Getting Real About Rural Resilience

From “Getting Real About Rural Resilience” by Mark Haggerty and Julia Haggerty in The Daily Yonder–Keep it Rural, 4/5:

“A national newspaper column urges us to ‘get real about rural America.’ OK, here is what rural communities need: transition, planning, and investment.”

“Rural America’s economic crisis has generated a flurry of commentary from pundits about what to do. Some argue that policymakers should just get real; that ‘nobody knows’ what to do about rural America’s accelerating economic marginalization. They warn against wasteful public investment schemes to bail out failed economies. Others say manufacturing can return while some emphasize the importance of social services and hard infrastructure.”

“For their part, rural leaders have pointed out, rightfully, that rural areas are not monolithic or all in decline. Many are succeeding in innovative and creative ways. A common thread in the success stories, though, is a remarkable individual or small group of leaders succeeding despite overwhelming odds. Individual stories, while hopeful, don’t offer readily transferable solutions to their peer communities. Nor do they change the very real economic, geographic, and policy headwinds affecting rural communities. Largely absent from all this discussion are two fundamental public policy issues: public revenue and transition-oriented planning.”

“Our research reveals how fiscal policy choices can exacerbate economic vulnerability and limit the range of choice in rural places. We’ve also shown that the quality of local institutions (from local government offices to organized community groups) makes a difference in times of crisis. Rather than asking politicians to pick a winning economic development strategy out of a hat and throw money at it, we advocate for a bottom up approach, with support from policy reform and strategic investment, to build resilience and adaptive capacity.”

“A three-step ‘Transition, Revenue and Investment’ process can help build rural community resilience to the disruptive effects of economic transition. Step 1 (transition) focuses on a forward-looking assessment of the local economic landscape including existing dependencies and limits on local authority to use public revenue to address transition impacts. Step 2 (revenue) focuses on solutions to maximize the capture, retention and circulation of local wealth, and Step 3 (investment) embeds these fiscal strategies within long-term community planning that builds social capital and institutions critical to guiding local investment.”

“The important thing is to never stop questioning.” - Albert Einstein.
“Tax policy plays a critical role in the resilience of rural America to the effects of economic transition. The most vulnerable communities are isolated from major cities and often have limited institutional and leadership capacity. Fiscal policy can compound their problems. These places tend to be dependent on volatile natural resource sectors which are most affected by economic restructuring.”

“In recent decades, state taxation and expenditure limitations (TELs) have become increasingly popular policy responses to assure fiscal conservatism. However, TELs often require local governments to use windfall revenue during resource booms to lower property taxes. When revenue substitution meets TELs, the result is a hemorrhaging local government that cannot replace lost revenue in the subsequent bust. Such restrictions can also work to negate the fiscal benefits of economic diversification. Tax breaks to new businesses further constrain local governments by dampening the benefits of new development. Federal assistance programs can be overly-prescribed and poorly targeted, further limiting the ability to use funds to meet locally defined needs. These policies amplify the risk of fiscal crisis, erode local institutional capacity, and encourage a backwards-looking view of the economy that clings to declining industries as the only way to fund critical local services.”

“Unwinding fiscal dependency is necessary to realize the potential of rural America. Solutions that allow communities to capture and invest windfall revenue—whether at the start or end-of-life of development projects—and plan for transition are required. For example, all states with significant natural resource production have established permanent funds that stabilize and save resource-based revenue, a strategy that must be extended to the local level. The U.S. Senate has proposed the first ever natural resource endowment benefitting local governments. Programs like the growing local investment cooperative movement and New Mexico’s novel local finance approach to renewable energy projects highlight how strategic policy updates can enhance the local circulation of public and private capital.”

“With policy barriers removed, the next step is to invest in social capital. An established body of scholarship on community resilience emphasizes the importance of local people and institutions in times of crisis. When planning and self-organizing are a matter of habit for communities, they respond more successfully when challenges hit. Formal and continuous interactions of diverse local stakeholders, particularly those that result in a community vision of short- and long-term goals (e.g., planning), are critical elements of responding to and making choices in the context of transition. Networks that leverage ideas and resources across localities enhance and strengthen the resilience of local institutions. Robust local institutions in turn bolster the transparency and strategic thinking necessary to ensure the benefit of public investments.”

