting a Successful Event

**Prepare the space:** Take the time to familiarize yourself with the venue and the equipment you'll use to screen the film. As you plan for the discussion and engagement activities, consider the available seating and space with an eye to the activities you want to plan.

**Be knowledgeable:** You do not have to be a healthcare provider or health policy expert to lead a thoughtful community conversation about *The Providers*. Watching the full film before the event and reading through this guide and suggested resources will help you become familiar with the issues that will likely come up during your event. Doing so will also help you identify and extend invitations to community leaders, healthcare providers and administrators, scholars, and others who can share their expertise and a local perspective on health care in your community.

**Be clear and comfortable in your role.** A facilitator's job is to encourage dialogue while creating an atmosphere that encourages sharing and a constructive exchange of ideas. The facilitator should be aware that some of the sensitive topics raised in *The Providers*, like substance use disorder, generational poverty, and the death of loved ones, may elicit very personal reactions from the audience. Some viewers may want to share personal views or experiences, and the facilitator should recognize their contribution and provide a listening ear, yet keep the conversation moving forward toward the goal of the event.

**Know who might be present.** An audience from a rural area will likely see and respond to different things in this film than will a more urban audience or an audience of mostly patients or mostly healthcare providers. As you plan your event, take your audience into consideration to tailor the discussion questions, your invited speakers or panelists, and your engagement activities to your group.

**Encourage multiple perspectives.** Remind your audience that people will come to this film with different life experiences and lenses. The goal of a community event is not to arrive at agreement, but rather to come to understand different points of view. Invite your audience to use the **skills of active listening** to stay open, get curious, and even paraphrase to make sure they understand another's opinion before sharing their own.

# Facilitating the Discussion



## Pre-Screening Discussion Questions

- What comes to mind when you think of a “country doctor”? Do you think that image matches the experience of healthcare providers in rural areas today?
- What do you think are the qualities of a successful relationship between a healthcare provider and a patient?
- In a March 2018 Gallup poll, Americans identified health care as one of their top concerns.<sup>25</sup> Does that match your own experience? Why or why not?

## Post-Screening Discussion Questions

- What in the film reinforced your ideas about a country doctor? Did anything in the film challenge those ideas?
- What qualities stood out to you about the healthcare providers in the film? What did you learn about why they chose healthcare? In what way have your passions influenced your life choices?
- Talk about the strengths that you saw in the model of care at El Centro.
- What were some of the challenges the providers at El Centro have to overcome?
- What attracted the healthcare providers in *The Providers* to work in a rural setting?
- What might encourage a healthcare provider to stay in her or his position over time?
- What do you think might influence a young person’s decision to stay and work in his or her rural community?
- What do you think needs to change in order to improve the health of communities like Las Vegas and Española, New Mexico?

Source:

25) Jones, Jeffrey (2018), “U.S. Concerns About Healthcare High; Energy, Unemployment Low,” <https://news.gallup.com/poll/231533/concerns-healthcare-high-energy-unemployment-low.aspx>

# Potential Partners and Speakers

A panel discussion is a reliable method for welcoming multiple perspectives into the room and gaining local and / or regional insight about specific issues related to rural health care and / or substance abuse treatment, and what programs in your area are addressing these issues.

We recommend having a moderator with questions prepared for the panelists. These questions should guide the conversation in support of your goals for the event. Then, if time allows, you may open the panel to audience questions. Depending on the size of your audience, it may be wise to have audience members write their questions on notecards. That way, the moderator can select questions that support the conversation you are facilitating.

Consider inviting rural medical practitioners, depending on your location, and scholars from a medical, nursing, or public health school. Educators at community colleges and vocational schools may have insight into training programs for other kinds of rural health workers, such as EMTs (emergency medical technicians), health navigators, community health workers, medical assistants, and others. Specialists in substance use disorder treatment may be of particular interest (more on that below). Finally, scholars and civil servants who work in health policy, community planning, and education may provide insight.

