

Review & Commentary on Health Policy Issues for a Rural Perspective - February 1, 2023

## Healthcare's Double Whammy

By Tim Size, RWHC Executive Director

It is no secret that all of Wisconsin, rural and urban and across multiple sectors, is facing substantial workforce shortages. **But spoiler alert, our ability to access timely healthcare is facing a future that will dwarf today's current challenges.**

We have known for decades that the retirements of the very large baby boomer generation born following the end of World War II, along with the major increase in demand for health care that aging creates, means that healthcare workforce shortages will get much worse before they get better.

The Wisconsin Department of Workforce Development projects a 12% gap in Registered Nurses (RNs) by 2025, a 17% gap by 2030 and a 27% gap by 2035. The Wisconsin Council on Medical Education and Workforce in a separate study says the same thing and across most categories of healthcare workers—it's not just nurses and doctors—professionals from medical lab workers to paramedics are and will be in increasingly short supply.

The American Hospital Association has called the workforce shortage hospitals are already experiencing a "national emergency." To prevent the worst of

this expanding crisis, we need a healthcare workforce recovery similar in scale to the Marshall Plan after War World II when the United States provided massive assistance to restore the economic infrastructure of postwar Europe.

Major targeted State and Federal investments are needed yesterday to expand student interest in the healthcare professions and to expand educational opportunities to match the rapidly growing need for care within all of our communities.

The shortages have consequences for all of us—from a recent issue of *U.S. News & World Report*: "Staffing shortages are now the nation's top patient safety concern, forcing Americans to endure longer wait times when seeking care 'even in life-threatening emergencies,' or to be turned away entirely."

The second gut punch impacting the stability of our healthcare system, rural and urban alike, as reported by the Wisconsin Hospital Association and many others: "hospitals and other care providers are facing significant cost pressures which are leading to less resources for patient care and community services. Since 2019, annual operating costs for staff and supplies have increased \$2 billion in Wisconsin hospitals while reimbursement from Medicaid, Medicare and commercial insurance companies has not come close to keeping pace with costs, resulting in double-digit budget deficits for Wisconsin hospitals."

### RWHC Eye On Health



"It's been said, 'a good crisis makes the politically impossible become the politically inevitable.'"

Scott Becker, publisher of *Becker's Healthcare*, recently shared this observation: "When I see health insurers report another great quarter of profits and at the same time even large health systems report billion dollar plus losses, I'm reminded of the old adage—'The house always wins.'" As noted in a previous *Eye on Health* commentary, here are just a few of the health insurer behaviors ramped up under the flag of "not our business to worry about rural healthcare":

- A "just say no culture" for medically necessary patient care
- Requiring patients to leave town for services available locally
- Retroactive denial of claims for needed emergency room care
- Refusing to sign-up new physicians recruited to replace those retiring

Beyond our critical primary role of providing local access to quality health care, the 44 local rural health systems that are the Rural Wisconsin Health Cooperative (RWHC) are a major driver of Wisconsin's rural economy. If rural Wisconsin didn't have these local healthcare systems, what would be the impact on our rural economy? Using a formula developed by the University of Wisconsin Extension and data from the Wisconsin Hospital Association, we estimate that RWHC hospitals create nearly 30,000 jobs—17,000 hospital jobs and more than another 12,000 community jobs with over \$4.3 billion in income for our rural communities.

*Eye On Health* is the monthly newsletter of the Rural Wisconsin Health Cooperative. Begun in 1979, RWHC has as its **Mission** that rural Wisconsin communities will be the healthiest in America. Our **Vision** is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the "rural advocate of choice" for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost-effective healthcare... assists Members in partnerships to make their communities healthier... generates additional revenue by services to non-Members... ongoing use of strategic alliances in pursuit of its Vision. Tim Size <[timsiz@rwhc.com](mailto:timsiz@rwhc.com)>, Editor, 880 Independence Lane, Sauk City, WI 53583

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**Bottom line:** We all have a lot to lose if we don't successfully address the very real threats to our ability to receive local healthcare. We need political leaders of all stripes to come together and address the unprecedented threats to the very foundations of the core healthcare services we and our communities need and depend upon.

