“Rural America at a Glance”


“Rural America encompasses 72 percent of the Nation’s land area, houses 46 million residents, and plays an essential role in the overall economy. Rural areas are more economically diverse than in the past, with employment reliant not only on agriculture and mining but also manufacturing, services, and trade. Rural counties with economies based on tourism and recreation maintained higher-than-average population growth rates during 2010-16. For rural areas as a whole, employment has increased modestly since 2011 and median incomes are rising once again. Infrastructure investments, like expanding broadband internet access, could improve economic performance and contribute to quality of life through more robust delivery of education, healthcare, public safety, and other services.”

“While rural America shows signs of a strengthening economy, many rural areas face unique challenges that place them at a competitive disadvantage relative to more urban areas. Overall, the rural population is shrinking for the first time on record, due to several factors, including long-term outmigration of young adults, fewer births, increased mortality among working-age adults, and an aging population. Reclassification of fast-growing counties from rural to urban due to urbanization generally means the remaining rural counties have lower population growth potential and fewer avenues to economic vitality.”

“Rural employment has not returned to its pre-recession level and job growth since 2011 has been well below the urban growth rate. Median incomes remain below those of urban areas, and rural poverty rates are higher, especially in the Mississippi Delta, Appalachia, and the Rio Grande Valley.”

The Wisconsin Healthy Communities Designation, offered by the University of Wisconsin Population Health Institute in collaboration with diverse statewide groups, recognizes and encourages achievement in health improvement in Wisconsin communities and promotes cooperation across economic development and health improvement initiatives.

www.wihealthycommunities.org/
Letters of Interest due by January 31st

“If everyone is thinking alike, then somebody isn’t thinking.” - George S. Patton
RWHC Eye On Health, 12/15/17
What If We Defined Urban as Non-Rural?

From “Putting Rural Wisconsin on the Map” by Malia Jones & Mitchell Ewald, UW Applied Population Laboratory, at www.wiscontext.org, 5/17/17:

“It’s a matter of conventional wisdom in Wisconsin and across the U.S. that rural places are socially and culturally different from urban and suburban areas. But it’s helpful to examine how rurality is officially defined to explore its many dimensions.”

“When it comes to specifying rural areas on a map, demographers and social geographers use a variety of definitions. In some cases, any place that isn’t a major metropolitan area, including small towns and even smaller cities, is defined as rural. But it also refers to very remote locations, with no population center or barely any people living there at all. There are two very common definitions of rurality used in demography. In each, rural is defined in terms of all places that are not urban. A definition of what determines urban places is required to define their rural counterparts.”

“Defining urbanized places—The U.S. Census Bureau identifies two different kinds of urban areas: ‘Urbanized clusters’ with 2,500 to 49,999 residents, and ‘urbanized areas’ with populations of 50,000 or more. For both of these definitions, population density—or the number of people per square mile—is the most important marker of urban status. All non-urbanized land area–any place that isn’t part of a city or town of at least 2,500 people–is considered rural.”

“The map of urban and rural places developed by the Census has a fine level of detail. That focus means there can be both rural and urbanized places within a single county. Nearly all of the counties in the United States include both rural and urbanized areas. A fraction of counties that overlap major cities, like New York and Chicago, are 100 percent urban. On the other hand, 23 percent of all U.S. counties contain no urbanized areas.”

“By the Census definition, 97 percent of Wisconsin’s land area is rural, but only 30 percent of the population lives in rural areas.”

“Metropolitan, micropolitan and non-core—The U.S. Office of Management and Budget defines rurality in terms of Metropolitan and Micropolitan Statistical Areas, often called ‘metros’ and ‘micros.’ These can be single counties or groups of counties, but either way, they are entire counties with a unifying core city. Any county with a city of at least 50,000 people is designated as metro, as well as any neighboring counties that are economically and socially linked to it through people commuting across county lines. The micro designation applies
to counties with a smaller city center of 10,000 to 49,999 people, including neighboring counties with a significant number of commuters. **Counties that are neither metropolitan nor micropolitan are considered rural or ‘non-core’ by the OMB.***

“Since metro and micro designations are made at the county level, within many of these areas there are places that might be considered ‘rural’ at a finer scale. Calumet County is included in the Appleton metropolitan area because its northwestern quadrant houses some suburban areas, but the remainder of the county is much less urbanized.”

