Reality Based “Elitophobia”

From “Politics & Elections: No Debate About Rural” by Bill Bishop in the Daily Yonder, 10/7:

“Yes, it’s that time in the presidential campaign—the time when the candidates and the press think about rural voters.”

“The vice presidential candidates were in Farmville, Virginia, to debate, and that was a reason to at least mention the America outside the metro areas. Reuters reports that the rural vote could be ‘crucial,’ especially in Virginia.”

“Trump, who needs to rack up big vote totals in small-town America, has bet that his vow to rip up international trade deals and bring back jobs will resonate in places where the movement of manufacturing jobs overseas has left deep economic scars,” report Ginger Gibson and Alana Wise. They write that Donald Trump leads Hillary Clinton 41 percent to 28 percent among those living outside urban areas, according to a recent Reuters poll.”

“Neither Democrat Tim Kaine nor Republican Mike Pence mentioned rural America (that we heard, anyway) during the evening’s debate.”

“However that same week, Agriculture Secretary Tom Vilsack led a forum on rural America in Pennsylvania. (We should note that Pennsylvania is a swing state.) And the day before, President Obama (who did not attend the Pennsylvania forum) released a statement about rural values and the rural economy.”

“Why the attention? Well, everyone is trying to figure out why Republican Trump is doing so well in rural areas.”

“That a Republican is winning in rural communities isn’t so surprising. Just four years ago, Republican Mitt Romney won 58 percent of the vote in rural counties; Barack Obama got just 39 percent. Will Trump outpoll Romney in rural precincts? The Reuters poll, which put him at 41 percent among voters outside urban areas, says the Republican has a lot of work to do to even approach Romney’s totals.”

“Still, there is a growing fascination with poor white voters (which, among writers living on the coasts is equivalent to rural). Several writers have cast off from their urban offices in search of the mysterious and wily ‘hillbilly.’ ”

“We say hillbilly because of the popularity of J.D. Vance’s recent book, Hillbilly Elegy: A Memoir of a Family and Culture in Crisis. Vance’s book about the cultural deficiencies of white, working class families is all the rage in Washington, D.C., and the book is on the best-seller lists. It is being used as a guide (by both the political left and right) to understanding why Trump has the support he has.”

“The Guardian sent a reporter to try to understand why ‘traditional Democratic strongholds in Appalachia’ are ‘turning red.’ Of course, these areas have

“A house divided against itself cannot stand.” - U.S. Senate Candidate Abraham Lincoln on June 16, 1858, in Springfield, IL.
been reliably Republican since at least 2000—Romney won 62 percent of the West Virginia vote in 2012—but no matter. This isn’t a story based on facts, but on interviews with a half dozen or so voters. It’s an easy formula: pick the people who support your thesis and talk to them. No muss, no fuss.”

“The New Yorker’s Larissa MacFarquhar goes to the ‘heart of Trump Country’ to find out why West Virginia once voted ‘solidly Democratic’ but now ‘belongs to Trump.’ (These stories always make it sound like the reporter is off on some kind of safari.) Of course, again, West Virginia hasn’t voted Democratic in a presidential election since 1996, but who’s counting.”

“MacFarquhar’s is a more nuanced account than most. She picks up on the anti-establishment strain in the state (which voted for both Trump and Democrat Bernie Sanders in the primaries).”

“Still, the approach is the same in these stories: to discover the mind of the Trump by recounting a string of individual stories. We are asked to understand a society through profiles of a handpicked group of people.”

“Bob Hutton, an American Studies professor at the University of Tennessee, has a different take on this sudden interest in the hillbilly. In a review of Vance’s *Hillbilly Elegy*, Hutton states that ‘the book is not aimed at that underclass (few books are), but rather a middle- and upper-class readership more than happy to learn that white American poverty has nothing to do with them or with any structural problems in American economy and society and everything to do with poor folks’ inherent vices.’ ”

“The problem isn’t that these Trump voters who have attracted such recent attention are crazy or maladjusted or filled with hate. The problem in poor communities, Hutton maintains, is that people are poor.”

