Rural Health & the Trump Administration

From “Rural Health Advocates See Opportunities with Trump” by John Commins, in Health Leaders Media, 11/30/16:

“Republican President-elect Donald Trump has promised to repeal and replace Obamacare with ‘something better.’ Amid this upheaval, rural health advocates see opportunity.”

“More than any other demographic, rural American voters contributed to the unexpected election of Donald Trump. Alan Morgan, CEO of the National Rural Health Association, says Trump’s election has put the issues facing rural America on the front burner after years as an afterthought. The following is a lightly edited transcript.”

HLM: “What was the message rural America sent in this election? Morgan: It is the result of a lack of focus on a substantial population in America that’s seen declining health, declining life expectancy, a rural hospital closure crisis that we are engaged in right now, and yet a lack of focus on how to bring access to high-quality healthcare services to 60 million Americans.”

“We are hopeful, recognizing the importance that health and especially hospitals play in rural communities from an economic standpoint too, that we can start looking at what we can change and modify to ensure that we maintain access in rural communities.”

HLM: “How big of an effect will this election have on rural health? Morgan: We are hopeful it will have a substantial beneficial impact on rural health because of the national focus on what is happening in rural now.”

“We have been beating the bushes for the past 10 years about workforce problems and the declining life expectancy of rural populations and we just haven’t been getting a lot of traction on that among policy makers.”

“So, I am hopeful that now that this refocuses attention on the population that has been largely forgotten at the national level.”

HLM: “President-elect Trump and Republicans controlling Congress have called for radical overhauls of healthcare. Are you concerned that proposals to eliminate Obamacare, block grant Medicaid, and privatize Medicare could harm rural America? Morgan: It’s always a concern when you’re proposing significant changes in the healthcare system. You always run the risk of making things worse. We’ve always communicated that the rural safety net is like arctic tundra; you step on it and trample it and it may never come back.”

“You can look at this two ways: Things are already not well and we are looking to roll back some of these insurance coverage issues and what that will mean to ru-
ral. Or you can look at it from a more positive standpoint that you can’t go ahead with reforming the healthcare system and having rural as an afterthought. There has to be a rural focus as we move ahead.”

“Our organization would oppose any Medicaid block grant proposals. We are concerned what that would mean for rural populations. We are concerned that if they do any major modifications to Medicaid, we don’t make the situation worse. And the rural hospitals have closed in states that have not expanded Medicaid, so rolling back Medicaid isn’t going to help things.”

“We are looking at trying to make the health exchanges work better in the rural context; what marketplace revisions need to be made. It is true that more people have health insurance now in rural America because of the exchanges.”

“But it’s also been well documented that we haven’t had the uptick sign on the exchanges from rural populations that we expected, and with the high deductibles and high copays the future of the health exchange, even if Hillary Clinton had won, would’ve been problematic. That needs to be addressed.”

HLM: “Was there anything that Trump said in the campaign that shows he ‘gets it’ with rural health? Morgan: We are going to run with his pledge to invest in infrastructure. Obviously, if he maintains his commitment to the economy, to infrastructure, not leaving people behind that have been forgotten in the past, we can build on that, and how can we have a federal-local partnership in investing and transforming our healthcare system.”

“In the debates he referenced the need to invest in healthcare and hospitals. I know a lot of my peers question what the investment would be.”

“Certainly, from a rural standpoint, these old Hill-Burton hospitals that are designed for a large inpatient volume need to be restructured for 24/7 emergency services and an outpatient delivery system. If he maintains that focus on putting America first and investing in infrastructure there is a lot we can work with.”

HLM: “What signals will you look for in the first few months of the Trump administration? Morgan: First and foremost, will this new administration be talking about the rural hospital closure crisis? I’ll be honest, that is one thing we haven’t seen the current administration acknowledge, that we have a rural hospital closure crisis on our hands.”

“Second, as they talk about innovation and transformation of the healthcare system, are they going to include rural? A lot of the transformation efforts by the current administration have exempted critical access hospitals and rural health clinics from the reporting process and really put them over to the side. Are we going to embrace rural facilities as we move forward? That is something we will be looking for in public statements and signs from CMS, what directions are they going to head on.”

“If they go ahead with the ACA repeal and replace, I want to hear how they are going to replace these high deductibles and the problems with the insurance market in rural underserved locations.”

“This is putting a lot of emphasis on the Trump administration, and Republicans will control Congress, but I am optimistic that Democrats recognize that this is a tremendous opportunity for them as well. They too have a focus about ensuring that rural is not left be-

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**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 <timsize@rwhc.com>, Editor, 880 Independence Lane, Sauk City, WI 53583

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hind. How do we change this perception that DC simply doesn’t get it from a rural standpoint?”