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## The War on Misinformation Goes On

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From "Public Health Agencies Try to Restore Trust as They Fight Misinformation" by Lauren Sausser, 1/4/23:

"Oklahoma City—By the summer of 2021, Phil Maytubby, deputy CEO of the health department here, was concerned to see the numbers of people getting vaccinated against Covid-19 slipping after an initially robust response. With doubt, fear, and misinformation running rampant nationwide—both online and offline—he knew the agency needed to rethink its messaging strategy."

"So, the health department conducted something called an online 'sentiment search,' which gauges how certain words are perceived on social media. The tool found that many people in Oklahoma City didn't like the word 'vaccinate'—a term featured prominently in the health department's marketing campaign."

"'If you don't know how your message is resonating with the public,' Maytubby said, 'you're shooting in the dark.'"

"Across the country, health officials have been trying to combat misinformation and restore trust within their communities these past few years, a period when many people haven't put full faith in their state and local health departments. Agencies are using Twitter, for example, to appeal to niche audiences, such as NFL fans in Kansas City and Star Wars enthusiasts in Alabama. They're collaborating with influencers and celebrities such as Stephen Colbert and Akbar Gbajabamila to extend their reach."

“Some of these efforts have paid off. By now, more than 80% of U.S. residents have received at least one shot of a Covid vaccine.”

**“But data suggests that the skepticism and misinformation surrounding Covid vaccines now threatens other public health priorities.** Flu vaccine coverage among children in mid-December was about the same as December 2021, but it was 3.7 percentage points lower compared with late 2020, according to the Centers for Disease Control and Prevention. The decrease in flu vaccination coverage among pregnant women was even more dramatic over the last two years: 18 percentage points lower.”

“Other common childhood vaccination rates are down, too, compared with pre-pandemic levels. Nationally, 35% of all American parents oppose requiring children to be vaccinated for measles, mumps, and rubella before entering school, up from 23% in 2019, according to a KFF survey released Dec. 16. Suspicion swirling around once-trusted vaccines, as well as fatigue from so many shots, is likely to blame.”

“Part of the problem comes down to a lack of investment that eroded the public health system before the pandemic began. An analysis conducted by KHN and the *Associated Press* found local health department spending dropped by 18% per capita between 2010 and 2020. State and local health agencies also lost nearly 40,000 jobs between the 2008 recession and the emergence of the pandemic.”

“This made their response to a once-in-a-century public health crisis challenging and often inadequate. For example, during Covid’s early days, many local health departments used fax machines to report Covid case counts.”

“ ‘We were not as flexible as we are now,’ said Dr. Brannon Traxler, director of public health at the South Carolina Department of Health and Environmental Control.”

“At the start of the pandemic, Traxler said, only two people worked on the media relations and public outreach team at South Carolina’s health department. Now, the team has eight.”

“The agency has changed its communication strategies in other ways, too. Last year was the first year, for example, that South Carolina published data on flu vaccinations every two weeks, with the goal of raising awareness about the effectiveness of the shots. In South Carolina, not even one-quarter of adults and children eligible for a flu shot had been vaccinated by early December, even as flu cases and hospitalizations climbed. The flu vaccine rate across all age groups in the U.S. was 51.4% last season.”

“Those who have opted out of both the Covid and flu shots seem to be correlated, Traxler said.”

“ ‘We’re really just trying to dispel misinformation that’s out there,’ Traxler said. To that end, the health department has partnered with local leaders and groups to encourage vaccinations. Agency staffers have also become more comfortable talk-

ing to the press, she said, to better communicate with the public.”

“But some public health experts argue that agencies are still failing on messaging. Scientific words such as ‘mRNA technology,’ ‘bivalent vaccine,’ and ‘monoclonal antibodies’ are used a lot in public health even though many people find them difficult to understand.”

“A study published by *JAMA* found that Covid-related language used by state-level agencies was often more complex than an eighth-grade reading level and harder to understand than the language commonly used by the CDC.”

“ ‘We have to communicate complex ideas to the public, and this is where we fail,’ said Brian Castrucci, CEO of the de Beaumont Foundation, a charitable



group focused on strengthening public health. ‘We have to own the fact that our communication missteps created the environment where disinformation flourished.’ ”

“Most Americans support public health, Castrucci said. At the same time, a small but vocal minority pushes an anti-science agenda and has been effective in sowing seeds of distrust, he said.”

“The more than 3,000 public health departments nationwide stand to benefit from a unified message, he said. In late 2020, the foundation, working with other public health groups, established the Public Health Communications Collaborative to amplify easy-to-understand information about vaccines.”

