Can Presidential Candidates Spell R-U-R-A-L?

From “The Nonexistent Rural Policy Platforms of the Presidential Candidates” by Rick Cohen in the Non-Profit Quarterly (NPQ), 9/9/15:

“Writer Isaac Boone Davis and essayist and NPR commentator Dee Davis, founder of the Center for Rural Strategies, decided to look for the rural platforms of the multitude of those nominally running for President of the United States. Not surprisingly, they didn’t find much. Despite the Republicans’ national electoral success with rural voters, not one of the Republican candidates has a specific rural platform or bothered to utter the word ‘rural’ in their first debate—though, in fairness, national political reporters rarely think about rural any more than the candidates do.”

“Given how rarely current national officeholders mention rural (except as part of a litany honoring where Americans might live: urban, suburban, rural, etc.), the two Davises might have had a very brief article. Instead, they chose to ask rural activists what they hoped for as components of the presidential candidates’ rural platforms ever emerge. Davis and Davis got some interesting responses on issues that have specific applicability to nonprofits.”

“As NPQ has pointed out several times, the problems of rural healthcare access and delivery are serious and getting worse. Alan Morgan, the CEO of the National Rural Health Association, cited 57 rural hospital closures since 2010, plus the greater problems of uninsured persons in rural areas and shortages of providers, to conclude, ‘Rural healthcare access must be a presidential level concern.’ He called for targeted outreach to rural communities to spur health insurance enrollment, Medicaid eligibility expansion, and support of the bipartisan Save Rural Hospitals Act (HR3225, cosponsored by Republican Rep. Sam Graves of Missouri and Democratic Rep. Dave Loebsack of Iowa). The bill would provide financial and regulatory relief (such as stopping cuts in Medicare and allowing for fair reimbursement for emergency room and primary care services) to help rural hospitals survive.”

“On rural education, Francisco Guajardo, a professor at University of Texas Pan American, suggested that ‘the rural education platform should be framed around community development. We need accountability systems that are friendly and flexible enough to allow rural schools to engage in place based ways of teaching and learning.’”

“While calling for a rural teacher corps to ‘focus on rural folk who want to be on good teachers,’ Guajardo was clearly less than enamored by the behemoth Teach for America. ‘At the moment, Teach for America (TFA) is the only national group dedicated to sending bright young prospective teachers to rural communities, but their record is disastrous in terms of community development, because they attempt to ‘save the
souls’ of rural schools and as a way for TFA corps members to get to their next gig—frequently law school or medical school.’ ”

“On housing, the program vice president of the Rural LISC (Local Initiatives Support Corporation) program, Suzanne Anarde, admonished the candidates to ‘realize that having an agricultural policy platform does not encompass the entire network of rural communities.’ Anarde called for programs that build ‘strong rural communities, with livable-wage jobs for families that support the local grocery store, schools and health care providers. And the stabilizing factor in a strong rural community is housing. Whether it is to a rental or a property they own, at the end of the day, small business owners, farmers, employees all go home.’ ”

“On a number of issues, the support available for building and sustaining the rural infrastructure surfaced. Dave Dangler, who heads the Rural Initiatives effort at NeighborWorks, called for reinvesting in ‘access to broadband and to related technologies [that] will be a big boost to communities and to the nonprofit networks they are created to assist,’ the infrastructure needed to keep rural afloat. Rachel Reynolds Luster, the founder of the Oregon County Food Co-op in Missouri, described her vision for ‘a coordinated effort to build a cross-sector rural infrastructure to support the establishment and networking of rural organizations.”

“Under the category of ‘investment’ were the only policy recommendations dealing with philanthropy, suggestions from Brian Fogle, the president and CEO of the Community Foundation of the Ozarks. Both Fogle and Tanya Fiddler, the executive director of the Four Bands Community Fund in South Dakota, addressed the barriers that rural communities face in trying to access federal programs. As Fogle noted, ‘Each new [federal government] program has such high match requirements, or are so specific and complex, smaller communities and organizations simply don’t have the capacity to access them.’ But the only policy recommendation for philanthropy was Fogle’s suggestion of ‘some incentive or encouragement to increase private foundation investment in rural America, that could be transformative.’ ”

“Close to a trillion dollars sits in foundations’ tax-exempt endowments, some larger portion of which than is currently made available could and should be deployed as grants, program related investments, and mission related investments in rural. If the National Rural Assembly, who recently met in Washington, D.C., gets members of Congress to remind the top brass in the executive branch of the resources they possess to leverage philanthropic investment in rural America, that could be the substance of a rural platform plank that has yet to be adopted by any major politician with an eye on the White House.”

