

Review & Commentary on Health Policy Issues for a Rural Perspective – June 1, 2023

The Future of Rural Depends on Advocacy

by Tim Size, RWHC Executive Director:

Advocacy is the responsibility of all of us and is not necessarily about lobbying. It can be on behalf of ourselves, or many, and in private sectors. It can be done alone, but most effectively done with others.

Advocacy can impact the attitudes and traditions that govern our behaviors. Policies are rarely “anti-rural” but they can be “urban-centric” due to bias and misinformation. Ongoing rural advocacy is needed to counter bias and correct related misinformation. Strong rural advocacy needs engaged grassroots advocates.

Advocacy starts with what you stand for—what most concerns you or where you see the greatest opportunities to make your community better.

A major focus at the Rural Wisconsin Health Cooperative (RWHC) is in three related areas, with the challenges expressed with a few simple numbers: (1) the accumulated death rate from COVID in rural Wisconsin is over 30% higher than in urban Wisconsin, (2) the statewide healthcare workforce is overall predicted to be 20-25% short by 2035 and (3) the 2020 census showed that nearly a third of Wisconsin’s counties, mostly all rural, lost population.

Rural needs myth busting; myths are commonly held beliefs that are simply false such as:

- Local care not a priority for rural communities.
- Rural people are naturally healthy, need less.
- Rural healthcare costs less.
- Rural health is inordinately expensive.
- Rural quality is lower; urban is better.
- Rural hospitals are band-aid stations.
- Rural hospitals are poorly managed.

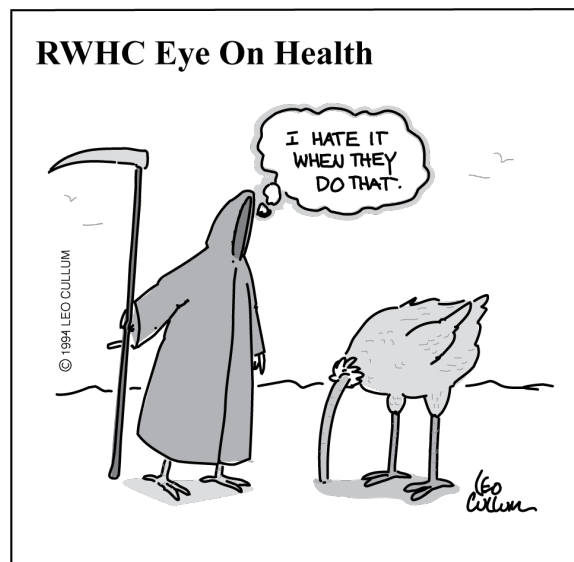
Rural health care is just like an export “commodity.” People know that business relocation decisions are influenced by the cost and quality of health care available locally.

But rural health care also has the same economic impact as export commodities like milk, soybeans or rural manufactured goods because it brings dollars and jobs into the community.

Healthcare dollars only come back to create jobs if there are local healthcare providers (and people use them). For every two jobs created (or lost) in rural health care, the number of jobs in other local businesses

increase (or decrease) by over one job. The health of our rural economy is dependent on where its healthcare dollars are spent.

To address some of the above challenges, **RWHC has a fourpart advocacy strategy to address community economic development (CED)**, critical to our future and the communities we serve:



- Increase rural hospital engagement with multi-sector CED
- Increase the effectiveness of rural hospital engagement in CED
- Bring a rural health perspective into state CED
- Bring a state CED perspective into rural health

To make a difference for a healthier rural Wisconsin, we all must become more effective advocates. Successful advocacy requires a three prong approach:

Make your best case: Be concise, credible and fiscally responsible, but offer a story that is easy to visualize and that grabs the heart.

Make friends and form alliances: Find fellow champions, develop contacts, form alliances with diverse groups.

Make it happen: Use all tools and partnerships you can gather together while recognizing that significant change rarely happens overnight.

Bottom Line: Find common ground and follow your passion.

“EMS, How Can We Help?”

From “45 Degrees North: Sticker Shock” by Donna Kallner in the *Daily Yonder*, 3/24:

“Every school, church, and conservation group seems to be selling something. Most of us have to pick and choose who gets our donations or go broke on cheesecakes and meat raffles. And yet, many rural emergency services agencies cannot operate without fundraisers.”

