Closing the Rural Urban Divide

From “Rural Americans need high-speed internet, too” by Joseph Cunningham in Fox News, 5/21:

“It has been more than 10 years since the collapse of Lehman Brothers, which began a global financial crisis and an economic recession—a period of time that fundamentally changed the American economy. Although the data today shows that the country overall has seen economic improvement, the reality is that rural America hasn’t seen the same benefits as urban areas.”

“The success of the American economy depends on the success of rural communities, and if unequal economic recovery continues, the American economy won’t be able to reach its full potential.”

“In a speech during the 2018 Rural Housing Conference, Federal Reserve Chairman Jerome Powell acknowledged the problem and pointed to one major hindrance in rural and tribal communities: a lack of access to high-speed internet. ‘In an increasingly digital economy lack of access to high-speed internet and the knowledge of how to best make use of it limits the abilities of families and entire communities to reach their full potential,’ he said.”

“The Two Wisconsins

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Annual job totals cover all QCEW industries and all ownership types. Metro includes all WI counties that are part of an MSA (26 of 72 WI Counties).

Compiled by: Bureau of Workforce Information and Technical Support, Wisconsin Department of Workforce Development

“In urban areas, where 98 percent of Americans have access to high-speed internet, we’ve seen how internet access can drive strong economic growth and innovation. But in the communities that have been left behind—where more than 30 percent of Americans in rural areas and 35 percent of Americans on tribal lands lack access to broadband internet service—we’ve seen that employment has not returned to pre-recession levels, families must drive hundreds of miles to see a doctor, businesses struggle to keep their doors open, and young people leave these communities behind to seek prosperity elsewhere.”

“In today’s digital and knowledge-based economy that the internet is as essential to attaining a good quality life as other utilities we use in our daily lives, such as telephones, electricity, roads, water, and sewer services. And we see the challenges Americans face when they don’t have access to high-speed broadband internet.”

“Our rural residents face similar challenges when their communities don’t have access to high-speed internet. It affects the ability of their businesses—including farms and ranches—to access domestic and international markets; it prevents families from receiving primary health care remotely through telehealth medicine, and it prevents students from attaining a more affordable education online. In other words, broadband access would be a major step to...”

“You know you are rural if you need to drive into town to pick up your email.” - Anonymous

RWHC Eye On Health, 6/12/19
strengthen the rural economy, address the rural health care crisis, and empower rural workers all while strengthening the larger American economy.”

“Throughout our history, both Republicans and Democrats have recognized that innovation spurs the need to expand new infrastructure to rural America, which has allowed our country to remain at the cutting edge of international competition.”

“In the 1930s, when it became clear that electricity was becoming vital to economic growth, President Franklin D. Roosevelt established the Rural Electrification Administration to expand electricity to rural communities, transform life in rural America, and put those communities on the path to prosperity. In the 1950s, President Dwight D. Eisenhower recognized the value in expanding highways to all corners of the nation and signed the Federal Aid-Highway Act into law to build the national interstate highway system that connects our coasts today.”

“Our nation has reached another crossroad where innovation requires the expansion of a new form of infrastructure: high-speed broadband internet. History has shown us the roadmap to success at these moments. We’ve seen progress in the House of Representatives, where Majority Whip James E. Clyburn launched a new House Task Force on Rural Broadband to end the digital divide between rural and urban communities. And as House Speaker Nancy Pelosi and President Donald Trump are scheduled to continue their negotiations on a bipartisan infrastructure package on Wednesday, we hope they can come together to create legislation that not only fixes our already existing, crumbling infrastructure, but one that also expands high-speed broadband internet to all corners of our nation.”

“Rural Americans are proud of their tight-knit communities, their hard work, and their way of life. They’re looking for a fair shot to climb up the ladder, strengthen their local economy, and participate in the country’s economic growth. They believe, as we do, that your prospects for success and attaining the American Dream should not depend on your ZIP code.”