“At no point, Hutton writes, does Vance allow that his ‘hillbilly’ relatives ‘might benefit from higher wages, better health care, or a renewed labor movement.’ And, in fact, these kinds of big picture issues don’t fit a worldview that sees the country as a collection of individuals.”

“Finally, the Institute for Advanced Studies in Culture at the University of Virginia polled Trump supporters to see if they fit the profile of the white voter who is angry at those of other races, religions and ways of life. (Recall Hillary Clinton’s observation that Trump’s supporters were ‘racist, sexist, homophobic, xenophobic, Islamaphobic.’) Carl Desportes Bowman, the director of survey research, reports that Trump voters felt more estranged from society’s elites and from their government than from those of other races.”

“He writes: ‘Even though four out of five Trump supporters believe that Americans lived more moral and ethical lives fifty years ago, about three-quarters nonetheless hold that we should be more tolerant of people who adopt alternate lifestyles. And even though Trump supporters are overwhelmingly white (91 percent), the study finds, about two-thirds say their beliefs and values are similar to those of African Americans (62 percent) and Hispanics (68 percent). In fact, Trump supporters generally perceive greater cultural distance from the non-religious or the American cultural elite than they do from other American ethnic groups.’ ”
“Yes, Trump voters want to build a wall (77 percent) and four out of every five Trump supporters see themselves as different in their beliefs and values from Muslims. But only three percent of the 1,861 people surveyed thought of themselves as having values ‘completely different’ from gays and lesbians, as rejecting greater tolerance toward those with different lifestyles and ‘strongly favor’ banning all Muslims.”

“Trump voters see a nation in decline, Bowman reports, and if they are phobic at all, ‘it may not be homophobia or xenophobia that best characterizes them, but instead some new blend of ‘elitophobia’ and ‘governmentophobia.’ 76 percent (of Trump voters) say the government in Washington threatens the freedom of ordinary Americans, and 68 percent say the leaders in American corporations, media, universities, and technology care little about the lives of ordinary Americans. Indeed, it may be the country’s established leaders, experts, and government officials that they fear more than anything.’”

Rural Wisconsin Initiative Version 2.0

By Jeremy Levin, RWHC Director of Advocacy, jeremylevin@rwhc.com:

RWHC has long supported cross-sector collaboration and realizes the need to improve more than just community health status, and that is why we supported the Rural Wisconsin Initiative that was introduced back in January. On October 11, 23 legislators gave a preview release of the expanded health care proposals in the second phase of the Rural Wisconsin Initiative. This second phase of the package will fund a number of items, including residency programs for rural physicians, training consortia for allied health professionals, clinical training programs for Advanced Practice Clinicians, and wellness programs in rural areas.

Our members face challenges in attracting and accessing healthcare specialists. This last year saw Wisconsin enter into the Interstate Medical Licensure Compact, which will allow qualified physicians with an existing medical license in a compact state begin providing care in Wisconsin rural communities more quickly. Eliminating regulatory barriers by allowing for expedited multistate licensing is a good step, but we need to grow our own, and attract physicians wanting to work and live in rural Wisconsin.

The second phase of the Rural Wisconsin Initiative will continue to focus on improving the rural physician workforce by investing in the Wisconsin Rural Physician Residency Assistance Program (WRPRAP). In 2011, RWHC Proposed the Wisconsin Rural Training Track Collaborative to the WRPRAP for start-up funding. In just four years these funds have made it possible to grow from the Collaborative’s initial eight organizations interested in developing and sustaining rural graduate medical education (GME) funding, to 28 hospitals, clinics, and residencies investigating and developing rural GME, and that number is growing.

Additionally, some of our member hospitals have taken to community initiatives aimed at retaining a younger workforce by collaborating with high schools and tech schools to make sure students will have the skills needed to match the jobs available and other members have worked with employers in the area to make sure there is adequate child care available to entice young families to their communities and the jobs available.

While we’ve seen the expanded health care proposals in the second phase of the Rural Wisconsin Initiative, the first release of the Initiative also included legislation on workforce, education and infrastructure in-
vestment beyond the healthcare sector. One crucial bill called for increasing the annual funding for Wisconsin’s Broadband Expansion Grant Program. Efforts over improving rural broadband have continued in a Legislative Council study committee proposing several changes to the state broadband grant program in hopes of expanding high-speed Internet and job growth in rural areas. RWHC also supported these efforts and we look forward to how these efforts will be proposed and worked on in the Rural Wisconsin Initiative in the next legislative session.

