A Call for Rural Community Investment

From “Land O’Lakes CEO calls for investment in rural America” by Adam Belz in the Minneapolis Star Tribune, 1/9/20:

“Rural America is ‘the new inner city,’ said Beth Ford, the CEO of Land O’Lakes, and it needs significant investment. Farm consolidation, oversupply, an aging farmer population, labor shortages, lack of access to high-speed internet and lender reluctance to finance agriculture are all conspiring against rural areas, and small towns ‘are rolling up on us.’ ”

“Ford gave the keynote address at the 2020 Regional Economic Conditions Conference of the Federal Reserve Bank of Minneapolis on Thursday. She also spoke briefly with Minneapolis Fed President Neel Kashkari and took questions from the audience.”

“Here are 10 points she made about the agriculture economy at the start of 2020.”

1. Consolidation is happening across agriculture because of oversupply—“Trade is important, but what we have is supply/demand imbalances. Where we’ve seen this most directly is in the dairy sector,” Ford said. Wisconsin lost 10% of its dairy farmers in 2019, she said. Dairy consolidation is happening at a 6.5% annual rate across the country.”

2. Widows own about 60% of the farmland in Iowa—“The rising average age of farmers could be a real problem because it is awfully difficult for young farmers to get into the business, Ford said. Land prices remain stubbornly high, and banks are both retreating from agriculture and reluctant to lend to farmers who don’t have land to offer as collateral.”

3. Dairy farmers survive by taking other jobs—“Ford said she admires the resilience of dairy farmers in the Upper Midwest. They are enjoying a milk price rebound over the past 12 months, so that helps, but some of those who are staying in business are doing so by taking jobs off the farm, she said. ‘You
know how they’re surviving?’ Ford said. ‘They have second and third jobs.’ ”

4. Farmers are raising wages for help, but can’t find people who want to do the work–

“ ‘Probably 50% of the labor that’s involved in agriculture, and especially in dairy, they’re immigrants. And, by the way, it’s not because farmers aren’t paying enough,’ Ford said. ‘The increase in wages has outstripped the increase in other areas, but the fact is nobody wants to do the job. That’s the truth.’ ”

“But she is not optimistic that there will be movement in Washington to open the door to more immigrant labor. ‘I don’t think anybody disagrees that we need labor. It’s not that it’s not necessary and people don’t see it, but it gets to be an emotional, political issue,’ Ford said. ‘I want to be optimistic about progress. I see some bright lights. … I feel like we’re in an environment right now that it may be more challenging.’ ”

5. She views rural America as ‘the new inner city–

“ ‘The rural communities where farmers live lack investment,’ Ford said. Rural America is struggling with hospital closures, doctor shortages and a lack of quality fresh food, she said. Telemedicine could be a solution on health care, but about 19 million rural Americans don’t have access to high-speed internet.”

“ ‘We need like a 1930s rural electric initiative going across this country,’ she said. ‘It’s about a $150 billion gap to close this. And it shouldn’t be a jump ball between USDA and FCC, and the states are looking in the couches for pennies and quarters to fill the gap. This should be a priority for an infrastructure investment.’ ”

6. Big corn and soybeans aren’t going away soon–

“Asked how financially sustainable conventional corn and soybean farming are long-term, she said the nation’s farming incentive structure probably will have to change over time, but corn and beans aren’t going away soon.”

“ ‘We do see emerging markets where corn and beans are really critical. I don’t see tomorrow that this is going to change,’ Ford said. ‘Do I think next year we’re not going to need corn and beans? No, I do not think that.’ But she said the government and ag sector should support innovation and promote biodiversity.”

7. She backed government subsidies for farmers–

“Farm income increases in 2019 were driven by direct government payments. ‘Oftentimes it becomes a political issue. To me it’s not a political issue,’ Ford said. ‘This is a security issue for the nation, I believe. Investing in agriculture, our own food supply, probably a good idea.’ She said no farmers want to depend on the government. They want trade, and they want a free market, but they’re in a disrupted environment so they need the help right now.’”