“In a time that has been stained by hyper-partisanship, both parties should recognize the moment of opportunity that is in front of us to bring not only the rural economy but our entire economy into the 21st century through the bold vision of expanding high-speed broadband internet.”

Joseph Cunningham is an American attorney and politician serving as a member of the United States House of Representatives for South Carolina’s 1st congressional district.

37 Years Later: Rural Wage Equity?

From “Robin Hood to Rescue of Rural Hospitals? New Math Promised on Medicare Payments,” in Kaiser Health News by Sarah Jane Tribble, 6/3:

“As rural hospital closures roil the country, some states are banking on a proposal to change the way hospital payments are calculated to rescue them.”

“The goal of the proposal, unveiled by Centers for Medicare & Medicaid Services Administrator Seema Verma in April, is to bump up Medicare’s reimbursements to rural hospitals, some of which receive the lowest rates in the nation. For example, Alabama’s hospitals—most of which are rural—stand to gain an additional $43 million from Medicare next year if the federal agency makes this adjustment.”

‘ ‘We’re hopeful,’ said Danne Howard, executive vice president and chief policy officer of the Alabama Hospital Association. ‘It’s as much about the rural hospitals as rural communities being able to survive.’ ”

Preventing Farmer Suicide

800.FARM.AID (1-800-327-6243)—a hotline for farmers.

Farm Aid’s Farm Advocates https://www.farmaid.org/ work with farmers one-on-one to address financial crises.

The National Farmers Union’s Farm Crisis Center https://farmercrisis.nfu.org lists hotlines, mediation and disaster assistance resources, and a drought monitor.

The National Suicide Prevention Lifeline (1-800-273-8255) is available for everyone, regardless of age or occupation.

RWHC Eye On Health, 6/12/19
“The proposed tweak, as wonky as it is, comes with considerable controversy.”

“By law, any proposed changes in the calculation of Medicare payments must be budget-neutral; in other words, the federal government can’t spend more money than previously allocated. That would mean any change would have a Robin Hood-like effect: increasing payments to some hospitals and decreasing them to others.”

“‘There is a real political tension,’ said Mark Holmes, director of the University of North Carolina’s Cecil G. Sheps Center for Health Services Research. Changing the factors in Medicare’s calculations that help hospitals in rural communities generally would mean that urban hospitals get less money.”

“The federal proposal targets a long-standing and contentious regulation known in Washington simply as the ‘wage index.’ ‘The index, created in the 1980s as a way to ensure federal Medicare reimbursements were equitable for hospitals nationwide, attempts to adjust for local market prices,’ said Allen Dobson, president of the consulting firm Dobson, DaVanzo & Associates. That means under the current index a rural community hospital could receive a Medicare payment of about $4,000 to treat someone with pneumonia compared with an urban hospital receiving nearly $6,000 for the same case, according to CMS. For decades, hospitals have questioned the fairness of that adjustment.”

“Rural hospitals nationwide have a median wage index that is consistently lower than that of urban hospitals, according to a recent brief by the Sheps Center. The gap is most acute in the South, where 14 of the 20 states account for the lowest median wage indices.”

“Last year, the Department of Health and Human Services Office of Inspector General found that the index may not accurately reflect local labor prices, and, therefore, Medicare payments to some hospitals may not be appropriately adjusted for local labor prices. More plainly, in some cases, the payments are too low. In an emailed statement to KHN, Verma said the current wage index system ‘has partly contributed to disparities in reimbursement across the country.’ ”

“CMS’ proposal would increase Medicare payments to the mostly rural hospitals in the lowest 25th percentile and decrease the payments to those in the highest 75th percentile. The agency is also proposing a 5% cap on any hospital’s decrease in the final wage index in 2020 compared with 2019. This would effectively limit the loss in payments some would experience.”