HLM: “NRHA is apolitical, but at some point are you going to have to get political to advance your agenda? Morgan: I hope not. We have worked really hard to keep rural health a nonpartisan issue. That is going to be difficult.”

“Looking at how strongly rural America supported a certain political party makes it more difficult to do that. At the end of the day, when you are talking about low-income populations with high health disparities and a large senior population, you have to have Republicans and Democrats find some common ground.”

HLM: “What are you telling your members in the ‘flyover’ states? Morgan: The key message is now’s the time to strike while the iron is hot. We are pushing an optimistic message that this is a great opportunity now to finally focus on rural.”

This is the year you need to participate in NRHA’s Rural Health Policy Institute: Feb 7-9, 2017, Washington, D.C.—Join NRHA for the largest rural advocacy event in the country and arguably the most important Policy Institute to date. Learn firsthand about the development and implementation of health care policy at the federal level and meet with your members. Info & Registration at: www.ruralhealthweb.org

Wisconsin’s Weighty Challenge

From “Obesity Weighs Heavily on Wisconsinites: Rates Higher Than Previously Thought,” a Press Release from the Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health, 12/1/16:

“Obesity rates among Wisconsin adults are higher than previously reported for the state. According to findings from the Survey of the Health of Wisconsin (SHOW), a population-based health examination survey, 39.4 percent of Wisconsin adults are obese. The state’s obesity rate is 4.5 percent higher than the national average obesity rate of 34.9 percent. Obesity rates are higher in persons who are older, poor, less educated, minorities or who live in a community with high economic hardship.”

“This is one of the findings reported in the latest issue of the WMJ (by the Wisconsin Medical Society) available at: http://bit.ly/WMJ_Obesity_Issue and features findings from studies led by researchers at the UW School of Medicine and Public Health; the studies focus on a range of issues related to obesity and obesity prevention in Wisconsin.”

“‘This is a concerning finding,’ says Dr. Patrick Remington, associate dean of public health at the UW School of Medicine and Public Health, ‘because it means that more Wisconsin residents are at risk for Type 2 diabetes, hypertension and other obesity-related illnesses, and, in turn, our state is at greater risk for higher health care costs and lost productivity due to these illnesses.’ ”

“In addition, three of the studies demonstrated significant disparities in obesity and its causes in the areas of pre-pregnancy obesity, adolescent fitness and physical activity and neighborhood disparities in restaurant food environments.”

“Two additional studies that examined obesity-related policies and novel community-based interventions show that Wisconsin has marked room for improvement regarding obesity prevention, especially in terms of obesity-related health policies and in efforts to improve nutrition and physical activity.”

“The Obesity Prevention Initiative, established by the Wisconsin Partnership Program at the UW School of Medicine and Public Health, emphasizes the need for broad-based efforts to align research, education and community partnerships that lead to sustainable changes in obesity prevention. The Initiative, which addresses individual-level health through population-level health changes, has the potential to help Wisconsin become a national model for obesity prevention.”

“If society is going to honestly address obesity, it needs to understand it as a symptom, not a cause.”

John Frey, MD, Editor, Wisconsin Medical Journal
“‘Our research shows that Wisconsin could benefit from policy changes that promote healthier living,’ says Dr. Alex Adams, principal investigator of the Obesity Prevention Initiative. ‘These types of changes—like school policies that provide healthier meals and promote physical activity—result in less weight gain, increased physical activity and better health for our children and families.’

What Works for Rural?

This year the County Health Rankings & Roadmaps found “that rural areas are lagging behind urban places. While rates of premature death are improving in urban areas, they are getting worse for rural populations. So what can rural areas do to reverse this trend? Our new report outlines evidence-informed and innovative strategies to improve health for rural populations.”

“With more than 65 policy, systems, and environmental changes that can be made in rural areas, ‘What Works? Strategies to Improve Rural Health’ from researchers at County Health Rankings & Roadmaps provides evidence-informed and innovative strategies that can help rural communities take action to address their local challenges. The report is available at: countyhealthrankings.org/rural.”

County Health Rankings & Roadmaps is a collaboration of the Robert Wood Johnson Foundation with the University of Wisconsin Population Health Institute.
“Just Growing Old” is a Lousy Explanation

From “You’re Not Just ‘Growing Old’ if This Happens to You” by Judith Graham in Kaiser Health News, 12/8/16:

“When Dr. Christopher Callahan examines older patients, he often hears a similar refrain. ‘I’m tired, doctor. It’s hard to get up and about. I’ve been feeling kind of down, but I know I’m getting old and I just have to live with it.’