For more information on the Wisconsin Rural Health Initiative, visit www.ruralwisconsininitiative.com.

Rural Mental Health-Care Shortages Continue

From “Rural Areas Lack Mental Health-Care Providers, Report Says” by Tim Marema in The Daily Yonder, 10/13:

“Psychiatrists, psychologists, social workers and others who can provide behavioral-health services are in short supply in rural areas, according to a new report.”

“More rural Americans have medical insurance that covers mental-health services, but that increase may be tempered by a lack of professionals who provide those services, a new report says.”

“Researchers have previously documented a disparity in the number of psychiatrists who serve nonmetropolitan counties. But the shortage extends to other mental-health professionals such as social workers, counselors, and psychologists, according to a brief from the Rural Health Research Center and the Rural Health Research & Policy Centers.”

“Accurate estimates of the number of rural psychiatrists and other behavioral health providers are especially important now, when an increasing number of rural residents are insured for behavioral health care and demand is growing,” the report said, citing a journal article in the Journal of the American Board of Family Medicine.”

“Public and private insurers are now required to offer mental-health benefits under the Affordable Care Act. Although the report does not go into how implementing health-care reform has affected the use mental-health services in rural America, the implication is that expanded benefits, plus an increase in the number of residents who have health-care insurance, will increase demand for mental-health services.”

“Nonmetropolitan counties have one-third as many psychiatrists per capita as metropolitan counties do. Nonmetro counties have about half the number of psychologists and social workers per capita.”

“The gap widens when researchers look at the nation’s smallest counties – so-called ‘non-core’ counties, which aren’t a part of a multi-county statistical area and have no town of 10,000 residents and up. Those counties have less than a fifth of the number of the psychiatrists per capita than metropolitan counties do.”

“Over 15 million rural Americans face some kind of behavioral health issue—substance abuse, mental illness, or medical-psychiatric co-morbid conditions,” the research brief said.

“The brief also noted that primary-care physicians are more likely to treat mental-health conditions than their urban counterparts.”
RWHC Behavioral Telehealth Goes Live

By Louis Wenzlow, RWHC Director of HIT & Strategic Initiatives/CIO, lwenzlow@rwhc.com:

According to the Kaiser Family Foundation, Wisconsin meets only 23% of its population’s mental healthcare needs, one of the lowest rates in the country. Forty-four of Wisconsin’s seventy-two counties are designated as mental health professional shortage areas, with less than one psychiatrist available to treat every 30,000 people.

These are some of the reasons that RWHC and its member hospitals prioritized behavioral telehealth as an important strategy to make mental health services more available to Wisconsin’s rural communities.

Over the last two years with a grant from the Health Resources and Services Administration (HRSA), RWHC has been working with 14 of its members to operationalize a telehealth network through which behavioral health practitioners in parts of the state without shortages can provide mental health services to rural areas where they are needed.

After a period of planning, testing, and implementation, the RWHC Behavioral Telehealth Network launched its first “pilot” telehealth go-lives starting this September, when a psychiatrist from St. Croix Regional Medical Center conducted a virtual visit with a patient at Tomah Memorial Hospital. In October, a PhD Psychologist from Memorial Medical Center in Ashland provided counseling services to a patient at the Upland Hills Health Spring Green clinic. Both of these go-lives will be followed by the ongoing provision of services to these underserved rural locations.

Next on the network’s list, a psychiatric Advanced Practice Nurse Practitioner (APNP) from Western Wisconsin Health in Baldwin is scheduled to start providing medication management services to patients in Montfort, Barneveld, Spring Green, and at St. Clare Hospital in Baraboo.

Starting early next year, after completing these initial go-lives, RWHC will be working with its members and other organizations with behavioral health practitioner capacity to expand services to additional rural Wisconsin communities.