---

**DC in Turmoil**

*The following commentary is from Jeremy Levin, RWHC Director of Advocacy:*

Reading the title of this commentary might not spark a lot of surprise in your mind, nor does it really seem that the average American shuts at this thought. However, as I sit here writing this commentary the second week of October, we are less than a month from the U.S. Treasury’s stated date of when we are likely to exceed our current debt ceiling and we are less than two months from the expiration of the current Continuing Resolution that is keeping the government open. Even this compressed timeline is unlikely to phase a more jaded political observer, who would likely point to the fact that Congress almost always seems to pass its most important work at the last minute.

But then something happened last week that has thrown a bit of a monkey wrench in what was supposed to be a “rather organized” (in DC terminology) succession for the expected, but surprisingly premature, departure of House Speaker John Boehner. Kevin McCarthy, the Majority Leader, decided to withdraw his name from
consideration for the position; many say because while he would win the vast majority votes in the GOP House caucus over lesser competition, he was unlikely to secure the 218 votes needed on the House floor. Enter speculation on one of Wisconsin’s own, Rep. Paul Ryan of the 1st Congressional Delegation, entering the race, more like a draft movement to unify the Caucus.

Rep. Ryan has long been a friend to Wisconsin’s rural health care, early on in his career helping to forge important changes that helped the Critical Access Hospitals program evolve and support rural health care. He is currently the Chairman of the Ways & Means committee, a job he has aspired to and has allowed him to focus on reforming the tax code and entitlements, which warms his policy wonk heart and he excels in the give and take of policy development. While Rep. Ryan has consistently claimed he is not interested in the Speaker’s job, he has stopped short of any “Sherman(esque) statement.”

I personally have no predictions to make, or worry that Rep. Ryan might lessen his grasp of policy or support for rural health care. However, the duties leadership has often been referred to as “herding cats,” and given just watching several political talk shows and reading several political stories over the weekend, I completely understand Rep. Ryan’s initial refusal and his desire to still focus on his young family.

A potential casualty of continued turmoil may be rural health care. Fifty-five rural hospitals have closed since the start of 2013. Rural patients across the nation are feeling the crisis in tragic ways. Continued cuts in hospital payments have taken their toll and medical deserts are appearing across rural America, leaving many of our nation’s most vulnerable populations without timely access to care.

The National Rural Health Association’s Save Rural Hospitals Act (H.R. 3225) would provide needed financial and regulatory relief for rural hospitals and an alternative model that might help some hospitals continue to serve their populace.

Regardless of DC turmoil, rural health care advocates need to make their voices heard so that their elected representatives remember the needs of the American people.

#### Federal Penalties Hit Rural & Inner Cities

From the Policy Brief “Which Rural and Urban Hospitals Have Received Readmission Penalties Over Time?” by Peiyin Hung, Michelle Casey and Ira Moscovice at the University of Minnesota Rural Health Research Center, October 2015:

“The Centers for Medicare & Medicaid Services’ (CMS) Hospital Readmissions Reduction Program reduces Medicare payments for hospitals determined to have ‘excess’ rates of patient readmissions for specific conditions. The purpose of this project was to assess rural-urban differences in the proportion of hospitals that received penalties under the Readmissions Reduction Program over time, and whether condition-specific hospital readmission rates differed for rural and urban hospitals.”

**“Key Findings:”**

- Over the first three years of the Readmissions Reduction Program, the proportion of both rural and urban Prospective Payment System (PPS) hospitals receiving penalties has increased.

- About two-thirds of both rural and urban hospitals received penalties for FY 2013 and 2014; in FY 2015, almost four in five rural and urban hospitals received penalties.

- Among rural and urban hospitals, the likelihood of receiving readmission penalties varied as a function of hospital characteristics such as size, ownership, and region of the country.

- Both rural and urban hospitals located in communities with fewer primary care physicians, lower family income and education levels, and a higher proportion of the population age 65 and older were more likely to be penalized.

- The average payment reduction (as a percentage of Medicare payments) for rural hospitals has exceeded that of urban hospitals for all three years.”