“This fatalistic stance relies on widely-held but mistaken assumptions about what constitutes ‘normal aging.’ In fact, fatigue, weakness and depression, among several other common concerns, aren’t to-be-expected consequences of growing older, said Callahan, director of the Center for Aging Research at Indiana University’s School of Medicine.”

“Instead, they’re a signal that something is wrong and a medical evaluation is in order. ‘People have a perception, promulgated by our culture, that aging equals decline,’ said Dr. Jeanne Wei, a geriatrician who directs the Donald W. Reynolds Institute on Aging at the University of Arkansas for Medical Sciences. ‘That’s just wrong,’ Wei said. Many older adults remain in good health for a long time and ‘we’re lucky to live in an age when many remedies are available.’

“Of course, peoples’ bodies do change as they get on in years. But this is a gradual process. If you suddenly find your thinking is cloudy and your memory unreliable, if you’re overcome by dizziness and your balance is out of whack, if you find yourself tossing and turning at night and running urgently to the bathroom, don’t chalk it up to normal aging.”

“Go see your physician. The earlier you identify and deal with these problems, the better. Here are four common concerns that should spark attention—only a partial list of issues that can arise:

Fatigue. “You have no energy. You’re tired all the time—Don’t underestimate the impact: Chronically weary older adults are at risk of losing their independence and becoming socially isolated.”

“Nearly one-third of adults age 51 and older experience fatigue, according to a 2010 study in the Journal of the American Geriatrics Society. (Other estimates are lower.) There are plenty of potential culprits. Medications for blood pressure, sleep problems, pain and gastrointestinal reflux can induce fatigue, as can infections, conditions such as arthritis, an underactive thyroid, poor nutrition and alcohol use.”

“All can be addressed, doctors say. Perhaps most important is ensuring that older adults remain physically active and don’t become sedentary. ‘If someone comes into my office walking at a snail’s pace and tells me ‘I’m old; I’m just slowing down,’ I’m like no, that isn’t right,’ said Dr. Lee Ann Lindquist, a professor of geriatrics at Northwestern University’s Feinberg School of Medicine in Chicago. ‘You need to start moving around more, get physical therapy or occupational therapy and push yourself to do just a little bit more every day.’

Appetite loss. “You don’t feel like eating and you’ve been losing weight—This puts you at risk of developing nutritional deficiencies and frailty and raises the
prospect of an earlier-than-expected death. Between 15 and 30 percent of older adults are believed to have what’s known as the ‘anorexia of aging.’ ”

“Physical changes associated with aging—notably a reduced sense of vision, taste and smell, which make food attractive—can contribute. So can other conditions: decreased saliva production (a medication-induced problem that affects about one-third of older adults); constipation (affecting up to 40 percent of seniors); depression; social isolation (people don’t like to eat alone); dental problems; illnesses and infections; and medications (which can cause nausea or reduced taste and smell).”

“If you had a pretty good appetite before and that changed, pay attention, said Dr. Lucy Guerra, director of general internal medicine at the University of South Florida. Treating dental problems and other conditions, adding spices to food, adjusting medications and sharing meals with others can all make a difference.”

Depression. “You’re sad, apathetic and irritable for weeks or months at a time—Depression in later life has profound consequences, compounding the effects of chronic illnesses such as heart disease, leading to disability, affecting cognition and, in extreme cases, resulting in suicide.”

“Researchers have shown that older adults tend to be happier than other age groups: only 15 percent have major depression or minor variants.”

“Late-life depression is typically associated with a serious illness such as diabetes, cancer, arthritis or stroke; deteriorating hearing or vision; and life changes such as retirement or the loss of a spouse. While grief is normal, sadness that doesn’t go away and that’s accompanied by apathy, withdrawal from social activities, disturbed sleep and self-neglect is not, Callahan said.”

“With treatments such as cognitive behavioral therapy and anti-depressants, 50 to 80 percent of seniors can expect to recover.”

Weakness. “You can’t rise easily from a chair, screw the top off a jar, or lift a can from the pantry shelf—You may have sarcopenia—a notable loss of muscle mass and strength that affects about 10 percent of adults over the age of 60. If untreated, sarcopenia will affect your balance, mobility and stamina and raise the risk of falling, becoming frail and losing independence. Age-related muscle atrophy, which begins when people reach their 40s and accelerates when they’re in their 70s, is part of the problem. Muscle strength declines even more rapidly—slipping about 15 percent per decade, starting at around age 50.”

“The solution: exercise, including resistance and strength training exercises and good nutrition, including getting adequate amounts of protein. Other causes of weakness can include inflammation, hormonal changes, infections and problems with the nervous system.”