While behavioral health practitioner workforce shortages will remain a significant problem in Wisconsin for the foreseeable future, telehealth is one important way to more efficiently distribute the resources that are available to the rural communities that particularly need them. Through this HRSA-funded project, RWHC has established a telehealth delivery framework that has started to do that.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number D06RH27788 through the Rural Health Network Development Program for $897,291 over three years. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the U.S. Government.

Quality of Care Goes Well Beyond Metrics

From “A Letter to the Doctors and Nurses Who Cared for My Wife” by Peter DeMarco in the New York Times, 10/16:

“After his 34-year-old wife suffered a devastating asthma attack and later died, the Boston writer Peter DeMarco wrote the following letter to the intensive care unit...”

Bookmark the Daily Yonder at www.dailyyonder.com

“55 million people live in the rural U.S. – Maybe you’re one of them, or used to be, or want to be. As mainstream TV and newspapers retreat from small towns, the Daily Yonder is coming on strong. The Daily Yonder has been published on the web since 2007 by the Center for Rural Strategies, a non-profit media organization based in Whitesburg, Kentucky, and Knoxville, Tennessee. The site was developed with the support of the Annie E. Casey Foundation, the Nathan Cummings Foundation, the W.K. Kellogg Foundation, and the Media Democracy Fund.” They welcome opinions, photos, tips, observations, and links to stories about rural America.
care unit staff of CHA Cambridge Hospital who cared for her and helped him cope.”

“As I begin to tell my friends and family about the seven days you treated my wife, Laura Levis, in what turned out to be the last days of her young life, they stop me at about the 15th name that I recall. The list includes the doctors, nurses, respiratory specialists, social workers, even cleaning staff members who cared for her.”

“How do you remember any of their names?” they ask. How could I not, I respond.

“Every single one of you treated Laura with such professionalism, and kindness, and dignity as she lay unconscious. When she needed shots, you apologized that it was going to hurt a little, whether or not she could hear. When you listened to her heart and lungs through your stethoscopes, and her gown began to slip, you pulled it up to respectfully cover her. You spread a blanket, not only when her body temperature needed regulating, but also when the room was just a little cold, and you thought she’d sleep more comfortably that way.”

“You cared so greatly for her parents, helping them climb into the room’s awkward recliner, fetching them fresh water almost by the hour, and by answering every one of their medical questions with incredible patience. My father-in-law, a doctor himself as you learned, felt he was involved in her care. I can’t tell you how important that was to him.”

“Then, there was how you treated me. How would I have found the strength to have made it through that week without you?”

“How many times did you check in on me to see whether I needed anything, from food to drink, fresh clothes to a hot shower, or to see whether I needed a better explanation of a medical procedure, or just someone to talk to?”

“How many times did you hug me and console me when I fell to pieces, or ask about Laura’s life and the person she was, taking the time to look at her photos or read the things I’d written about her? How many times did you deliver bad news with compassionate words, and sadness in your eyes?”

“When I needed to use a computer for an emergency email, you made it happen. When I smuggled in a very special visitor, our tuxedo cat, Cola, for one final lick of Laura’s face, you ‘didn’t see a thing.’ ”

“And one special evening, you gave me full control to usher into the I.C.U. more than 50 people in Laura’s life, from friends to co-workers to college alums to family members. It was an outpouring of love that included guitar playing and opera singing and dancing and new revelations to me about just how deeply my wife touched people. It was the last great night of our marriage together, for both of us, and it wouldn’t have happened without your support.”

“There is another moment–actually, a single hour–that I will never forget.”

“At the final day, as we waited for Laura’s organ donor surgery, all I wanted was to be alone with her. But family and friends kept coming to say their goodbyes, and the clock ticked away. About 4 p.m., finally, everyone had gone, and I was emotionally and physically exhausted, in need of a nap. So I asked her nurses, Donna and Jen, if they could help me set up the recliner, which was so uncomfortable, but all I had, next to Laura again. They had a better idea.”

“They asked me to leave the room for a moment, and when I returned, they had shifted Laura to the right side of her bed, leaving just enough room for me to crawl in with her one last time. I asked if they could give us one hour without a single interruption, and they...
nodded, closing the curtains and the doors, and shutting off the lights.”