“ ‘The good guys need to be just as well organized as those who seek to do harm to the nation,’ he said. ‘One would think we would learn from this.’ ”

“Meanwhile, a report published in October by the Pew Research Center found 57% of U.S. adults believe ‘false and misleading information about the coronavirus and vaccines has contributed a lot to problems the country’ has faced amid the pandemic.”

“ ‘I was leery like everyone else,’ said Davie Baker, 61, an Oklahoma City woman who owns a business that sells window treatments. When the shots became widely available in 2021, she thought they had been developed too quickly, and she worried about some of the things she’d read online about side effects. A pharmacist at Sam’s Club changed her mind.”

“ ‘She just kind of educated me on what the shot was really about,’ Baker said. ‘She cleared up some things for me.’ ”

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“Baker signed up for her first Covid shot in May 2021, around the same time the health department in Oklahoma City noticed the number of vaccines administered daily was starting to decline.”

“The department updated its marketing campaign in early 2022. Instead of using the word ‘vaccinate’ to encourage more people to get their Covid shots—the term the agency’s social media analytics revealed

people didn’t like—the new campaign urged people to ‘Choose Today!’ ”

“ ‘People don’t trust like they used to,’ Maytubby said. ‘They want to make up their own minds and make their own decisions.’ The word ‘choose’ acknowledged this preference, he said.”

“Maytubby thinks the ‘Choose Today!’ campaign worked. A survey of 502 adults in Oklahoma City conducted during the first half of 2022 found fewer than 20% of respondents reacted negatively or very negatively to a sample of ‘Choose Today!’ advertisements. And an estimated 86.5% of adults in Oklahoma City have received at least one dose of a Covid vaccine—a rate higher than the state average of about 73%.”

“Other factors are likely at play that have helped bolster Oklahoma City’s vaccine numbers. In the same survey of Oklahoma City adults, some people who were recently vaccinated said family members or church leaders urged them to get the vaccine, or they knew someone who had died from Covid. One person said money was the motivation—they received \$900 from their employer for getting the Covid vaccine.”

“Meanwhile, the war against misinformation and disinformation

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The National Rural Health Association's Foundation believes raising up a new generation of young leaders is critical to the future of rural health and rural communities. We believe leaders are made, not born and that leadership development is a necessary investment.

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wages on. Childhood vaccination rates for the immunizations students typically need to enter kindergarten are down 4.5% in Oklahoma County since the 2017-18 academic year as parents increasingly seek exemptions to the requirements.”

“That worries Maytubby. He said the primary tactic among those trying to sow distrust about vaccinations has been to cast doubt—about everything from the science to their safety.”

“ ‘In that aspect, they’ve been pretty successful,’ Maytubby said. ‘Misinformation has changed everything.’ ”

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## Rural Mental Health—Seeds of Change

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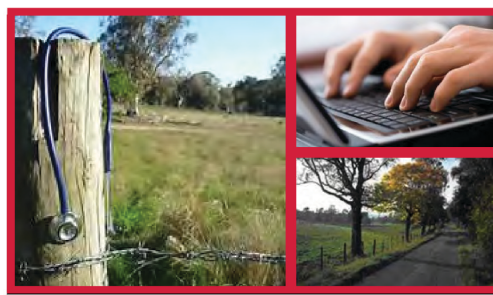
From “Kansas Farmers, Ranchers Plant Seeds of Change to Erode Stigma of Mental Illness” in *Successful Farming*, 1/5/23:

“Sedgwick County farmer Mick Rausch’s struggle with depression coincided with his brother’s cancer diagnosis and a freeze that thwarted harvest of a wheat crop.”

“Rausch had promised his father-in-law that he would not let the family’s century-old farm go under. Quitting wasn’t an option, he said.”

“He kept shoving aside reality of compounding stress and strain. He dodged his wife’s inquiries. He didn’t want to utter three powerful words: I need help. The problem came to a head when he crawled under a piece of farm equipment to perform routine maintenance and ended up taking a three-hour nap. That out-of-character slumber convinced him to get serious about his mental well-being.”

“ ‘It’s really hard for a guy to admit to a problem,’ Rausch said. ‘You’re in agriculture. We know how to



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deal with a problem—take care of it, work a little harder, work a little longer. Things kind of snowballed and I just got to the point I had to seek help.’ ”

“He made an appointment with a doctor and was able to talk with professionals about his mental health challenges. He was put on medication that made a difference.”