“Dobson, a former Medicare research director, said he expects ‘enormous resistance.’ HHS Secretary Alex Azar, foreshadowing how difficult a change could be, said during a May 10th Senate budget hearing that the wage index is ‘one of the more vexing issues in Medicare.’ It’s problematic, agreed Tom Nickels, an American Hospital Association executive vice president, noting in an emailed statement that there are other ways ‘to provide needed relief to low-wage areas without penalizing high-wage areas.’ ”

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... it assists Members in partnerships to make their communities healthier... it 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

www.RWHC.com Email office@RWHC.com with subscribe on the subject line for a free e-subscription.
“In contrast, Tennessee Hospital Association CEO Craig Becker applauded the proposed change and said the Trump administration is recognizing the ‘longstanding unfairness’ of the index. Tennessee has been among the hardest hit with hospital closures, counting 10 since 2012.”

“In Alabama, where four rural hospitals have closed since 2012, Howard said that without the change she ‘could see a dozen or more of our hospitals not being able to survive the next year.’ Indeed, Howard said, hospitals in more than 20 states could gain Medicare dollars if the proposal passes and ‘only a small number actually get hurt.’ ”

“Kaiser Health News asked the Missouri Hospital Association, in a state where most hospitals do not stand to gain or lose significantly from the rule change, to calculate the exact differences in hospital payments under the current wage index formula. Under the complex formula, a hospital in Santa Cruz, CA, an area at the top end of the range, received a Medicare payment rate of $10,951.30—or 70% more—for treating a concussion with major complications in 2010, compared with a rural Alabama hospital, at the bottom end, which received $6,441.76 to provide the same care.”

“Even more, MHA’s data analysis showed that the lower payments to Alabama hospitals have compounded over time. In 2019, Medicare increased its pay to the hospitals in the Santa Cruz-Watsonville area for the same concussion care. It now stands at $13,503.37—a nearly 23% increase above the 2010 payment. In contrast, rural Alabama hospitals recorded a 3% payment increase to $6,646.80 for the same care. For Alabama, addressing the calculation disparity could be ‘the life-line that we’ve been praying for,’ Howard said.”

Wisconsin Council on Medical Education & Workforce
Wisconsin Healthcare Workforce Summit
Tuesday, September 24, 2019: 8:30 am - 4:00 pm

This one-day summit will feature a keynote and sessions focused on the future, addressing questions such as: What can we expect for tomorrow’s workforce? How can we prepare? What innovations are happening across Wisconsin that effectively utilize providers to the top of their license, education, and training? How can leaders impact burnout in ways that actually lead to provider retention? How are schools and employers collaborating to train tomorrow’s clinicians?

Healthcare Needs Thoughtful Immigration

From “Care for America’s Elderly and Disabled People Relies On Immigrant Labor” by Leah Zallman et al in Health Affairs, June, 2019:

“As the US wrestles with immigration policy and caring for an aging population, data on immigrants’ role as health care and long-term care workers can inform both debates. Using national data, we found that in 2017, immigrants accounted for 18 percent of health care workers and 24 percent of formal and non-formal long-term care sector workers. More than one-quarter of direct care workers and 30 percent of nursing home housekeeping and maintenance workers were immigrants. Although legal noncitizen immigrants accounted for 5 percent of the US population, they made up 9 percent of direct care workers. Naturalized citizens, 7 percent of the US population, accounted for 14 percent of direct care workers.”

“In light of the current and projected shortage of health care and direct care workers, our finding that immigrants fill a disproportionate share of such jobs suggests that policies curtailing immigration will likely compromise the availability of care for elderly and disabled Americans.”

“As the US elderly population grows, health care workforce shortages are expected to increase in the coming decades. The Institute of Medicine projects that 3.5 million additional health care workers will be needed by 2030. Currently, immigrants fill health care workforce shortages, providing disproportionate amounts of care overall and particularly for key shortage roles such as rural physicians. Immigrant health care workers are, on average, more educated than US-born workers, and they often work at lower professional levels in the US. They work nontraditional
shifts that are hard to fill (such as nights and weekends), and they bring linguistic and cultural diversity to address the needs of patients of varied ethnic backgrounds.”