“Yet the fact is that in many places, declining public services and population loss have left rural residents tapped out and over-committed. That’s why we need to think creatively about the processes and resources necessary to enable transition planning. In Montana, one visionary local government has created a regional network of AmeriCorps VISTA volunteers to support public health planning—what better way to build a social services workforce, encourage rural-urban connectivity and meet critical capacity gaps? Integration is another ‘low-hanging’ and unrealized efficiency; some institutions (such as non-profit hospitals) are mandated to plan but do not explicitly link their plans to discussions about local finances and economic change. By integrating planning activities, stakeholders have a chance to do better planning and save resources.”

“How to help rural America? The honest perspective is that rural and isolated communities face wrenching
transition with few obvious solutions. This makes it critical to reform the flawed fiscal policies that make the situation worse by creating dependence, eroding institutions, and stripping leaders of autonomy to adapt to change. **A solution to uncertainty is to focus on resilience—to allow communities to build wealth over time through investment in public reserves of both fiscal and social capital.**

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Multi-Sector Partnerships that Heal

From “Healthcare Partnerships That Help Heal People and Communities” by Maurice Jones, 8/8/18 at https://bit.ly/2VbLXfm:

Maurice Jones is CEO of the Local Initiatives Support Corporation (LISC) community development financial institution that supports community development corporations in 30 urban areas and dozens of rural areas in the United States. **He makes the case for pioneering partnerships between healthcare organizations and community development, uniting to upend the roots of poor health.**

“Last year, Randy Oostra, the CEO of ProMedica in Toledo, Ohio, related an epiphany that changed the way he ran his enterprise. His insight came at a time when he and his staff were discovering just how many patients in ProMedica’s network of hospitals experienced food insecurity. In 2016, 36 percent of families from under-invested communities who rely on ProMedica’s services said they were concerned about having enough to eat.”

“It’s well-documented that hunger, and the stress that goes with it, can lead to a host of chronic diseases and behavioral health issues—everything from low birthweight and cognitive development problems to obesity and infections. Food, Randy realized, was a ‘medicine’ that people who visited ProMedica needed.”

“So, in 2015, in response to that revelation, he instituted a food clinic at ProMedica—an onsite pantry where patients can pick up free, nutritious groceries. It was truly a revolutionary approach, and right away, the health system’s practitioners began seeing improvements in patient wellness. Emergency room visits and readmission rates dropped dramatically. More clients began seeking primary care services, before health concerns became emergencies.”

“Randy understood that broad economic and social issues—the social determinants of health—had to be addressed if ProMedica was to fulfill its mission to create a healthier community. And he sought partners who shared this mission. That’s when he reached out to my organization, LISC. In March of this year, our companies announced a joint commitment to invest $45 million in Toledo’s residents and unserved neighborhoods in ways that support the well-being of all people: in programs that connect residents to financial education, in the preservation and development of healthy affordable housing; in athletic fields and infrastructure necessary for children and adults to exercise and play; and in quality education.”

“Randy and ProMedica are extraordinary pioneers, and fortunately, their spirit is spreading. Month by month, American health systems are embracing Randy’s epiphany. They are amassing a growing body of data demonstrating that opportunity is arguably the most effective and resilient medicine. And as a result, they’re teaming up with community developers like
LISC to tackle the root causes of chronic disease and poverty in order to strengthen communities.”

“The healthcare industry possesses invaluable resources for addressing the social determinants of health. Hospitals, for example, are filled with incredible talent who can help organizations like mine be strategic about shaping our work with the people and places we both serve.”

“Community developers are well positioned to collaborate with healthcare systems and deliver the expertise and partnerships that catalyze opportunity in communities. Together, we have the commitment, financial and people resources and the know-how to improve population health and upend health disparities. Over the next decade at LISC, we will be intentionally and aggressively pursuing health outcomes as part of our projected $10 billion in investment in low wealth communities across the country.”

“The kind of partnership we are undertaking with ProMedica is an exciting innovation, and one that’s already proving its effectiveness. Our first collaboration with Randy and his team, in 2016, was opening a Financial Opportunity Center (FOC) at the organization’s new health center, bringing one-on-one financial coaching, employment counseling, and income supports to patients who could use those services.”

“I’ll never forget the story of 64-year-old Michael Elliott, who came to ProMedica for cancer treatment wearing rubber bands around the cuffs of his pants. He told a staff member at the food clinic that the bands helped keep bed bugs from biting him at the shelter where he slept. Right away, ProMedica connected him with a coach at the FOC, so he could get services and find a stable home. Within a month of his first meeting, Elliott had a safe, clean apartment of his own, and he continues to receive budget and income support counseling so his Social Security payments go as far as they can.”