“ ‘All the credit goes to my wife,’ he said. ‘She stuck with me through a very difficult summer.’ ”

“It led about 15 years later to the Kansas Farm Bureau convention in Manhattan and a seat next to Ashley Beying, an Osage County nurse practitioner and rancher, and Donna Wise, a Clearwater corn, wheat, sorghum, and soybean farmer who was 18 when her father died of suicide.”

“The trio’s task was to share with farmers, ranchers, and others their understanding of how to manage the inevitable stress of a life in agriculture. They were guests of the Women’s Leadership Committee of the Farm Bureau.”

“Rausch said he learned to welcome the opportunity to speak to others about his journey of despair and recovery.”

“ ‘The first thing I tell people is I’m sick and tired of going to other people’s funerals out here that I could have prevented,’ he said.”

**Walking On Eggshells**—“Wise, who grew up walking on egg shells at home due to her father’s severe depression, said her mother chose to blame Wise and her sibling brother for their father’s condition. She learned to cope by being self-reliant and spending as much time as possible outdoors. Her father was unable to find a way to deal with the pain and took his life more than 50 years ago, Wise said. She continues to mourn that loss.”

“ ‘Farmers spend so much time alone working on the farm,’ said Wise, who became an ordained minister and relied on her experience to assist people talking of suicide. ‘That’s a lot of time to think and think and get into some deep, dark places.’ ”

“She said people in crisis needed to understand their families wouldn’t be better off without them. Family members feel abandoned in wake of a suicide, she said.”

“Beying, the nurse practitioner who works at a rural health clinic, said the national conversation about mental illness had lowered barriers that deterred people from being transparent about depression, anxiety, and other conditions that could benefit from medical intervention. If someone could feel more stable by taking prescription medication, she said, family or society had no right to stigmatize that solution.”

“ ‘Mental health wasn’t something that was typically talked about when I was younger,’ Beying said. ‘As a health care provider, looking at my patients, I would want to take care of their blood pressure, take care of their cholesterol, their diabetes. So, why wouldn’t I want to take care of their mind?’ ”

“She said the nation’s capacity to provide mental health services needed to grow exponentially because the demand outstripped available facilities and personnel. In Kansas, there are resources available to people struggling with mental health.”

“Wise said harsh opinions associated with mental illness had diminished over the years, but less progress had been made with the stigma of suicide.”

“ ‘From my experience,’ she said, ‘I have often felt I was not allowed to talk about the fact I had suicide in my family. People don’t want to hear about it. They run away.’ ”

“The U.S. Centers for Disease Control and Prevention reported farmers and ranchers were almost two times more likely to die from suicide than people engaged in other occupations. In 2021, Kansas Health Institute reported the rate of suicide in rural counties in Kansas climbed 55% from 2000 to 2019.”

COVID-19 Factor—“Wise and Beying said onset of the COVID-19 pandemic in 2020 required folks to spend more time at home and offered a chance for people to become more sensitized to what they were feeling. It gave people an opportunity to take advantage of therapy through telehealth services or online formats, they said.”

“Rausch took the opposite perspective.”

“ ‘In my area, we didn’t have good internet when the pandemic came on. We were basically isolated,’ he said. ‘I’m kind of a people person. To me, mental health is about your mind and being out with people. If you’re locked up, nobody knows how you are.’ ”

“Rausch said if a friend didn’t look right or was acting strange, he would start a conversation and stick to the basics.”

“ ‘Ask them, ‘Is there an issue? Is there something I can help you with?’ And, then, listen.’ ”

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### *Leadership Insights: “The ‘Like’ Button”*

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The *Leadership Insights* series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at [www.RWHC.com](http://www.RWHC.com).

As we muddle our way through this challenging world, knowing we are not alone can make all the difference. Love it or hate it, social media is part of how we connect now. Rare is the person who will admit it, but probably rarer yet is one who has never done it: checked your “likes.” I think what we are seeking in the like button is **the human need to be seen**, the need to belong.

To create a culture of belonging at work we must attend to building relationships with individuals, and truly embracing that this matters. The old saying that “culture eats strategy for lunch” has been upgraded to “**belonging eats culture AND strategy.**” If employees don’t feel accepted and included, they will vote with their feet and search elsewhere.