“Within Wisconsin, 32 of the 72 counties are rural according to the OMB definition. Compared to the Census definition, 49 percent of the state’s land area by square miles is considered rural and includes nearly 13 percent of its population.”

The two maps in this article are by Caitlin McKown at the University of Wisconsin Applied Population Laboratory.

WisContext is a service of Wisconsin Public Radio, Wisconsin Public Television and Cooperative Extension–online multimedia news and information project to provide information and insight about urgent and emergent issues that affect Wisconsin.

Rural Needs Healthcare Jobs More Than Ever

From “Two-Thirds of Rural Counties Have Fewer Jobs” by Bill Bishop at [www.dailyyonder.com](http://www.dailyyonder.com), 12/6:

**The number of jobs in rural America increased in the last year, but rural counties remain well below their pre-recession employment level.**

“Ten years after the beginning of the great economic depression in December 2007, rural America still hasn’t recovered. Rural counties count 770,000 fewer jobs in October 2017 than they had in 2007, according to the Bureau of Labor Statistics.”

“A comparison of the geography of jobs in 2007 and October 2017 reveals how unequal the recovery has been. The map above shows whether counties have more or fewer jobs today compared to
2007. Blue counties are in metropolitan areas and have gained jobs in the last ten years. Orange counties are metro areas that have yet to get back to the employment levels before the recession began.”

“Green counties are rural and had more jobs this October than they had in 2007. Red counties are rural that have fewer jobs now than before the recession began in 2007.”

“Cities have done much better than rural areas in recovering from the recession, which officially began in December 2007 and ended in June 2009. Only 40 percent of urban counties have fewer jobs now than in 2007. In rural America, two-thirds of the counties had fewer jobs in October than in 2007.”

“Job growth has been particularly concentrated in the nation’s largest metropolitan areas. There are just over 9 million more jobs in the U.S. now than in 2007, but 87.5 percent of that gain has been in urban areas of a million or more people.”

“The ten counties with the largest gains added just over 2.1 million jobs. Rural counties, meanwhile, lost 770,000 jobs. Unemployment rates in rural and urban America were low in October of this year, averaging at or below four percent. Those rates are lower than in 2007, when unemployment rates were at or above 4.5 percent.”

“Rural unemployment rates have dropped not because there are more jobs, but because the total workforce has shrunk. Since 2007, the total number of people working or looking for a job in rural counties has dropped by nearly 1.1 million people.”

“In the last year, the number of jobs has increased in rural counties. From October 2016 to October of this year, the number of jobs in rural counties has increased by fewer than 200,000.”

“Still, however, job growth rates in cities of a million or more in the last year are twice what they are in rural America as a whole. And the workforce in rural America continued to decline (by 27,000 people) in the last year.”

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**Whose Health Experience Are We Measuring?**

From the Press Release “First-of-its-Kind Survey Reveals Significant Disconnects in How Three Key Stakeholders—Patients, Physicians, Employers—Perceive the Health Care Experience” by University of Utah Health, 11/29/17:

“University of Utah (U of U) Health announced results of the Value in Health Care Survey, a landmark study that examines the viewpoints of patients, physicians and employers—three stakeholder groups that directly receive, provide, and pay for health care. The study explores how these groups perceive value and prioritize its components of quality, service and cost.”

“The national survey of 5,031 patients, 687 physicians and 538 employers, commissioned by U of U Health and conducted by Leavitt Partners, indicates that conceptually, while most stakeholders agree our health care system must deliver value—what that means concretely is unclear. Several key misalignments as well as surprising points of convergence were revealed, begging an obvious but overlooked question: Without clarity on how patients, physicians and employers define ‘value’ in health care, how can we move forward?”