“When it’s hard to find volunteers anyway, departments struggle to maintain a precarious balance: How many Lenten fish fries and pancake breakfasts can you ask your people to work before pushback from families and employers impacts availability for calls and trainings? But if you don’t do the fundraising, how do you pay for equipment needed to keep those people safe on a job for which they receive no pay?”

“If you don’t know where public safety funding comes from in your rural area or what things cost, you are not alone. And honestly, I get it. Just shopping for a new mattress this winter gave me a bad case of sticker shock. Buying eggs practically requires access to an automatic external defibrillator. And those are small potatoes compared to the cost of things used in fighting fires.”

“For example, my rural volunteer fire department just purchased a new Self-Contained Breathing Apparatus (SCBA). Those air packs include a frame that holds a pressurized cylinder containing breathable air, a mouthpiece and regulator, and a device that sounds an alert if a firefighter stops moving. The components must comply with National Fire Protection Association (NFPA) standards. Really, that’s a good thing when you’re dealing with extreme heat, toxic gasses, and potential impacts from debris and the business end of a fire hose.”

“Some of the cylinders we had in service were approaching retirement, others still had years of useful life. But we wanted to change from cylinders rated for 30 minutes of air to 45 minutes to give firefighters more time to work before having to switch bottles. In a rural area where it takes time for extra manpower and equipment from mutual aid partners to arrive at a fire scene, those extra minutes make a difference. Air packs are also used on carbon monoxide calls and in other situations. We wanted *all* cylinders and air packs to be interchangeable to avoid any potential for confusion. So we decided to replace everything at once.”

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>, Editor, 880 Independence Lane, Sauk City, WI 53583

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“It wasn’t cheap. Each new 45-minute pack with cylinder was \$7,500, and spare bottles were \$900 each. The new cylinders expire in 30 years. We sold the 30-minute cylinders that still had years of useful life to another department, and the packs that fit those 30-minute bottles will be sold as well.”

“It took two years of fundraising to raise the \$50,000 needed to put that new equipment into service. Some of the money came from grants (bless the volunteers who write grant applications for rural fire departments). We held fundraisers on 4th of July and Labor Day weekends each year (bless the families who understand why we disappear on holidays). Members also volunteered at other local events that donate profits to the organizations that work (bless them for that). We hold a raffle for cash prizes each year (bless the people who buy tickets, and those who just send checks).”

“It all adds up. It also takes a toll. When unpaid volunteers spend so much time fundraising, they have less time available for training, equipment checks, and other tasks—including paperwork, without which you don’t get funding.”

“Our communities need us to be trained, equipped, and ready to respond. My department serves 155 square miles in two municipalities. That includes manufacturing facilities, hospitality and tourism establishments, farms, churches, church and Scout camps, public lands and highways, and about 450 rural households. What those households pay for homeowners insurance is directly related to the readiness and reliability of the fire department that serves them. That’s true in other rural areas, as well.”

“Homeowners’ insurance rates factor in ISO ratings. Those are determined by the Insurance Services Office, which assigns fire departments a score between 1 and

RWHC Eye On Health



“Things we take for granted, get taken.”

10. A score of 1 is the safest bet that an insurance company won’t have to pay out on fire claims. Any area that is more than five driving miles from the nearest fire station is automatically rated a 10.”

“Many rural homeowners know they pay more for otherwise comparable insurance, but not necessarily *why*. Fifty percent of an ISO rating is based

on water supply, the 911 system, and community risk reduction programs. The other 50% reflects the quality of the fire department’s equipment and training—in other words, its readiness to respond in a timely and effective manner.”

“Like the rural households they serve, rural volunteer firefighters often pay a premium for homeowners insurance based on where they live. But they show up to flip flapjacks to pay for NFPA-compliant Personal Protective Equipment (PPE) and other equipment, operating and training expenses that aren’t covered by their municipalities. In my area, the portion of annual

revenues municipalities allocate to fire departments *might* cover what it costs to outfit one new firefighter in PPE and provide an air pack and a radio. The rest of the budget? Fundraising.”

“Some departments have separate organizations to conduct their fundraising and segregate the monies raised from municipal coffers. You hear nightmare stories about municipalities that raid fire department funds to pay for other things like road maintenance

equipment. When I hear those stories, I can’t help but imagine the impact of those shenanigans. Imagine the sticker shock when a municipality loses its volunteer fire department and has to contract public safety services from another agency. Imagine the distance from which help might have to come, the longer response times, and the increased homeowners’ insurance premiums.”