This means that for leaders, attending to this with your employees and colleagues is about more than being a nice person. The burning platform of the workforce crisis makes it a priority to keep the people you want to keep, and the good news is that you have a direct impact on this.

Data from *Harvard Business Review* (2019) reveals that workplaces with high belonging see:

- 50% drop in turnover risk
- 75% reduction in sick days
- 56% rise in job performance
- 167% increase in employees willingness to recommend

Yes, there has been a pandemic since this data was released, and some things have changed. But while the “like” button is a more recent phenomenon, humans have needed each other for survival since the beginning of time, and belonging is only likely to have become *more* of a factor as people choose where they work.

This is what belonging feels and sounds like:

- I’m supposed to be here.
- I feel safe.
- I am not on the outside looking in.
- When I make efforts to join, I am welcomed.

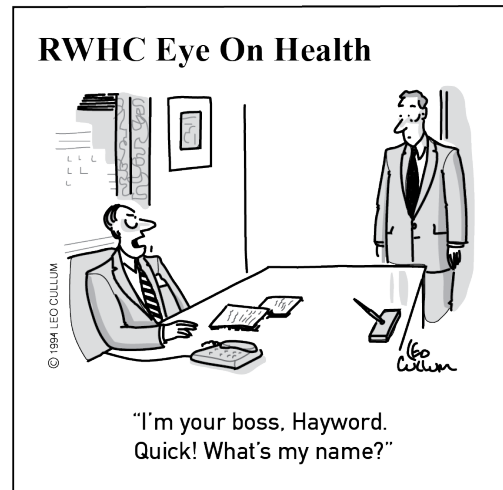
In RWHC’s recent introductory workshop on “Belonging by Design,” artfully facilitated by Julie Stephenson of Southwest Health in Platteville, WI, we discussed the conditions for “*high belonging workplaces*.” The first condition on the list was, “to be seen for their unique contributions.” As with the “like” button, employees want their individuality acknowledged and to know that they matter. When you are seen at work, it means you are recognized, rewarded and respected by your colleagues.

The to-do list below originates from, “The Power of Belonging: What it is and Why it Matters in Today’s Workplace.” Following each recommendation are some simple ways for you to foster belonging:

1. **Publicly give credit for contributions.** At staff meetings or huddles, bring up unique work that employees have done. Invite team members to do the same for each other. Anytime someone credits you for something, make it a habit to note who helped you. Look to others who do this well and you’ll notice their pattern of employee engagement.
2. **Respond to concerns.** Follow any surveys with dialogue about how you are taking action on any low scores. Do the “loop closure” when an employee responds to your question about where things could be improved by letting them know what you are doing to address the concern and explaining if it can’t be fixed to help them to understand why.
3. **Praise their work.** Everyone at work is doing something that is praiseworthy. If not, why are they still working for you? If you are not seeing it, look closer. “Like” something they do that is unique to them.
4. **Thank people.** Can you thank someone too much? On the list of things to worry about, this might not rise to the top. Don’t leave work without thanking someone every day.
5. **Model inclusive leadership.** Listen to everyone. Consider the question, “Who might think I am only listening to certain voices and not others?” In meetings, take steps to make sure people know why they are there and what their unique contribution is to the work. Don’t take for granted that people know.
6. **Respect people’s commitments outside of work.** This is about seeing employees as whole humans with real lives and needs beyond their work functions. In any group you work with there are people who need to reach a lawyer during business hours to deal with a divorce; have been asked by their best friend with cancer to drive them to treatment; are calling and calling to find help for a family member with mental health challenges; waiting for call backs to arrange caregiving for a parent who can no longer live alone; the list goes on. True, we are not paying people to do those things, and yet when they can have the flexibility to attend to life’s demands, their work is better for it.

The work of belonging work doesn't require a budget, but it does need an investment of your time and maybe a mindset shift. In the months ahead we will continue to dig into the many layers of this topic, why it matters, and how you can lead it.

Contact Jo Anne Preston for individual or group coaching at [jpreston@RWHC.com](mailto:jpreston@RWHC.com) or 608-644-3261. For info re the RWHC Leadership Series go to [www.RWHC.com/Services.aspx](http://www.RWHC.com/Services.aspx) or contact Carrie Ballweg at [cballweg@RWHC.com](mailto:cballweg@RWHC.com) or 608-643-2343.



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