When reaching out to panelists at partner organizations, consider offering them the opportunity to conduct community outreach for their program. This offering could be a win-win, as you are both offering something of value to the panelist / partner organization, as well as offering your audience an action step to get involved with the issues the film raises.

These national organizations have programs to foster the pipeline of medical practitioners and may be of assistance as you seek speakers for your event:

- **National Rural Health Association**
- **Area Health Education Centers**
- Health Careers Opportunity Program
  - **Funding opportunities**
  - **Active programs by state**

# Raise Awareness in Your Community



In conjunction with your screening event, seek opportunities to amplify existing voices that are working to address rural health care and health disparities.

1. Institutions of higher education are critical in training and supporting rural healthcare providers. Use [this list](#) of medical schools with rural healthcare specialties and/or find a healthcare training institute in your area seeking student trainees. Your screening event can help them spread the word about their program and possibly recruit students.
2. Check in with your state and local health departments and healthcare foundations to learn about programs they have in place to address substance abuse disorder and/or support rural health care providers.
3. Work with a local journalist to cover the story in your area. If there is not a health specialist associated with your major local publication, consider contacting smaller papers, [solutions journalism organizations](#), or a local journalism school to find a reporter eager for stories.

# School Screenings and Partnerships



The Semillas de Salud program in the areas around Las Vegas, New Mexico, is creating a pipeline of potential healthcare providers who are most likely to stay in and serve their communities. Consider partnering with local high schools, community colleges, and other educational programs to build a similar pipeline of young people into medical pathways. Here are some ideas of how.

- Invite healthcare providers to speak at your event or in your classroom, and if you are a provider, reach out to a local school to offer your insight.
- Start health profession clubs that support and encourage high school and community college students in preparing for careers as providers. Kick off the effort with a screening at your local high school, and help schools make connections with local practitioners and healthcare facilities to provide speakers, mentorship, and skill-building seminars for students interested in health care.

# Healthcare Career Fair

Hosting a healthcare workforce fair in conjunction with your screening is one way to make opportunities for careers in health care visible in your community.

A workforce fair can include many types of healthcare providers:

**Community Health Workers:** Peer-level educators who often work in community-based organizations, schools, and other outreach settings to act as health navigators, educators, and referral sources in their community.

**Emergency Medical Technicians:** First responders who work with ambulance services, with fire houses, and in urgent care settings to stabilize patients as much as possible during emergencies before a patient can reach a hospital or other necessary care setting.

**Medical Technicians:** Those who work in doctors' offices and other healthcare settings in specialized activities such as keeping medical records, billing, and phlebotomy and other lab services.

**Certified Nursing Assistants:** Assistants, working under the supervision of nurses or nurse practitioners, who care for patients and support the work of other medical professionals.

**Public Health Workers:** Those who work in public health offices and community-based organizations setting policy and / or offering services that address health concerns on a community level.

All of these professionals are in demand, and these roles can lead to further education to become a registered nurse, a physician assistant, a nurse practitioner, a doctor of osteopathy, or a medical doctor.

Consider engaging with the career and outreach offices in your local school district, community college, university, or medical school to help organize and host a health workforce fair. Also, human resources offices in your local public health office, healthcare provider groups and hospitals may offer assistance.



# Focus on Opioid Use Disorder

"WE NEED TO DRAMATICALLY INCREASE THE NUMBER OF (PRIMARY CARE) PROVIDERS WHO ARE TREATING OPIOID USE DISORDER."