Support RWHC Healthy Wisconsin



The foundation focuses on community & economic development as well as the healthcare workforce.

Email timsiz@RWHC.com
to discuss how you might support this work.

New Pathways for Rural Health Workforce

From “Increasing College Access For Rural Students”
by Pam Jahnke in the *Mid-West Farm Report*, 4/7:



“UW-Madison is joining 15 other universities and colleges in a first-of-its-kind effort to help students from small towns and rural communities enroll in college and earn undergraduate degrees.”

“The Small Town and Rural Students (STARS) College Network will build on existing recruiting efforts and create new pathways for students who might not otherwise recognize the full range of educational options available to them. The effort is funded by a \$20 million gift from philanthropist Byron Trott.”

“Volunteer fire departments need all kinds of help, and it doesn’t all involve training to put on an air pack and enter burning structures. Sometimes it’s helping sell food and beverages or raffle tickets at community events (bless those folks). Sometimes it’s putting a little extra in the bucket or boot at fire department fundraisers (bless you for that). And sometimes it’s stepping up to say, ‘My insurance company/credit union/family foundation has grant money available, so what do you need, and can I help you write the grant proposal?’ ”




“Next time your volunteer fire department hosts an open house, get pictures of the kids or grandkids with the shiny fire trucks, for sure. But also ask, how old is that truck? If you had to replace it, what would that cost? And what would it take to raise that money? Sticker shock about PPE and other equipment pales in comparison to fire apparatus.”

“Small volunteer fire departments are used to stretching dollars every way they can. In my department, all but one of our trucks were bought used. Our engine was bought new because that was the only way to get one small enough to fit in the station, with a couple of inches of clearance between the mirrors and the door frame. It’s 15 years old.”

“There’s always something that needs to be replaced because of age, incompatibility, changing NFPA standards, or other reasons. You can’t put a new 5-foot 130-pound firefighter in the gear that belonged to the 6-foot 250-pound firefighter who retired. And we need those new firefighters.”

“But we also need people brave enough to look at price tags and grant applications squarely, swallow their sticker shock, and say, ‘How can I help?’ ”

Donna Kallner writes from Langlade County in rural northern Wisconsin, where she is a member of the Wolf River Volunteer Fire Department.

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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.		
Can you help?		
www.ruralhealthweb.org/donationform		

“ ‘This is a tremendous opportunity to redouble our efforts at recruiting talented students from rural communities and small towns while more broadly contributing to a national network that will open the doors of higher education to students from smaller communities,’ says UW-Madison Chancellor Jennifer Mnookin. ‘By working together, we can build on the best practices at each institution, expand our reach and work to further reduce barriers to access.’ ”

“The effort advances many of UW-Madison’s core goals, Mnookin says, including making sure that Wisconsin’s flagship public

university is accessible and affordable to students and supporting a student body that brings together a diversity of backgrounds and perspectives.”

“The nationwide effort is designed to empower students to find the best institution for them, whether they ultimately enroll at one of the 16 institutions in the network or not. In addition to UW-Madison, the network includes Ivy League universities such as Brown and Yale, state flagships such as The Ohio State University and the University of Maryland, and leading private schools such as the University of Chicago and the California Institute of Technology.”

“Students who live outside metro areas face unique obstacles to attending college, says Derek Kindle, UW-Madison vice provost for enrollment management.”

“ ‘These students may not have easy access to college-going resources like financial aid workshops or college counselors,’ Kindle says. ‘Our duty is to engage these students and to partner with other supporters around the state and beyond. We are excited to join a network of top institutions committed to addressing and hopefully eliminating these barriers.’ ”

“The network’s funding is expected to support efforts including:

- Pathway programs that bring students from rural communities and small towns to campus over summer break to help them gain exposure to campus life and academic resources;
- Expanded visits by college admissions teams to high schools in small towns and rural communities;
- Support for students in the college application process, including workshops and sessions designed to help students throughout their college search;
- Help navigating financial aid and scholarship opportunities;
- Programs for counselors, teachers and administrators from rural and small-town high schools to help them better support their students on the path to college; and

- Partnerships with local and national businesses to provide internships and job opportunities for the next generation of students from small towns and rural communities.”