“I nestled my body against hers. She looked so beautiful, and I told her so, stroking her hair and face. Pulling her gown down slightly, I kissed her breasts, and laid my head on her chest, feeling it rise and fall with each breath, her heartbeat in my ear. It was our last tender moment as a husband and a wife, and it was more natural and pure and comforting than anything I’ve ever felt. And then I fell asleep.”

“I will remember that last hour together for the rest of my life. It was a gift beyond gifts, and I have Donna and Jen to thank for it. Really, I have all of you to thank for it.”

Leadership Insights: “Morale”

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

“‘The beatings will continue until morale improves’ method probably only works if you are a pirate. Keeping morale up can be a challenge, especially when times are tough. It’s possible, but first you must assign responsibility.”

Imagine securing this agreement with EVERY staff member: ‘I am putting you in charge of our team’s morale.’ You add it to their job description and hold them accountable for it in their performance review and employee opinion surveys. No more, ‘It’s someone else’s fault.’ ”

“And it starts with you. Leaders contribute to high morale with clear communication, reward and recognition, flexible work arrangements, autonomy in work style, and fair pay and benefits. But everyone must be assigned 100% of the responsibility for morale for it to be a great place to work. What does high morale look like and how can you nurture it?

- **Stuff gets done**—When accountability is high, morale is high. Do you set and meet important goals?

- **Employees can articulate how their individual contribution impacts the big picture**—Are you telling the stories to connect the dots between daily tasks and organizational success?

- **You hear laughter**—What are ways you can have a little more fun?

- **Colleagues volunteer and help each other**—How can you focus on relationship building between employees?

- **People freely give others credit**—Are you leading the way by recognizing others so that credit doesn’t feel like a scarcity?

- **You hear people disagree respectfully**—Are you modeling non-defensive listening when others disagree with you? Do you foster open discussion and thoughtfully consider different views?

- **Staff show excitement about their work**—How are you talking about what is happening at work? Are you working on anything interesting and sharing it with others?

**Poor Morale Can Cost Big Bucks**

Four weeks after “United Broke My Guitar” went viral on YouTube in 2009, United’s stock price dropped 10%, costing shareholders $180 million. If you aren’t one of the 19 million who have enjoyed this snappy song about consumerism, do so now at: http://ow.ly/1t9x305bITQ

“‘People inspire you, or they drain you—pick them wisely.’”—Hans F. Hansen, from a Forbes article on toxic people. Who are your outliers? Thank those who contribute to a welcoming workplace, who can manage themselves through the ups and downs of life. **Coach those who:**

- **Don’t want to come to work** (who walk slowly into the building even in Wisconsin winter)—Tell me about the last time you were excited to come to work; what kinds of things were you doing? How might you recapture some of that enthusiasm?

- **Sigh, grumble, making under-the-breath comments, or no comments at all**—I notice heavy sighs/silence during our discussion. What is keep-
ing you from getting more actively involved? How can you express your concerns more effectively?

- **Show no outward sign of disagreement**—You don’t disagree with our decisions, but I don’t see you carrying them out. I need to hear from you the good and the bad, otherwise our whole team’s efforts suffer.

- **Spread rumors**—The rumor mill is not to be considered as the news source. If there is an issue, bring it up openly, ask me questions and I ask you to trust me to be honest with you. Earn that reputation and then maintain it. A communication vacuum is where rumors thrive.

- **Declare themselves the spokesperson to tell you that morale sucks around here**—What are you personally doing to contribute to solutions? If they are not part of the solution, they are part of the problem. Reinforce that morale is their responsibility and ask for a commitment to action.”

“And one more morale destroyer that might surprise you: **Inconsistency between managers.** When employees see other departments not held accountable for an organization-wide standard, it undermines confidence that leadership knows what it is doing. Address inconsistencies with your leadership team and make sure all leaders have committed before heading back to your departments.”

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.

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**Upcoming RWHC Leadership Programs**

11/10: “Performance Reviews: Making Them Meaningful, Useful & Worthwhile”
11/14: Speak Up! Developing Public Speaking and Presentation Skills (4-hr workshop)
12/1: “Manage Stress Before It Manages You”

Non-Members Welcome. Register & other events at:

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