—Leslie Hayes, in *The Providers*

Substance use disorder is one of the biggest health challenges in America. Drug overdoses caused an estimated 72,000 deaths in 2017, making drug overdose the leading cause of injury deaths in the United States.<sup>26</sup> Over the last decade, dramatic increases in the misuse of opioid drugs, including prescription pain pills such as fentanyl, have disproportionately affected rural communities because of the same factors that influence other chronic health challenges—age, income, social isolation, and lack of access to care.<sup>27</sup> There is an urgent need for strategies for the prevention and treatment of substance use disorder, especially opioid use disorder.<sup>28</sup>

*The Providers* chronicles Leslie's work advocating at the local and national levels for an increase in awareness of, training in, and implementation of medication-assisted treatment (MAT) by primary care doctors in the primary care setting. MAT involves supervised use of medications like buprenorphine in combination with mental health care to assist with recovery from opioid use disorder. The medications prevent cravings and / or help the body cope with symptoms of withdrawal. Research shows that, used in this way, MAT is the most effective treatment for opioid use disorder.

But there are major barriers to offering MAT in primary care settings: (1) many primary care providers lack training in how to do it, and (2) there is a sense among primary care physicians that recovery is too difficult and that including opioid or other substance use disorder patients in their patient load would overburden them.<sup>29</sup>

Furthermore, stigma against drug use may prevent support for this kind of treatment. Some people who have struggled with SUD advocate for social support programs like Alcoholics Anonymous and Narcotics Anonymous as the best way to recover, and they see MAT as a way of transferring their dependence to another kind of medication.

Those who don't feel MAT is right for them have other options for recovery, and individuals will find their best personal pathway together with their healthcare provider, their family, and their community.

For more information on MAT and other evidence-based strategies to address opioid misuse, use this [CDC booklet](#) as a reference. Also, consult [this USDA infographic](#) on different ways to intervene to address the opioid epidemic in rural areas.

Source:

26) National Institute on Drug Abuse (2018), "Overdose Death Rates," <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

27) Noonan, Rita (2017), "Rural America in Crisis," <https://blogs.cdc.gov/publichealthmatters/2017/11/opioids/>

28) Centers for Disease Control and Prevention (2017), "Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas—United States," <https://www.cdc.gov/mmwr/volumes/66/ss/ss6619a1.htm>

29) American Academy of Family Physicians (2017), "Should Medication-Assisted Treatment Be Part of Primary Care?" <https://www.aafp.org/news/health-of-the-public/20170728mat.html>

# Focus on Opioid Use Disorder

## Activity Suggestion: Map Opioid Use and / or Substance Use Treatment in Your Community

Consider inviting experts in your area who are working in opioid use disorder treatment and prevention in different ways, including a primary care doctor who offers MAT, representatives from treatment facilities, social support organizations, and your local health department. It is likely that other kinds of SUD are also prevalent in your area, so it may be helpful to consult with your local health department to learn more. Many people who struggle with opioid use disorder also misuse other substances, especially alcohol. When discussing any kind of SUD, it is always helpful to include as speakers people struggling with SUD and in recovery to offer their personal stories and insights and to dispel myths and misinformation about who is affected by this disease.

## Discussion Topic: Fighting Stigma

Stigma is a major barrier to fighting substance use disorder. In particular, the perception of SUD as a personal failing rather than a chronic disease prevents individuals from recognizing their own addiction, prevents families and communities from having open conversations about the disease, and prevents science-based policy from being enacted.<sup>30</sup>

In the film, Leslie says, “The general media perception of women who use drugs during pregnancy is that they’re selfish, awful people who don’t care about their baby at all. But when you actually talk to the women, the vast majority are so desperate to get drug free so that they can take care of their baby, but they’re just overwhelmed by it. I find if we’re giving them support and they’re getting treatment, it is by far and away the most motivated group you will ever find.”

After watching the film, organize the audience into small groups and discuss how the stigma surrounding SUD, including opioid use, affects prevention and treatment.

1. Reflect on your own assumptions about people who struggle with SUD. What are those assumptions? How did you learn them? How does learning more about it as a chronic disease influence those ideas?
2. How might stigma prevent individuals from recognizing the problem within themselves?
3. How does stigma change the way the science around SUD is perceived?
4. What are ways we as a community can learn and grow to decrease the stigma around SUD?