“Ultimately, STARS members say the new network and its efforts can help bridge the growing rural-urban divide in America by bringing students together to share the widest possible variety of experiences. Additionally, research shows that college graduates from rural areas often return to their communities, so efforts to help rural students get the greatest benefit from higher education can create a cycle of support, success and giving back to the next generation.”

More info at: <https://starscollegenetwork.org/>

Understaffed Nursing Schools a Choke Point

From: “Nursing schools turn away thousands even as enrollment dips,” *AHA Today*, May 5, 2023:

“After growing for 20 years, the number of students in entry-level baccalaureate nursing programs fell 1.4% last year, according to data released this week by the American Association of Colleges of Nursing. Enrollment also fell 9.4% in master’s nursing programs and 4.1% in Ph.D. nursing programs. Despite the decline, nursing schools turned away thousands of qualified applicants last year, largely due to a shortage of faculty and clinical training sites, the association said.”

“ ‘With enrollments trending downward, academic and practice leaders should work together to ensure that schools are able to accommodate all qualified applicants to meet the growing demand for nurses to provide care and serve as faculty, researchers, and leaders,’ said AACN President and CEO Deborah Trautman.

“The American Hospital Association (AHA) has urged Congress to enact a number of policies to address the health care workforce shortage emergency, including boosting support for nursing schools, faculty, scholarships and loan forgiveness.”

2023 Champion of Change Awards

The purpose of the Wipfli-RWHC Champion of Change Awards is to recognize changes within rural healthcare organizations that have made a difference for their patients, for their healthcare employees, and for their rural communities. A first-place award of \$1,500 and two honorable mention awards of \$500 each are made possible by the generous support of Wipfli LLP. Wipfli is helping rural hospitals to more effectively understand and manage their resources. This year's award winners are as follows:

First Place: Laura Reilly, RN, BSN, OCN, Director of Clinic Nursing and Quality, Southwest Health, for "Implementation of Chronic Care Management (CCM) and Transitions of Care Management (TCM) Programs." Previously, primary care providers were attempting to coordinate the care of their patients themselves. If patients were admitted to the hospital, inpatient nurses would call to schedule follow-up appointments and had difficulty connecting with patients and perform their other duties. With the implementation of the CCM and TCM teams, patients are more consistently making it to their appointments, are more successful in managing their conditions, and the readmission rates to the hospital are under 5% each month.


Staff have been able to contact and capture reimbursement amounting to 76% of all TCM visits and over the last six months \$85,350 revenue has been captured.

Honorable Mention: Rob Lovejoy, Chief Operating Officer, Vernon Memorial Healthcare, Inc., for "Organizational Development/Employee Engagement." Previously there was no organization development and learning staff member nor a specific focus on this concept with Human Resources. Department leaders were responsible for training and leadership topics. A new

position was created for Organizational Development and Learning (ODL) Specialist, which was hired in May 2022. This position, along with support from Human Resources, has redefined education and staff development for the organization.

Full market analysis and salary adjustment process was implemented. Engagement surveys have been intermittent in the past and are now scheduled to be completed annually. Action plans have been completed to address issues brought up in the surveys.

With these changes, turnover rates have decreased by roughly 50% from 2021 to 2022, employee engagement rose from 6th to 61st percentile and has demonstrated a shift in trust of leadership team and culture of teamwork from the previous year.



31st Annual \$2,500 Monato Essay Prize
Best Rural Health Paper by a
University of Wisconsin Student
or recent graduate. Submit by June 1st.
www.rwhc.com/Awards.aspx

Honorable Mention: Renee Glesner, Education and Training Coordinator, Door County Medical Center, for "Creation of In-House CNA Program." In the past, Door County Medical Center found that the CNA candidates they were recruiting lacked certain skills that they were looking for. Renee came up with the idea to create an in-house training for CNAs. She worked with the State of Wisconsin to get approved as a CNA training program. The

purpose is to offer a nursing assistant program that provides the students the training and skills to obtain certification and enter the workforce with the skills employers were looking for. Skills that were lacking in previous candidates.

The program has allowed Door County Medical Center to fill 43% of the open CNA positions. Students of the program were able to receive hands on/real-life experience during training and were able to go into a position with the understanding of what was expected of them.