“If we agree as a country that we must provide higher quality health care, a better patient experience, and at a lower cost, then we all need to understand these different viewpoints and definitions,” said Dr. Bob Pendleton, U of U Health’s chief medical quality officer. The Value in Health Care Survey makes clear some of the specific ways we lack shared perspectives but also suggests points of convergence that can be used to
map a path forward. Both are vitally important in creating a collective vision of how to achieve a value-focused health care system.’ ”

“The Value in Health Care Survey sheds important light on which groups patients, physicians and employers believe are most directly responsible for ensuring high value care and for keeping costs low.”

“When asked to choose five statements that reflected what they value most in health care 90% of patients selected different combinations of ‘value statements’ than any combination chosen by physicians.”

“For patients, there was only one clear top value statement and it related to cost: ‘My out-of-pocket cost is affordable.’ The remaining top nine statements comprised a mixed bag of cost, service, and quality statements ranging from ‘I’m able to schedule a timely appointment’ to ‘The wait time at the office is reasonable.’ Physicians had clear ‘top five’ statements as an indicator of high-value care—mostly focusing on quality and service measures.”

“Across the value statements, neither patients, physicians nor employers assigned responsibility to the employer, suggesting they don’t recognize the impact that employers have on employees’ health via the medical benefits plans they offer.”

“Notably only 32% of patients chose ‘My health improves’ as a top priority—a startling statistic for physicians who are trained to prioritize clinical outcomes as a key measure of value. This finding suggests that providers will have to better address access, convenience service and cost when determining value.”

“Physicians overwhelmingly hold themselves responsible for ensuring that a patient’s health improves while patients equally hold themselves and physicians accountable. This suggests that physicians need to adopt a ‘team sport’ approach to align themselves more closely to patients’ vision of value, and consider all stakeholders—systems, payers, employers, patients and providers—as jointly responsible for ensuring high value care.”

“There was striking consistency in patient responses across political affiliation—across almost all aspects of value. For example, 85% of Republicans and Democrats either strongly or somewhat agreed that they think the cost of health care in this country is too high; 69% of Republicans and 71% of Democrats said they were extremely satisfied or somewhat satisfied with the price they personally paid for health care in the past year, tabling a very important question: ‘What exactly is at the root of the policymaking divide over health care reform?’ ”

“In conclusion, a better understanding of how value in health care is perceived differently across groups is imperative to achieving a value-focused health care delivery system. The results of the Value in Health Care Survey should prompt valuable conversations that will help advance health care transformation in a meaningful way.”

To view the full Value in Health Care Survey and obtain downloadable infographics, please visit: http://uofuhealth.org/ValueSurvey

“Familiarity Leads to Understanding”

From “Please, Big Media, come visit us in Trump country” by Gary Abernathy, publisher and editor of the Times-Gazette in the Washington Post, 11/9:

“A year ago, the Times-Gazette in Hillsboro, Ohio, was one of just a handful of newspapers around the
nation to endorse Donald Trump for president. Seldom has a 58 word statement in a small rural publication garnered such attention, shining a national and even international spotlight on a newspaper and a community.”

“Over the past 12 months, news organizations nationally and from around the world have discovered Hillsboro, Highland County and southern Ohio in general, exploring the people and interests here in an effort to determine why places such as ours so enthusiastically supported Trump (he won 76 percent of the vote in this county) and why, for the most part, those people continue to support him.”

“I’ll spare you the long list of media outlets that have visited Hillsboro or contacted us for various segments or stories. Think of one, and it will probably be on the list. But I’ll mention that in just the past few days, a writer from the Nikkei, one of Japan’s largest newspapers, traveled here for an interview, and the BBC’s ‘Outside Source’ news program set up shop in our newsroom for a live two-hour broadcast. Host Nuala McGovern interviewed our staff, along with local party and government officials, about everything from Trump to guns to the opioid crisis.”

“I don’t know whether most of the journalists who come here have predetermined ideas about what they will find. Perhaps, if they have read some of the analysis from the left on what defines a Trump supporter—racist, misogynist, uneducated—they expect a wall of Confederate flags, a KKK parade down Main Street and a collection of hillbillies making moonshine on the back porch.”

