Rural Health & Economic Development

Tim Size, RWHC Executive Director

In addition to providing local access to quality health care, the forty-two rural hospitals that are the Rural Wisconsin Health Cooperative (RWHC) are a major driver of Wisconsin’s rural economy.

If rural Wisconsin didn’t have these forty-two local healthcare systems, what would be the impact on our rural economy? Using a formula developed by the University of Wisconsin Extension and the Wisconsin Hospital Association, we estimate a loss of nearly 26,000 jobs—16,000 hospital jobs and another 10,000 community jobs. The lost income would be over $3.6 billion and that is before considering the negative economic impact on the vitality of our rural communities.

According to the landmark study, “Economic Impact of Rural Health Care” by the National Center for Rural Health Works, “quality rural health services in rural communities are needed to attract business and industry as well as attract and retaining retirees. The hospital is one of the largest employers in a rural economy, typically one of the top two employers. Community members particularly appreciate the role that the hospital plays in providing a first line of defense in a medical emergency and working to assure access to care at the local level.”

Amongst various viable approaches, one approach worth our attention was outlined a couple of years ago in the business magazine Forbes, “To Revitalize Small-Town America, Focus On the Future of Work.” The author, Tarun Wadhwa, describes the rise of a freelance economy—“a transformation enabled by technology, but driven by macroeconomic factors. People now have the ability to find, receive, and complete work entirely through the internet. They can simultaneously be employed by multiple clients around the world. They generate income globally but spend their earnings locally.”

“Today’s remote jobs include design, research, writing, education, customer service, marketing, sales, legal, accounting, analytics, consulting, and engineering—as communication technologies advance, that list will only grow. Tarun Wadhwa proposes that “if the same incentives that were applied to big companies were instead given to workers, we would witness far better and more
equitable results. Communities should consider offering freelancers financial incentives, subsidies for learning new skills, and help with securing loans. They should spend their money on infrastructure projects related to high-speed internet and connectivity. Ultimately, this means investing in building local networks of people that can share skills and prospects with each other. They will serve as the town’s bridge to the outside world, bringing their community along with them. Like any network, its value will grow as it expands.”

In a similar manner, Michael H. Shuman, author of “The Local Economy Solution,” writes: “Contrary to popular belief, globalization has greatly increased the economic-development potential of rural economies. A generation ago, these economies were captive to the exploitation of their natural resource bases through mines, fisheries, crops, and forests. Today, the internet gives people the option of moving almost anywhere and doing almost anything.”

“A stockbroker can operate from the woods in Montana; a Hollywood scriptwriter can happily work from Bear Creek. People once moved to big cities for work, despite the challenges for raising a family. Now we can choose places we love and easily bring our work to that place. As young people look for lifestyles that are affordable, safe, and close to outdoor amenities, I believe we will see a Rural Renaissance.”

This is a direction already being tested by RWHC with over seven of our thirty-five central office staff working offsite–access to stronger broadband along with some work redesign allowing for greater flexibility and multi-site collaboration.

The open question for rural healthcare leadership is how can we best promote and support the growth of jobs and workers in our rural communities–for the health of local health care?

“How Rural America is Saving Itself”

From “How Rural America is Saving Itself” by Jean Hardy, CityLab, 12/20/18:

“Rural regions dominate the American landscape, comprising 97 percent of the country’s land mass. While 20 percent of Americans live in these regions, many still doubt their importance in the 21st century. A new wave of commentary and reports have tackled a question on many urban Americans’ minds: can rural America be ‘saved’? One of these, a New York Times op-ed by Eduardo Porter, went as far as to say, ‘one thing seems clear...nobody—not experts or policymakers or people in these communities—seems to know quite how to pick rural America up.’ With stagnant or declining populations in many rural counties, and ‘superstar cities’ hogging most of the economic growth, Porter’s view would have us believe that rural life is fading away.”