Leadership Insights: “The Golden Ticket”

The *Leadership Insights* series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at www.RWHC.com. This month’s article is by Corrie Searles, MPT, who has joined RWHC as a Leadership Development Educator.

I’ve been hearing more and more about **Belonging** and its impact on employee well-being, engagement, and retention. It got me curious. Is it really as big of a deal as it seems? In a word, yes. The more I learn, the more convinced I am that it’s a golden ticket that we might not have yet completely unwrapped.

Think about it. Is it really any wonder that after months of social isolation in 2020 that **belonging** has come to light? More than its ties to diversity and inclusion is its ties to human nature. **Humans are deeply social beings.** We crave connection more than we give it credit.

According to Maslow’s Hierarchy of Human Needs, **belonging** is third in the chain behind survival and security. So after food/shelter, and safety...next is belonging. Only when we feel accepted and supported by others are we capable of contributing our greatest work. Without it, we likely just go through the motions, disengaged, not really fulfilling our potential. How sad. (*Am I describing anyone you know?*)

What can we do to promote **belonging** in our departments? And why is it important? Let’s start with the “why” first by sharing some statistics from the *Harvard Business Review* and *Great Place to Work* (see links to the full articles below):

- **40% of people say they feel isolated at work. A sense of not belonging is a top reason employees leave their job.** *Could this be—in part—why we’re seeing retention challenges across our facilities?*

- **High belonging links to a 56% increase in job performance, 50% drop in turnover risk, and 167% increase in likelihood to recommend their company to others.** *If we could foster a greater sense of belonging, imagine the positive impact it could make!*

Next, picture it this way: A tree standing alone in a field is very susceptible to damage from strong winds, potentially to being uprooted and falling completely. Despite its best effort to root itself, it’s exposed and easily threatened. Trees gathered together in a forest, where their roots are woven and knotted firmly together beneath the surface, can withstand those same

winds with only a few broken branches. Storm after storm can come through yet nearly every tree stands strong, supported by the collective strength of all the roots, not just its own. *Consider how this applies to your team performance, retention, and commitment. Who might be standing out there alone with an isolated root system?*

Here are some simple things you can do to promote **belonging** among your team:

Foster relationship-building. Research clearly shows having a friend at work and a strong relationship with a manager is tied to higher engagement.

- Spend time and show you care. Support their work and personal needs where possible. Get to know the people on your team. Learn about their families and hobbies. Take notes if you have to so you can follow up later to ask about big events in their lives outside work. Be intentional when you conduct rounding to ask about their work life and their work purpose.
- Connect new hires from day one with a mentor who is invested in their success. Make *deliberate* efforts to welcome them and introduce them to others. Promote their networking across departments. Help them to create ties quickly with peers because you...



- Support team-based activities and celebrations. Make time for team-building activities. Be intentional about bringing people together, even if it's virtually. Allow them time together...especially time to laugh. Five minutes may be all you have but you won't regret sparing it. The dividends of the investment are widespread!

Lead with questions and get their input. Ask, don't tell. Solicit their ideas whenever possible rather than direct what needs to be done. It's important employees feel their voice matters and that they're truly heard. Be creative in your efforts so you can engage everyone, not just a select few.

Address exclusion. Speak up and act if you notice an employee isn't part of the group. Seek to understand the underlying causes contributing to the distance. Find ways to support their comfort with the group and the group's inclusion and acceptance of that individual.

You have the golden ticket right there in your hands. You simply need to unwrap it and claim your prize!

For more on this topic:

From the *Harvard Business Review*: **The Value of Belonging at Work** <https://bit.ly/3Vo1XI4>

From *Great Place to Work*: **Belonging in the Workplace: What Does it Mean and Why Does it Matter?** <https://bit.ly/44fxGit>

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

Upcoming RWHC Leadership Programs

6/12: **Writing a Business Proposal...That's Seriously Considered**

6/21: **Lateral Violence: Dealing with Disruptive Behaviors**

6/22 & 6/29: **Project Management & Team Facilitation**

7/7: **Coach 'Em to Keep 'Em: Retaining Our Workforce**

7/11 & 7/18: **Become a Dynamic Communicator (2-part)***

7/12: **Creating an Individualized Development Plan**

7/13 & 7/20: **Empowering vs Enabling (2-part)***

*Virtual. Non-Members Welcome. Register & other events:

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