*Download the complete article: [http://ow.ly/TFRMt](http://ow.ly/TFRMt)*
STATE of WISCONSIN

OFFICE of the GOVERNOR

Proclamation

WHEREAS, rural communities are an invaluable asset for Wisconsin, and are historically the economic engine which helped Wisconsin’s economy evolve over the years; and

WHEREAS, rural communities are wonderful places to live and work – places where neighbors work together to benefit their community; and

WHEREAS, meeting the unique health care needs of Wisconsin’s 1.7 million rural citizens is a challenge, as rural communities face a lack of health care providers and an aging population suffering from a greater number of chronic conditions; and

WHEREAS, emergency medical services are especially critical in rural Wisconsin, where the nearest emergency room can be miles away, while rural hospitals are sources of innovation and resourcefulness and are typically the economic foundation of their communities; and

WHEREAS, rural health care professionals provide comprehensive, compassionate, patient-centered care and are active members of their communities; and

WHEREAS, Wisconsin has benefited from the dedication of many statewide groups such as the Wisconsin Office of Rural Health, the Rural Wisconsin Health Cooperative, the Wisconsin Hospital Association, the Wisconsin Primary Health Care Association, the Wisconsin Medical Society, the UW – School of Medicine and Public Health, and the Medical College of Wisconsin that support local rural health care providers through their advocacy and service;

NOW, THEREFORE, I, Scott Walker, Governor of the state of Wisconsin, do hereby proclaim Thursday, November 19, 2015, as

RURAL HEALTH DAY

throughout the state of Wisconsin, and I commend this observance to all of our citizens.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the state of Wisconsin to be affixed. Done at the Capitol in the city of Madison this 16th day of October 2015.

SCOTT WALKER
GOVERNOR

By the Governor

DOUGLAS LA FOLLETTE
Secretary of State
Rural Metrics Report Now in CMS Hands

From the “Performance Measurement for Rural Low-Volume Providers” FINAL REPORT by the National Quality Forums’s Rural Health Committee, 11/14/15:

“Challenges such as geographic isolation, small practice size, heterogeneity in settings and patient population, and low case volume make participation in performance measurement and improvement efforts especially challenging for many rural providers. Although rural hospitals and clinicians participate in a variety of private-sector, state, and federal quality measurement and improvement efforts, many quality initiatives run by the Centers for Medicare & Medicaid Services (CMS) exclude rural healthcare providers. The Performance Measurement for Rural Low-Volume Providers report presents 14 recommendations from a multi-stakeholder Committee that was tasked to address these and other challenges of healthcare performance measurement for rural providers, particularly in the context of CMS pay-for-performance programs. The resulting recommendations can help advance a thoughtful, practical, and relatively rapid integration of rural providers into CMS quality improvement efforts. The recommendations also can be used to enhance the quality measurement and improvement efforts of other public- and private-sector stakeholders.”

“The Committee agreed that non-participation in CMS quality improvement programs by rural providers deprives many rural residents of easily accessible information about provider performance, prevents many rural providers from earning payment incentives that are available to non-rural providers, possibly hinders implementation of comprehensive quality measurement efforts on behalf of rural residents, and potentially signals that rural providers cannot provide high-quality care. Accordingly, the Committee’s overarching recommendation was to make participation in CMS quality measurement and quality improvement programs mandatory for all rural providers but allow a phased approach for full participation across program types and address low case volume explicitly.”

The complete report is at: http://ow.ly/TFZ3U

Meet Buy-Local Champion Michael Shuman

Michael Shuman is an economist, attorney, and globally recognized expert on community economics. He is one of the architects of the crowd-funding reforms that became the Jumpstart Our Business Startups Act (JOBS Act), signed into law in April 2012. He is the author of nine books, including Local Dollars: Local Sense, The Small-Mart Revolution, and Going Local. In 2015, Shuman’s newest book, The Local Economy Solution, was published by Chelsea Green. It presents the stories of 28 “pollinator” enterprises that are nurturing local businesses in self-financing ways. Shuman has also advised countless communities on strategies to increase local economic multipliers. A recent interview with Michael Shuman is available from Community-Wealth.org at http://ow.ly/TG3sY.