“We hear other stories of lives similarly transformed through our growing number of healthcare partnerships. When Bon Secours Health System was evaluating how to support the community around a hospital it owned in Richmond, VA, the leadership connected with LISC to figure out ways to improve the quality of life and boost incomes for residents in the adjacent Church Hill neighborhood, which experiences high rates of poverty and where life expectancy is 20 percent lower than in a more affluent nearby neighborhood. One solution was to work to attract new businesses to the area by providing grants and small business coaching in Church Hill for a program known as Supporting East End Entrepreneur Development, or SEED. The program has been so successful in spurring entrepreneurship and economic development there that other institutions are now replicating it.”

“In another corner of the country, in Brockton, MA, a city that has suffered from decades of underinvestment, LISC leveraged nearly $18 million in investment to create a health center side-by-side with a grocery store, enlivening a blighted commercial corridor, reducing crime, and creating new jobs. The goal is to make primary healthcare, healthy eating, and better living conditions readily available to residents of a community where diabetes and heart disease rates are disproportionately high.”

“We aspire to accelerate this work. There’s incredible promise in collaborations between...
healthcare and the social enterprise sector. The healthcare industry stewards some $500 billion in annual investment assets. It is providing capital and grant funding, and helping to measure the impact of community transformation work. Community developers are helping healthcare organizations build and deepen relationships with the community, tackle the root causes of chronic disease, and work on policies that promote systemic change. By combining assets, knowledge, and experience, the two industries—which share a compelling mission to help heal people and communities—can close our country’s unacceptable and costly gaps in life expectancy.”

“This is an urgent invitation to all of us, as leaders in our industries and as a society, to change the way we do business, and to change the way we deliver healthcare. We know, irrefutably, that the very best medicine is the medicine that keeps us from getting sick in the first place: social, emotional, and financial stability. We owe it to ourselves, and our communities, to make that medicine available to everyone as swiftly as we can.”

2019 Wipfli-RWHC Cost Champions Awards

The purpose of the Wipfli-RWHC Cost Champions Awards is to encourage and share implemented cost saving ideas suggested by a team or individual employed by a RWHC-member rural hospital. A first-place award of $1,500 and two honorable mention awards of $500 each are made possible by the generous support of Wipfli LLP. Wipfli is helping rural hospitals to more effectively understand and manage their resources. This year’s award winners are as follows:

**First Place:** David Pulvermacher, Maintenance Mechanic, Sauk Prairie Healthcare for “Identifying and Adjusting the Cooling System for the Air Handling System.” Hospital learned it had excessive water discharged to sewer system. Investigation revealed water used to cool hot condensate from air handling system was supplied continuously regardless whether the cooling system was operating. Temperature sensors were installed which stopped the water supply when not needed. Annual savings of $103,704.

**Honorable Mention:** Liza Touchett, Rehab Services Manager, Stoughton Hospital Association, for “Reducing Linen Usage.” Prior practice was to disinfect exam tables, replace linen table cover and replace three pillow covers between each patient. Research determined the disinfectant (Oxivir) used on the tables met the infection prevention standard, thus the linen was not needed. In addition, not all patients used pillows, so they are kept in a cabinet and only used as needed. Other departments have looked at their practices and reduced their linen usage too. Annual savings of $10,000.

**Honorable Mention:** Rebecca Oetzman, Accounting Director, Mile Bluff Medical Center, for “Implementing the Use of One-Time Credit Cards to Pay Vendors.” All vendors were paid with paper check which required 8 hours/week. They worked with a company called CPS to implement use of one-time credit cards to pay vendors who signed up for the program. Besides time and paper savings, the program provides a 1.7 percent rebate. Annual savings of $64,000.

By January 31 of each year, RWHC member CEOs are invited to make one nomination of a hospital team or employee’s cost-saving idea implemented in the prior calendar year. The awards are made annually and distributed by Wipfli to the nominating hospital for the nominated employee(s) as a cash award or in a manner consistent with hospital policy.
Join the Champions of Health Campaign

RWHC has launched a campaign, The 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. The toolkit contains templates for:

- Digital Display Ads & Outdoor Ads
- Pull Up Banners & Indoor Posters
- External Banners, Print & Radio Ads
- Employee Brochures & Infographic
- Talking Points & FAQs
- Suggestions for a “Champion Awards” Program
- Search Engine Text & Recommended Keywords
- Talent Release Form (for photography)

RWHC has spent $125,000 on developing the tool-kit as a contribution to rural health nationwide. All subscription revenue will be used to expand the tool-kit. The one-time subscription of $2,000 covers any expansions of this tool-kit going forward.