“I’ve spent the past four years living in and researching rural communities in Michigan and Wisconsin, trying to understand how rural people use modern technology to further their livelihoods. Rural businesses and economic developers have many tools at their disposal to do what makes the most sense for their communities. But an economic growth perspective—largely a result of neoliberal economic policies—makes assumptions about what success looks like. And while the growth prospects of rural America may come across as dire, accounts such as Porter’s largely ignore the work being done on the ground by rural communities to save themselves.”

“The insistence that no one out there knows how to solve problems of the rural economy is a false and misleading one. There are decades of research that have identified paths forward that rural communities are already following and flourishing on. While rural regions may not be swimming in investment...
capital, they are awash in local pride and tight-knit communities. Many research studies have found that connections within a local community (i.e., bridging social capital) are one of the most valuable assets leading rural businesses to success. Place-making, a collaborative process to rethink public spaces to maximize their value for everyone, has become another favorite tactic of rural economic developers.”

“Public land and other land-based amenities are boons for rural communities, increasing populations in amenity-rich rural counties. Houghton and Marquette Counties in the Upper Peninsula of Michigan have bucked population trends, partially through an investment in place-making and expanding outdoor opportunities, such as a massive mountain biking community.”

“What’s more, there are still some economic sectors where the demand in rural areas is higher than the supply. As the second-largest economic sector providing jobs in rural counties, manufacturing continues to be a great resource for local economies. With recent pushes for ‘green’ and domestic manufacturing, rural manufacturers are facing nationwide shortages of workers. At the same time, a new Gallup poll finds that many urban-dwellers actually want to move to rural areas.”

“So why the disconnect? The people that I’ve spoken to in the course of my research on rural communities and economic development have emphasized that talent barriers are largely due to external factors that could be improved if policymakers were truly committed to revitalizing rural areas. A systematic defunding at the state level through most of the first part of this century, paired with a de-emphasis of vocational training in favor of 4-year colleges, has meant that the talent simply isn’t there. An emphasis on property taxes as a primary funding source for public education has hit rural areas particularly hard. A higher proportion of elderly and low-income populations means that rural school districts simply don’t have access to the funds (without state or federal initiatives) to do much of what would be useful for them to help ‘recover’ the rural economy.”

“The ability to attract high-tech companies has become a yardstick for measuring the success of a region. There are indeed major barriers to convincing large companies to relocate to rural areas, as Porter notes in his op-ed, such as access to talent and broadband infrastructure. But economic developers and municipalities in rural America aren’t stupid, and don’t believe that they can compete with supercities to draw in this development. A focus on single industries, such as mining in the upper midwestern United States, already destroyed many rural economies (and their environments) in the 20th century. Progressive rural communities that are thinking about these problems don’t see tech as a sole savior.”

“Instead, the tech industry is one asset that rural communities can support at a scale that makes sense for them. Michigan’s rural communities are full of organizations doing work to support the expansion of the tech industry. The MTEC SmartZone located in Houghton, Michigan, over 200 miles away from the closest metropolitan area, runs a business accelerator that supports budding local tech entrepreneurs in building and growing their companies locally. Their accelerator program runs three cohorts a year, and collectively their programming has led to over 700 local jobs created since 2011.”
“One group of high-tech workers that seem promising is remote workers. In Newaygo, Michigan, Digital Works trains local residents to work as remote IT customer support—stable positions that make sense for people living in rural areas who may not have access to higher education. While an over-saturation of co-working spaces in large cities has led critics to question their usefulness, co-working spaces have also begun to pop up in rural communities to support remote workers and small businesses with flexible needs. People want to move to rural areas, and given the growing affordability crisis in urban areas, maybe they should. Rather than focus on attracting large tech companies, remote workers can be a small, but potentially fruitful, population of future rural citizens who would enjoy the amenities rural towns have to offer.”

“We live under economic regimes that have decided that success is perpetual economic growth, while simultaneously divesting from the communities where investment is needed the most. What if an overarching economic mission of growth isn’t actually what rural places want or need? Recent research has found there are proportionally more entrepreneurs in rural areas than urban, but that rural entrepreneurs were more likely to see their business as successful when they started it to provide for their family, rather than as a mechanism for accumulating wealth. Rethinking what economic success looks like will be key to the success of our rural communities.”