24th RWHC Monato Rural Essay Winner

The winner of RWHC’s 24th Annual $2,500 Monato Essay Prize is “Māēnnowesēkiyah: We Will All Be Well” by Amanda Lam, a second year medical student at the University of Wisconsin School of Medicine and Public Health.

Originally from the East Coast, Amanda moved to Wisconsin with a degree in Information Science to work for the healthcare software company, Epic. She later became a hospice volunteer and her experience being part of an interdisciplinary team affirmed her interest in medicine and led her to medical school.

Since coming to the Midwest, she developed a love and curiosity for the state, and was excited by the opportunity to explore healthcare in Menominee/Shawano County through the Wisconsin AHEC Express program, on which her essay is written about.

Help Grow Next Generation Rural Health Leaders

The National Rural Health Association Foundations needs your contribution to help develop the next generation of rural health leadership.

Go to www.ruralhealthweb.org/go/top/donate to learn more.
Her enriching experience with the Menominee this summer, combined with her past experiences volunteering at hospice, overseas in India, and for a student-run free clinic, inspire her to pursue a future career in palliative medicine, with an interest in serving culturally diverse and low-resource communities.

“I am sitting outside of the Menominee Tribal Clinic with a Menominee woman who has agreed to talk to me about traditional medicine. She begins with a smudging. I’d learned previously from the cashier at the Menominee Cultural Museum that smudging is a spiritual practice in which sage, cedar leaves, or sweet grass is burned and placed in an abalone shell to smolder. An eagle feather might be used to direct the wisps in certain directions, or a person can sweep the scented smoke over themselves as a way of clearing the mind. Here outside in the parking lot, sitting on a curb overlooking the Wolf River, the woman makes do with a match and stalk of dried sage. Crumpling and lighting the leaves, then blowing out the flame, she uses her hand to waft the smoke around the two of us to purify the mind, body, spirit, and environment.”

“It is my last day on the Menominee reservation. I had been touring Menominee and neighboring Shawano County as part of a weeklong program that offered participants a firsthand glimpse into health care delivery in medically underserved areas. As a medical student who just completed her first year, joined with students in premed, prePA, nursing, psychology, and public health programs, I became attuned to the importance of culture; of physical, mental, and spiritual healing; and of interdisciplinary approaches to restoring the health of this community.”

“As my first experience in a rural health setting came to a close, I found myself deeply drawn to the richness of this community, hoping to return for a rotation in my third or fourth year. I am leaving a clinic that is in the middle of expansion, which includes plans to incorporate complementary and alternative medicine like acupuncture and massage therapy. I am also hopeful of the efforts that the tribe is making to address the trauma in their community. Not incidentally, the name of the treatment center, Mâehnowesêkiyah, means ‘We will all be well,’ alluding to how achieving wellness takes a community effort. Although my student days are filled with learning the science of the human body, I now see a bigger picture and the connection of culture and spirit to healing, especially at Mâehnowesêkiyah. Walking the grounds outside the center, we had seen a kids powwow at a nearby Head Start early childhood program. Watching them moving, singing, and dancing allowed me to share in the happiness of seeing children being physically active and learning cherished traditions. Then inside the framework of a medicine lodge, Bruce told us about listening to the spirits in every living thing. His spiritual practice is called Metâëwen, which means Way of the Heart. This man, who had lost his son in the war in Iraq, tunes into a fluttering butterfly and the birds in the trees: ‘They sound good,’ he says, ‘they are not in trauma.’ In the silence that followed, I heard nature teaching us the importance of presence.”

The $2,500 Hermes Monato, Jr. Prize is awarded annually for the best rural health paper by a student or recent graduate at the University of Wisconsin (any campus). Students are encouraged to write on a rural health topic for a regular class and then to submit a copy to RWHC by June 1st. The competition was established to honor the memory of Hermes Monato, Jr., a December 1990 UW graduate, as well as to highlight the importance of rural health.

**Beyond Riding the Bus: Leadership Diversity**

*Editors Note: Barbara Nichols is a close friend who I have had the pleasure to work with and learn from, for more years than either one of us care to remember.*

Barbara Nichols, MS, RN, FAAN recently spoke to a packed house for the 2015 Littlefield Leadership Lecture at the University of Wisconsin-Madison School of Nursing (UWSON), arguably the highest honor conferred by the School. Her wisdom and humor comes through every minute of the 45 minute talk;
making it well worth your time to view the archived video at http://ow.ly/TFUMT. The following is from the http://ow.ly/TGhRY.