Source:

30) National Institute on Drug Abuse (2018), “Drugs, Brains, and Behavior: The Science of Addiction,” <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>

# Patient-Centered Care

In patient-centered care, the needs of the individual are at the center of the care that patients receive. They share decision making with their provider and feel that they are respected and that they have a clear and realistic healthcare plan.<sup>31</sup> The ways that Chris, Matt, and Leslie interact with their patients is a highly effective and powerful aspect of their work and is exemplary of patient-centered care.

Research shows that patients' perceptions of the quality of care they receive are heavily influenced by the personal interactions and relationships they have with their providers. Positive healthcare provider relationships are characterized by communication, trust, and nonjudgment. Patients who experience positive relationships with their providers are more likely to return for visits and more likely to adhere to health plans. Healthcare centers that focus on relationships tend to invest more in primary care and enjoy a decrease in spending on emergency care.<sup>32</sup>

In small groups, discuss aspects of those relationships that are visible in the following interactions in *The Providers*:



Chris treats Cheri for her addiction to alcohol. He visits her at home, pays attention to her son and their relationship, and includes himself in planning for her care. Chris says, "If we can get things set up and we can actually get you meaningful employment, we can solve the other problems as they come up." He effectively becomes part of a team for the long term, and Cheri trusts that he will be there for her even after her relapse.

## Suggested Discussion Questions:

- What stands out to you about these interactions in the film?
- What do you perceive to be the qualities of patient-centered care?
- Reflect on your own experience in a healthcare setting. Think of a particularly good experience and why it was effective. Alternatively, in a challenging or bad experience, what drove that perception?
- What are some ideas for focusing on healthcare relationships to improve health outcomes in your area?



Matt treats Ignacio over time and knows that for Ignacio, work is a critically important part of his life and identity. Because of this understanding, Matt doesn't forbid Ignacio from doing work or dismiss his desire to do so, but rather encourages him to do it in moderation. In doing so, Matt acknowledges the importance of identity and mental health to Ignacio's overall physical health.

Source:

31) New England Journal of Medicine Catalyst (2017), "What Is Patient Centered Care?" <https://catalyst.nejm.org/what-is-patient-centered-care/>

32) Sullivan, Erin E., and Ellner, Andy (2015), "Strong Patient-Provider Relationships Drive Healthier Outcomes," <https://hbr.org/2015/10/strong-patient-provider-relationships-drive-healthier-outcomes>

# Further Resources

## **On Rural Healthcare**

### **Rural Health Information Hub**

Supported by the U.S. Health Resources and Services Administration, this website offers data on rural health, information about best practices for rural healthcare providers, and a clearinghouse of funding for providers and programs.

### **National Rural Health Association**

This national association of professionals works and advocates for rural health care. The website provides information on research, news, events, and gatherings.

## **On Health Disparities**

### **Healthy People 2020**

This website describes the health disparities that are prioritized in the U.S. Department of Health and Human Services' Healthy People 2020 strategic plan.

### **U.S. Department of Health and Human Services Office of Minority Health**

This federal website offers information on research, and events related to health equity.

### **Henry J. Kaiser Family Foundation**

The Kaiser Family Foundation conducts national health policy research related to health equity, health disparities, and other critical issues.

## **On Substance Use Disorder**

### **DrugAbuse.gov**

Supported by the National Institutes of Health, this website offers research, data, and information about the science, prevention, and treatment of substance use disorder.

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ITVS is a San Francisco-based nonprofit organization that has, for over 25 years, funded and partnered with a diverse range of documentary filmmakers to produce and distribute untold stories. ITVS incubates and co-produces these award-winning films and then airs them for free on PBS via our weekly series, *Independent Lens*, as well as other series through our digital platform, OVEE. ITVS is funded by the Corporation for Public Broadcasting. For more information, visit [itvs.org](http://itvs.org).

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