“A major problem here is that urban-based commentators think about rural areas and their unique features as deficits. Instead of portraying aging and stagnant populations as a problem that needs to be fixed, what happens when we think of them as opportunities to learn about sustainability and the future?”

“We treat rural communities as if they are just behind the times and waiting to catch up. When we turn to emerging American supercities as bastions of the future, we lose what we can learn from rural communities. Porter asked, ‘can rural America be saved?’ It’s too late for the editorial offices of the New York Times to save rural America; it’s already saving itself.”

Making Rural Health Insurance Work

From “Can The Market Deliver Affordable Health Insurance Options In Rural Areas?” by by Abigail Barker, Tim McBride and Keith Mueller, Health Affairs, 1/9/19:

“Since the 1980s, public policies have used market mechanisms to motivate profit-maximizing private health insurance firms to offer coverage, a decision based largely upon economic theory suggesting that the result will be higher-quality plans at lower cost. However, rural areas face multiple challenges to successful implementation of market-based programs and policies, the evidence for which is noted annually both by the media and by researchers as they call attention to the lack of plan options and higher rates that often characterize rural areas. To improve the functioning of private individual insurance markets in rural areas, policy makers may wish to consider a range of options. We describe several below.”

Maintain insurance reforms—“A number of insurance market reforms have combined to significantly improve the access, costs, and quality of insurance plans to many citizens—both urban and rural. Rural people, having lower incomes on average and with less access to comprehensive employer- or group-based insurance, benefit disproportionately from these reforms, which collectively help to level the urban/rural playing field.”

Redesign rating areas—“Policies that would encourage or require states to consolidate rating areas would expand the size of risk pools (including statewide risk pools), helping insurers spread risks across a greater number of people and perhaps discouraging insurers from exiting rating areas with small populations.”

Offer plans spanning multiple rating areas—“Policies that create explicit incentives to establish plans that span multiple rating areas, including across an entire state or across state lines as multitstate plans, could encourage insurers to develop and maintain these plans.”
Rethink network adequacy—“State insurance commissioners could consider requiring plans to offer insurance across an entire rating area if the plan is offered anywhere in a rating area, essentially requiring that rating areas and service areas align. Network adequacy determinations and enforcement can still be left to the states, as travel customs and expectations as well as use of telehealth methods vary in different places, with the caveat that this information should be conveyed to the consumer in some easily accessible form as he or she is purchasing the plan.”

Strengthen risk reinsurance and risk adjustment—“Reforms that offer insurers protection, such as a reinsurance pool, could insulate insurers from concentrated risks in some areas or volatility in insurance costs over time.”

Encourage demand for Marketplace plans—“Policies that encourage individuals to purchase ‘on exchange’ insurance plans could help stabilize markets in rural areas and would encourage insurers to enter and stay in those areas, in part by consolidating the risk pool.”

Encourage the development of rural provider networks—“To enhance the development of rural health insurance products, policy could recognize that creating and contracting with provider networks to assure access to care is a service to consumers that incurs a cost.”

Conclusion—“While market-based structures have been largely successful in harnessing the power of competition in urban and suburban places, plan availability and enrollment in Medicare Advantage and Marketplace plans (and other private-sector insurance plan products) has lagged behind in rural areas, and premiums are generally higher. Almost all the counties with little or no competition are rural counties. To a great extent, these problems stem from differences in rural areas due to low population density and fixed costs. If it remains the goal of policy makers to spread private-sector plans across the country, and if it is the goal that every American should have equal opportunities to choose affordably priced plans, then these structural issues need to be explicitly addressed.”

The complete article is at https://goo.gl/QtE6b6

Spirituality—Part I

From “The Experience of Health System Leaders in Meeting Patients’ Spiritual Needs” by Charisse Oland, until her recent return to her home in South Dakota, president and CEO at HSHS St. Joseph's Hospital in Chippewa Falls, WI, and a member of the RWHC Board.