“On September 30, the School of Nursing welcomed Barbara Nichols, our 2015 Littlefield Leadership Lecturer. Nichols is the leadership and diversity coordinator for the Wisconsin Center for Nursing and a national diversity consultant to the Robert Wood Johnson Foundation. A humorous and dynamic speaker, Nichols shared experiences and insights from her 43-year career in her lecture ‘A Nurse’s Journey of Leadership Challenges in Diversity, Inclusion and Practice.’”

“Nichols, the first black president of the American Nurses Association, drew from research, her 53-year career and personal experience as she challenged leaders in the audience not only to strive for greater diversity within the nursing workforce but also to actively open doors to nurses of color, for women in general and for men in nursing.”

Leadership Insights: “Authentic Leadership”

The Leadership Insights series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at: www.RWHC.com.

“Quick, think of a leader who brings the word fake to mind, and it becomes clear why authenticity is important in our personal leadership journey.”

“Authentic leaders:

- **Lead with heart and head.** They make sound decisions based on logic, and never forget the impact on the people.

- **Speak with integrity.** They avoid gossip, answer honestly and earn the reputation for telling you what they know when they know it.

- **Walk their talk.** If they say something is important for everyone to do, they go first and model it.

- **What you see is what you get.** They treat people equally, honoring people as individuals, not titles.

- **Stay curious about people and ideas.** If we are not evolving, we are becoming obsolete. Authenticity starts with knowing ourselves, then always being interested in what others think to keep our own ideas fresh.”

“Authentic leaders are effective communicators. I heard a speaker from the Center for Authentic Leadership state that authentic communication is “Stating what you see, without blame or judgment, in a way that people can hear it.” Can you do this? Can you converse effectively with people who see things differently than you, in a way that they can hear you and also feel heard”

“Think about who in your life can tell you things that you may not want to hear, in a way that you can hear it. How do you see them acting with authenticity in these conversations? What can you learn from observing what they do, and how they do it? While much of the ability to manage defenses comes from within ourselves, it certainly helps when we are approached by a skilled communicator who doesn’t ‘poke the bear.’”

“Practice entering conflictual conversations with this thought: “All perspectives are legitimate.” Everyone has a right to their perspective and a history they uniquely bring to it. What if instead of working on our argument against them, we stayed curious?”

- “How did you come to believe this way?

- What is it like to have had this kind of experience?

- What kinds of things have shaped your views?”

Register for the November 12th “Building a Culture for Patient-Centered Team Based Care” conference sponsored by the Wisconsin Council on Medical Education and Workforce (WCMEW). Our purpose is to showcase successful health care teams with dialogue about how cooperation among health professionals leads to continuous improvement of patient care. Will be at the Glacier Canyon Lodge located in the Wisconsin Dells; register at http://ow.ly/Ad583.
“Sometimes authenticity is not so straightforward—One of our favorite sayings in leadership workshops is, ‘You are on stage 100% of the time.’ On stage might imply playing a role versus being your true-authentic-self, but here we must discern the difference. To be on stage means that as a leader, whether in title or influence, people watch you. People notice if you follow policy, take the high road, share credit, include everyone and look approachable. How are you regularly role modeling the way you would expect others to act if your most important customer was present?”

“Being authentic doesn’t mean that when you are having a bad day it will work for you to say, ‘Hey I’m crabby, and I’m just being real-deal with it!’ Directly quoted by my esteemed RWHC colleague, Cella Janisch Hartline, ‘You get to choose how you represent yourself on those bad days.’ Crabby may be the authentic feeling, but choosing how you manage yourself when you feel that way comes from a place of your authentic values and who you strive to be.”

“Discernment is also needed when applying authenticity to being transparent. We rightfully admire transparency, equating it with the authenticity of telling the truth. Yes. But, how do you balance authenticity and honesty with confidentiality? To be authentic means to weigh the end result of your words and actions for their impact, which may be even more important than transparency, depending on the situation.”

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
11/12/15: “Performance Reviews: Making Them Meaningful, Useful & Worthwhile”
12/15/15: “Manage Stress Before It Manages You”
1/7/16: “Walk the Talk: Leadership Accountability”
Non-Members Welcome. Register & other events at: www.RWHC.com/Services.aspx