“The size of the elderly population is expected to double by 2050, raising concern that long-term care workers will be in particularly short supply. Direct care workers—nursing, psychiatric, home health, and personal care aides—are the primary providers of paid hands-on care for more than thirteen million elderly and disabled Americans. These workers help elderly and disabled people live at home (the preferred setting for most people) by providing assistance with daily tasks such as bathing, dressing, and eating. They also help elderly and disabled people in nursing or psychiatric facilities when living at home is not possible and during transitions home after hospitalization.”

“Workers prepared to fill these roles are already in short supply, and the Health Resources and Services Administration projects a 34 percent rise in the demand for direct care workers over the next decade, equivalent to a need for 650,000 additional workers. Projected shortages are compounded by high turnover and retention challenges, which create ongoing obstacles to maintaining a sufficient labor supply for long-term care.”

“Recent years have seen a steep decline in the number of unauthorized immigrants entering the country. The current administration has taken steps to further reduce the flow of immigrants and has proposed legislation to reduce the number of legal immigrants with a focus on ‘skilled immigrants,’ which could sharply reduce the number of low-wage immigrant workers.”

“In light of current shortages, high turnover rates, low retention rates, growing demand for direct care workers, and immigrants’ already disproportionate role in filling such jobs, policies that curtail immigration are likely to compromise the availability of care. Moreover, the anti-immigrant rhetoric and policies that restrict immigration threaten the well-being of immigrants who are entrusted with the care of the nation’s elderly and disabled people.”

“Addressing the direct care worker shortage requires a multifaceted approach, including better wages, benefits, and education and training programs to draw people into the labor force while reducing turnover. However, curtailing immigration will move us in the wrong direction, worsening the shortage and the availability of high-quality care for elderly and disabled Americans.”

Join the Champions of Health Campaign

RWHC has launched a campaign, Champions of Health, on behalf of local rural health care to:

- Educate residents about the health care available in their communities.
- Dispel negative misconceptions about local care.
- Encourage patients to proactively choose their local health care providers.

The campaign is implemented and branded locally using a toolkit designed by Hailey Sault, a health care marketing agency based in Duluth, MN, based on direction from a steering committee of rural hospitals. A few examples of the toolkit’s templates are:

- Pull Up Banners and Indoor Posters
- Print and Outdoor Ads
- Digital and Radio Ads
- Employee Brochures/Infographics
- Plans for a “Champion Awards” Program
- Search Engine Text/Keywords
RWHC has spent $125,000 on developing the toolkit in recognition of its 40th anniversary and as a contribution to rural health nationwide. All subscription revenue will be used to expand the toolkit. The one-time subscription of $2,000 covers any expansions of this toolkit going forward.

To join the campaign, contact Tim Size, RWHC Executive Director, at timsize@rwhc.com.

Northwest WI Nurse Residency Program

RWHC is pleased to announce the launch of the WI Nurse Residency Program in the upper northwest of the state starting in October 2019.

The nurse residency program is a one year program structured around monthly learning sessions, where the new graduate nurse is highly engaged in an interactive, reflective and enriched learning environment. The sessions are designed around an effective standard curriculum for the nurse who works in a rural healthcare setting. Learning needs are identified by the participants on a monthly basis and are weaved into the content for the following month. Networking with peers who are going through the same challenges is a powerful experience for the new nurse. Small group breakout sessions are incorporated into each learning day and are facilitated with the action reflection practice model incorporating the accepted standards of care and practice. This up north program will be delivered through (6) onsite modules and (6) webinar modules over the year. The program outcomes we have identified are:

- Enhanced recruitment/retention of new graduates
- Transitioned successfully to competent practitioner
- Enhanced ability to provide quality care
- Advanced critical thinking ability
- Improved skill in clinical decision-making
- Commitment to life-long learning
- Heightened accountability for determining the kind of nurse they choose to be

We need support from the up north facilities for this to be successful. This support includes educational rooms/supplies/equipment, personnel to conduct small group break-out sessions for every session with facilitation of learning activities during webinar days, and a contact person/coordinator at each facility.