“Watch for sudden changes. ‘If you’re not as strong as you were yesterday, that’s not right,’ Wei said. Also, watch for weakness only on one side, especially if it’s accompanied by speech or vision changes. Taking steps to address weakness doesn’t mean you’ll have the same strength and endurance as when you were in your 20s or 30s. But it may mean doctors catch a serious or preventable problem early on and forestall further decline.”

“Testing Whether… (We) Can Long Endure”

Abraham Lincoln’s Gettysburg Address as delivered November 19, 1863, in Gettysburg, Pennsylvania.

Editor’s Note: Lincoln, before becoming President, famously noted that “a house divided against itself cannot stand.” His address at Gettysburg, towards the end of the Civil War, is considered by many our greatest statement of national purpose. In a time that finds our nation very divided, it seems worth rereading.

“Fourscore and seven years ago our fathers brought forth, upon this continent, a new nation, conceived in liberty and dedicated to the proposition that ‘all men are created equal.’ ”

“Now we are engaged in a great civil war, testing whether that nation, or any nation so conceived and
so dedicated, can long endure. We are met on a great battlefield of that war. We have come to dedicate a portion of it, as a final resting place for those who died here, that the nation might live. This we may, in all propriety do. But in a larger sense, we cannot dedicate, we cannot consecrate, we cannot hallow, this ground. The brave men, living and dead, who struggled here, have hallowed it, far above our poor power to add or detract. The world will little note, nor long remember what we say here; while it can never forget what they did here.

“It is rather for us the living, we here be dedicated to the great task remaining before us—that from these honored dead we take increased devotion to that cause for which they here gave the last full measure of devotion—that we here highly resolve that these dead shall not have died in vain, that this nation shall have a new birth of freedom, and that government of the people, for the people shall not perish from the earth.”

“Time for an end-of-year question: What risks have you taken this year? When during the year did you ‘go big or stay home?’ When did you strive to act boldly and courageously, moving your team or organization forward?”

“If I were interviewing candidates for a job as a healthcare leader, I would ask:

- What is the last big risk you took in your work and what was the impact on your or-

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Leadership Insights: “Calculated Risks”

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

“Walt Disney’s first animated feature film, Snow White and the Seven Dwarfs, ended up being a timeless and monumental financial success. But during production it looked like it might all fall apart. The film ran out of money well before completion. Walt Disney had to get people to risk putting their money into what at the time represented a huge change. Being a visionary doesn’t do a lot of good if you can’t get others to invest in you, whatever form that investment takes.”

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A $2,500 Prize for the Best Rural Health Paper by a University of Wisconsin student or recent graduate. Write on a rural health topic for a class and submit by June 1st.

Submission info available at www.RWHC.com

- What risks did you choose NOT to take and why? (Does the candidate weigh costs and benefits and understand that not all risks are worth taking? Does the candidate play it TOO safe?)

- What innovations do you foresee in your field of expertise in the next 3-5 years? What things are you currently doing that you think may go by the wayside? (Can the candidate think strategically, beyond the day to day, and is it obvious that they have developed a practice of making time to do so?)

“And beyond individual decisions on risk taking:

- Tell me about a time when you had to convince others to take bold action when they did not think your idea would work. How did you get them to buy in? (I want to know if they have what it takes to move from individual vision to engaging others to help make it happen. Additionally, I am interested in whether they are working under an outdated hero model of leadership or if they really get that no one can do it alone.)

RWHC Eye On Health

PROs & CONs Whatever You Want to Hear

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RWHC Eye On Health, 12/14/16
“Learning how to take calculated risks comes with practice in making deliberate and thoughtful decisions, reflecting on the outcomes good or bad, and incorporating what could be better next time around. Balance that thoughtfulness and reflection with the notion that impatience might be a virtue after all. Impatience with the status quo, with a lack of progress, with waiting until all the ducks are in a row...maybe leaders having some impatience helps to motivate bold movement. And if you have a regular practice of thinking strategically, you’ll be better prepared to seize opportunities and move quickly when they do come up.”

“In considering risky decisions, ask:

**Why?** What is it I am after in this risk? Be as clear as you can with your goals for the risky action. This is the opposite of acting impulsively or rashly. What is your goal worth – to you and/or your organization?

**Where is the power?** Think about support you might have or obtained, especially in your preparation process. Consider who has the social, financial or other kind of capital to help you and enlist them.

**What is at stake?** What actually are you risking? Knowing your priority values is a great starting point as they can guide your decisions. Here is a good place to ask yourself, what will taking this risk—even if it fails—mean to what is most important 10 minutes from now? 10 days? 10 weeks/months/years?

**When?** Building on fire? Immediate. Although with most business decisions, you have time to think it through, and your results will benefit from that thoughtful reflection.”

*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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