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

Partners Growing Rural GME in WI

From “GME Initiatives to Develop the Physician Workforce in Rural Wisconsin” by Kimberly Bruksch-Meck; Byron Crouse; George Quinn; Linda McCart; Kara Traxler in WMJ, December, 2018:

“The physician shortage is an increasing concern across the nation. Wisconsin is seeing this shortage grow even more prominently in rural counties. In order to prepare a sufficient rural physician workforce, several state-funded programs are collaborating to monitor the number of rural graduate medical education (GME) opportunities available, assess the number of rural physicians needed to meaningfully reduce the shortage, and promote effective development and expansion of new and existing opportunities. From 2010 to 2017, there has been substantial growth in rural-focused undergraduate, graduate, and continuing medical education opportunities; by 2020, there will be 141 new rural GME positions through creating new and expanding existing residency and fellowship programs. The program initiatives in this report have demonstrated success in increasing residency and fellowship training opportunities with early outcomes indicating this strategy is effective in the recruitment and retention of physicians in rural Wisconsin.

The full report is at https://bit.ly/2InJ5WL
Leadership Insights: “The Staff of Leadership”

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

Bread, the Staff of Leadership—“Bread is the staff of life” refers to the idea that bread (as sustenance) is essential to life. Leadership growth is also essential for continuing to achieve results. I have enjoyed moments of great pride and endured humbling failures in both the bread baking and leadership roles in my life. There are some interesting opportunities to learn from the way these two things oddly come together.”

- Flops can be useful. “The old classic Laurel’s Kitchen bread book suggests you start with ‘the learning loaf.’ Know up front that it might turn out like a flat hockey puck, but whatever the results analyze for what went wrong, what went right and apply that learning to the next attempt. Leaders: for you high achievers, expect that things may not go as planned as you grow in leadership. Embrace a little failure. Drill down on mixed results for what you can learn (vs. beat yourself up for it or give up). The next attempt will go better if you stay open to the lesson.”

- Sometimes simpler is better. “Purists may chafe at my shortcuts, but my bread tastes fabulous. Leaders: you may be making things more complicated than they have to be. Are you sometimes frustrated that people don’t seem to understand what you want from them, or are less engaged in your great initiatives than you hoped? Look for ways to simplify instructions, jargon, processes, steps and communication.”

- A mentor match is a great nudge. “A radio interview with stories on bread baking is what finally clicked with my auditory learning groove and motivated me to try it again. Leaders: what is your preferred learning style? While we use all of our senses to learn, most of us have a primary best match of auditory, visual or kinesthetic. Seek a mentor who lines up with how you optimally learn.”

- Baking is chemistry. “People have been baking bread for centuries, but when new scientific data is learned, we need to adapt. The way I bake bread is different—and easier—than how my mom did it because innovative bakers experimented and took risks. Leaders: We wouldn’t think of practicing medicine the same way we did 50 years ago, so why would we not adapt for improving best practices in leadership? Push back on theories—even what you read here—with your own critical thinking. Stay curious and push your mentors to adapt too.”

- Start with a “recipe.” “Back to the chemistry thing, learn the basics from experienced bakers and recipes. Then try your own different ingredients and flavors. Leaders: establish a firm foundation of leadership skills. There are tools (recipes) for coaching, leading change, resolving conflict, communicating effectively, etc. These are a different set of skills than you learned for your individual contributor role before promotion, and once you have the basics, you can add your own flair to them. There will be no leader exactly like you.”

RW HC Eye On H ealth
Establish habits. “I bake bread a couple of times a month. Keeping this up makes it second nature and easy. Leaders: practice the essential skills regularly. Have those difficult coaching conversations. Check in with the person you’d rather avoid. Put the skill you want to improve as a recurring appointment on your calendar so that it gets easier with practice and becomes just a part of what you do and who you are.”

Imagine success. “Nothing smells or tastes better than a freshly baked warm loaf of bread, and the feeling of pride when it turns out gives you confidence to try more. Leaders: confidence comes from outside your comfort zone, not from within it. Whatever leadership challenge scares you, first envision success with all of your senses.”

Finesse what is good to make it consistently great. “Just switching from a measuring cup to a scale for weighing flour bumped my results from usually really good to consistently great. Leaders: where do your skills need tweaking? In these analogies, though it is true that bread baking has many variables, it is never as messy as people are. Your great coaching skills may not have consistent outcomes because of employees’ unique situations, but you can become a force to count on, teaching people what they can expect from you over the course of time. Your consistency is a key component of building team trust.”

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 eballweg@RWHC.com or 608-643-2343.

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