Member cost: $1,700 first nurse per residency year and $850 for each additional nurse per year.

Program coordinator and primary educator: Cella Janisch-Hartline, Nursing Leadership Senior Manager

Questions/Contact: Cella at 608-644-3235 or chartline@rwhc.com

Leadership Insights: “CEO Reflections”

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

“Four successful and highly respected WI CAH CEOs spoke to a group of new healthcare leaders in the May 2019 RWHC Leadership Residency. Their pearls of wisdom may not surprise you, but as a collective they are wonderful reminders to reflect on how they show up in you:

- ‘If you want to have people understand you, speak to their minds. If you want people to follow you, speak to their hearts.’ What is the employee’s emotional side of an issue on which you want buy-in?
• Become ok with course correction. *When things don’t go as planned, how have you shown that you can go with the flow?*

• Say regularly, ‘We are good at change.’ *What if you talked about change this way instead of saying ‘change is hard’?*

• Develop your new peer network for support and learning. *Who in your leadership peer group have you reached out to for mutual support?*

• As a CEO, you are thinking about three years from now more than today’s problems. *How much of your work today is future-focused rather than what is on fire now?*

• Surround yourself with great people with a diversity of strengths. *Do you encourage people to use their best talent even if it might mean letting go of some control and credit?*

• Never burn a bridge. *How are you doing at letting go and keeping the door open?*

• Raise your hand to new opportunities, even if you have no experience. *What opportunity scares you? Sign up for it!*

• Be transparent. *What steps can you take to build more trust to encourage this?*

• Let go of having to be right. Focus instead on what is getting results. *Do you want to be right or effective?*

• Be a continuous learner. *What is the last book, class or conversation that made you think hard about your leadership? What is your next learning goal?*

• ‘Don’t tear down the fence until you know why the fence was built.’ *Do you regularly build in inquiry as part of your decision making?*

• Hire people you want to invest in, then invest. *Are you coaching people in a way that you could go on vacation and things would go well without you? How about coaching them to surpass you?*

• People are watching you and will take your lead. Lead by example. *What action have you taken in the last hour that you would want someone to emulate?*

• Be introspective about outcomes you do and do not achieve. Develop a habit of reflecting on what went well and what could be better. *If introspection is not your nature, could you put it as a five minute task on your daily calendar?*

• Care. People are attracted to people who care. *What DO you care about?*

• Remember that when you are the leader, you are more of ‘the orchestra conductor than the clarinet player,’ even if the clarinet is your individual talent. It’s about getting the whole orchestra playing well together rather than zeroing in on one instrument. *Even if you are a working manager, where do you show you are seeing the bigger picture?*

• Communicate the ‘why.’ *Pick a current initiative and have a conversation with an employee about the why.*

• Make rounds with people and ask regularly, ‘What can I do to be more effective as a leader?’ *How do you ask this in a way that makes it safe for people to respond honestly?*
- Admit when you are wrong. *What might stop you from doing this?*

- The only thing you have at the end of the day is your integrity. Make sure you don’t sacrifice it for what is easier in short-term hardships. Do what is right, not what is easy. *Who or what helps you sort out the sticky situations?*

- Learn from the bad leaders, too. *Who taught you what not to do and what did they teach?*

- Hire tough, manage easy. Filling a position with a warm body will become your biggest problem. *Are you keeping your team involved and informed about hard to fill openings and recognizing them for their extra efforts until you find the right fit?*

- Your attitude is your choice on a daily basis. *What habits do you have that keep your attitude good?*

- Be authentically you. You have to figure out your own way. *Who or what helps you keep your perspective and keeps you from comparing yourself to others?*

- You will also have to figure out your own work life integration/balance. There are no exact rules for how to do this, but know that you do no good for others if you are not at your best. *What are your early symptoms that you are not at your best, the signs that indicate a rebalancing is needed?*

- **It’s All About Relationships.** *What relationships need a booster shot of your investment?“*

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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- 9/12 & 13 - Preceptor Training Program
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