“We might try getting back to what my mama used to say: ‘disagree without being disagreeable.’

“Instead, they discover a landscape that is breathtaking in its physical beauty, and residents who are welcoming, industrious, smart, interesting and, yes, opinionated. People here are well informed and ready to defend their politics, while simultaneously respecting the opinions of visitors with different viewpoints.”

“The live BBC broadcast from our office happened to take place the day after the tragic massacre at First Baptist Church in Sutherland Springs, TX, that claimed 26 lives and left at least 20 others injured. Naturally, McGovern asked about the incident, particularly in regard to gun-control legislation. Not surprisingly, no one who was interviewed here thought more gun laws were the answer, and they were well prepared to defend that position. The schism that exists between the left and right on the solution to gun violence is deep and wide.”

“It was also not surprising that local Republicans defended the president, blaming most policy holdups or campaign promises not yet kept on fierce media and establishment resistance.”

“One lighthearted moment among many came when the sometimes controversial mayor of Hillsboro, Drew Hastings, was casually asked whether he would seek a third term when his second one expired in 2019. ‘No,’ he replied, which was big news locally. I sarcastically thanked the BBC for coming all the way from London to scoop us on a big local news story.”

“The best thing about the year-long ‘Trump Country’ scrutiny on our hamlet, population 6,600, and the surrounding region is that members of the national and world media.

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who would never otherwise venture here have been obligated to visit personally, rather than just conduct phone interviews or draw conclusions based on census data or government statistics.”

“It’s very difficult to spend time with people in an up-close-and-personal way, breaking bread, conversing about local issues and family events, or seeing their homes, and continue to hold negative, stereotypical perceptions of them.”

“Visitors may well return home without changing their minds about what they consider the misguided political views they encountered. But they will almost certainly find themselves unable to cling to whatever animosity they may have previously held.”

“The same holds true whether it is a case of liberals caught in a conservative environment or, as I know firsthand, a conservative thrust for a lengthy period into a liberal universe. When you are made to feel welcome and respected, it is hard to hate.”

“Familiarity breeds contempt, the saying goes, but I think it is truer that familiarity leads to understanding and even friendship, if not agreement. Please, Big Media, continue to explore Hillsboro and other such communities around the nation—communities that seldom were on anyone’s radar, until they decided a presidential election.”

Leadership Insights: “Leader Lists”

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

“Swapping out the calendar is a good time to reflect on the leader within. Noting our current actions reveals what is getting us closer to—or veering us away from—the leader we strive to be. Take a few minutes to fill in the following short lists to reconnect with what that means for you.

1. Who are three people whose leadership you admire? Write down their names, and beside each name, write one word or short phrase that describes the thing you admire most about them.
   - _______________________________________
   - _______________________________________
   - _______________________________________

   Where do their influences show up in your actions?
   For me, my mom was eternally patient. I am not. When I’m feeling and acting impatient, I call her to mind, visualize her demeanor and hear her voice. I remember times I paused and chose to ‘act’ patient, and it had a soothing impact on me and others around me.

2. Who are three people who respect your leadership? Write down their names and next to that, write a word that they would use to describe what makes them look up to you.
   - _______________________________________
   - _______________________________________
   - _______________________________________

   Try to recall specific instances that would lead these people to think of you in this way, and enjoy for a moment that you have made a positive impact.

3. Next, add three words or short phrases that you would use to describe your leadership strengths.
   - _______________________________________
   - _______________________________________
   - _______________________________________
Can you recall specific instances when you showed these strengths? What successes have you had when maximizing these strengths?

4. What one word would you like to have by your name that isn’t there yet, at least as much as you’d like it to be?

What is one action you could take to build this strength?

5. Sometimes we learn from leaders how NOT to be. Think back on those ‘teachers’ and write down the things you do differently than they did, having learned what doesn’t work.

6. In 20 years, what three words or phrases would your current team or colleagues use to describe how they remember your leadership?

If they are not the words you hope for, what would you rather have them say? What actions can you take to change the course of that future conversation?

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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