This is a two-part series on the important role that leaders can play in assuring that spirituality is an essential component of healing patients in hospitals. Part I establishes the foundation of spirituality's importance to patients and distinguishes what spirituality is and is not. Part II describes how healthcare leaders can create a culture of spirituality, regardless of secular or non-secular affiliation.

“Being spiritual is part of many people’s identity. It forms the root of who they are as human beings and gives life meaning and purpose. It is found in all cultures and societies and plays an important role in the healing process and in supporting a peaceful death. People’s spiritual needs are greatest during their most vulnerable moments in life including when they are acutely ill or have a life-threatening illness.”

“Healthcare workers have the unique privilege of being an integral part of these experiences. Hospitals present a unique setting in which to provide exceptional spiritual care when their patients want and need it most. Yet research-to-date shows that hospital efforts are often less than effective in meeting patients’ spiritual needs. Many authors agree that more can be done across all hospitals regardless of affiliation status to resuscitate spirituality as an important element in the healing process. This is a leadership challenge.”

“Patients are clear: they want better spiritual care. They want health care professionals to address their spiritual needs. Spirituality as well as religious beliefs have been shown to impact how people cope during the most intimate moments in life such as births, deaths, sexuality, loss of bodily functions or mental well-being. Spiritual practices can foster coping resources, generate forgiveness and feelings
of love for self and others, and provide social support.”

“Healthcare professionals may turn to spirituality to help alleviate the physiological responses patients experience when suffering from fear, distress or a medical condition out of their control. It may also help alleviate a sense of hopelessness, social isolation or disintegration of relationships, religious and existential distress such as anger at God or a faith crisis. Reactions vary based on the individual’s social history and ability to cope. Studies related to religion and health found positive effects on joy, hope, and optimism which are associated with better functioning immune systems, cardiovascular health, and mental health.”

“The challenge for healthcare professionals is to understand exactly what the term spirituality means to their patients. Spirituality is derived from the Latin word ‘spiritus,’ which means ‘breath of life.’ Spirit is a word often used to define an individual’s behavior and well-being. The sense of energy, hope, harmony and connectedness may change or grow during phases of heightened personal awareness.”

“Spirituality is broadly defined as ‘that which gives meaning and purpose to life.’ It may also incorporate the way individuals experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred. The Association of Medical Colleges adds that spirituality affects the way professionals and patients both perceive illness and how they interact with one another.”

“The term spirituality is often considered synonymous with religion. One’s religion may be closely related to one’s spirituality but is not necessarily the same. An individual may see himself/herself as spiritual but not religious, or vice versa. Accordingly, spirituality is universal, and religion is not. Author William Bazan simplified the idea, suggesting that religion is meant to serve our spirituality, not vice versa. We have a common spiritual nature but not necessarily a common religious tradition. Addressing both religious and spiritual needs is important, and influences patients’ ability to cope, to say nothing of their medical decisions and outcomes.”

“Religions have in common a belief in some higher power or transcendent reality (God) which stands for the highest values and greatest good. Religion generally refers to an organized system of beliefs, behaviors, rituals and ethical principles shared by a community and conveyed over time. The Joint Commission refers to religion as an external belief system that might include church, prayers, traditions, rites, and rituals. Different faith traditions use similar processes to encourage spirituality, though they use distinct names for these processes. A study of the five major religions of the world indicates that spirituality often enhances health regardless of differences in the person’s faith, rituals or beliefs.”

“Healthcare organizations generally adopt spirituality definitions espoused by regulatory agencies and related professional organizations. Researchers in patient satisfaction, Press Ganey, define spirituality as ‘an individualized, subjective experience of and from which a person derives meaning, purpose and hope.’ Joint Commission adds to this ‘morality in the context of relationships with self, others, the universe, and ultimate reality.’”

“A good way for healthcare leaders to create and sustain spirituality as part of the organizational fabric is to examine fundamentally their personal understanding of spirituality, meaning and purpose. Once understood the CEO and members of the leadership team can effectively help colleagues across all job descriptions to understand their personal purpose and role in the practice of meeting
patients’ spiritual needs. By increasing all healthcare workers’ knowledge and security in their own beliefs of spirituality, they in turn can more effectively impact patients’ recovery and wellness.”

Leadership Insights: “Work/Life Balance”

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

“Sometimes when people talk about work life balance, a teeter totter image of work pops up in my head.”

Going up: “Go to work wearing armor, holding our breath and tightening our muscles to get through the day, gearing up for work to deplete our energy.”

Going down: “Leave work, exhaling and expecting the rest of our life to help us get ready to do it all again tomorrow.”

“Then there is the ‘big’ teeter totter of a vacation, where we pin our hopes on a recharge we hope will last for months (a tall order). We put our lives into compartments, ‘all or nothing,’ a vicious cycle on repeat. Stress and heavy demands exist and can lead to burnout. But consider the possibility that work can also give, not just take, our zest for life. What follows are some ways to encourage more of an ongoing rebalancing, bringing some of that Saturday feeling into other days of the week.

Be where you are. “Find joy HERE. Where are you right now as you read this? Look around and notice what you value ‘right here.’ Instead of thinking, ‘When the weekend comes I will relax,’ relax now. Relax into your work. A lot of the stress we experience is self-deposited by the way we expect to feel. If you find that in the midst of doing one thing you wish that you were doing something else, or you are worrying about what comes next, it feels unfocused and unsatisfying. That’s when we start searching away from the current situation to find balance. Look for a spot of joy right in the moment.

Try on a balanced body posture. “Match the thought of, ‘I can be relaxed and focused while doing important and urgent work,’ by changing your posture to a relaxed pose, shoulders down, breath deep, body expansive and not contracted. The work is still there, but your posture in it can be engaged, interested, curious, and relaxed. “

Build connection. “When we laugh together, we rebalance. Bringing laughter and lightness into our work doesn’t mean we are not serious about it. Where could you reach out to colleagues to make even small connections for friendship and laughter?”

You must choose. “How about choosing your thoughts about work? (Note: you already ARE choosing them). When you feel stuck remember that you can choose your thoughts, attitude, actions, moods, responses and even how much energy you are giving to any one problem. You don’t get any extra credit for worrying or carrying unnecessary guilt. There is a surprising boost in energy when you decide to let some of that heaviness lift.”

Plan. “The old adage in project management of, ‘If you fail to plan, plans will fail,’ is true in balancing our lives too. If you want that weekend away with your significant other, it probably won’t be happening if you don’t put in regular time in your schedule to plan for it. If you want that newsletter done on time (note to self), it won’t happen if you don’t carve it out on your calendar. Every area of our life benefits when we make sacred time to reflect on our values and plan from those. No one is going to do this for you. The alternative to planning is that we are
just BUSY. Balance can be better maintained if our efforts are focused and aligned, and that means we have to plan for what matters most.”

Contribute to building an uplifting work culture. “Culture is everything, and leaders lead it. If employees don’t have to grit their teeth and white knuckle it to get through a work day with a bunch of surrounding negativity from their manager or colleagues, work can be a place we don’t strive to get away from.”

Remember your WHY. “Author Jon Gordon wrote, ‘We don’t get burned out because of what we do; we get burned out because we forget WHY we do it.’ Why do you do what you do? What parts of your work do you actually enjoy? Where do you get to put your unique talents to good use? Ask these questions to your team as well as yourself.”

Integrate habits throughout your day. “Assess your energy in real time and make resting a habit practiced at intervals, not an ‘all or nothing’ compartmented and separate thing. Resting matters to our effectiveness. Imbalances are instantly course-

corrected when we stretch, take short breaks, have walking meetings, look up from our screen, chat with someone who makes us laugh, think about one thing to be grateful for at the top of the hour, smile. What habits can you start to fuel you throughout your day?”

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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