Eye On Health is the monthly newsletter of the Rural Wisconsin Health Cooperative. Begun in 1979, RWHC has as its Mission that rural Wisconsin communities will be the healthiest in America. Our Vision is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the “rural advocate of choice” for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost-effective healthcare... assists Members in partnerships to make their communities healthier... generates additional revenue by services to non-Members... ongoing use of strategic alliances in pursuit of its Vision. Tim Size <timsize@rwhc.com>, Editor, 880 Independence Lane, Sauk City, WI 53583

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8. She razzed Cargill—“A man stood in the question-and-answer session to ask a question and said he worked for Cargill, calling it her ‘cousin down the way.’ Ford didn’t miss a beat. ‘We always say it’s Triple-A ball over there at Cargill and we’re the big leagues here,’ she said. (It was a joke. Cargill’s revenue is about nine times that of Land O’Lakes.)”

9. Economies of scale are winning in farming—“‘Scale matters. You see folks, when they have money, trying to get more scale,’ Ford said. Whether milk prices go up or they go down, farmers are trying to add cows to reduce the cost of production. ‘The supply/demand balance isn’t the primary. It is about scale and production at the farm level, and unfortunately I think just that comment makes people use terms like ‘industrial farming,’ she said. ‘There’s a negative connotation to it, and it’s unfortunate, because 96% of farms are still family-owned.’ ”

10. She prefers meat hamburgers to plant-based—“‘I always get the question what are you going to do about plant-based and cell-based,’ Ford said. ‘I’m like, ‘You do you, and I’m having a burger.’ Great! You do you. The reality is that’s a small part of the food supply.’ ”

New Decade–Old Politics

By Jeremy Levin, RWHC Director of Advocacy:

I approach my twelfth February trip out to DC for the National Rural Health Association’s Policy Institute. The focus in DC is on words that begin with “I”. Our focus will be on a word that starts with “R.”

While my first few trips really focused on rural healthcare and the plight of rural hospitals, RWHC has broadened our message to both the health of the rural community and the health of the rural economy. One of Wisconsin’s former Congressmen made the point that “When you lose a rural hospital, you lose a town.” Most of our forty-three members are one of the top three employers in their communities, with some of them being the top employer, these are good jobs at a community employer that supports other community activities and employers in the area.

The conference always has a jammed-packed agenda with Congressional and Administrative representatives speaking about their views and concerns on rural America. The conference, participants and presenters have become even more fervent in their praise and outlook following the 2016 election, where rural America made sure its presence was known loud and clear. This even-numbered year will be even more focused on rural America and the rural economy, while the country continues to widen its partisan divide.

Wisconsin’s group of a dozen or so rural advocates will look to both learn about and convey the critical issues that impact rural healthcare and rural economics, the connectedness of these issues and how a strong rural America benefits all Americans. It’s never too late to join us: https://bit.ly/3aepwLp

To be continued…

Dealing with Rural Clinician Shortages

From “Despite Decades of Initiatives, Rural Physicians Grow Scarcer,” by Timothy Kelley in Managed Care, 1/14/20:

“The number came as a surprise even to Montana State University Professor of Nursing Peter Buerhaus, and he’s been writing about medical workforce issues for years: The supply of rural physicians—their numbers few in many sparsely populated areas—is projected to fall 23% over the next decade. That finding came in a study co-authored by Buerhaus—its lead author was Dartmouth medical student Lucy Skin-
ner—and published in The New England Journal of Medicine in July. By 2030, they project there will be 9.4 doctors for every 10,000 residents of rural areas in contrast to 29.6 for every 10,000 residents of nonrural areas.”

“The upcoming decline is coming even though the number of rural physicians has held steady for the last two decades. One reason? More than half of country doctors are 50 or older, and a quarter of them have passed age 60. And these doctors are hard to replace once they retire.”

“In a way, this seems to defy common sense. Don’t the beauty, simplicity, and unhurried pace of country life beckon most of us? And isn’t the barrier keeping us from this good life usually the challenge of finding appropriate employment—an issue solved by doctoring?”

“Buerhaus has three answers. First, today’s two-career families mean doctors tend to have highly trained spouses, often doctors themselves, and they can’t both find suitable positions in remote areas. ‘That’s a big headwind,’ says the professor, ‘and it’s getting worse.’ Second, the cultural and entertainment offerings are limited relative to urban areas. ‘Just like you, physicians like to go out to dinner or to the theatre,’ he says, and in many rural locations ‘you’ve got to drive 60 or 70 miles to do so.’ Third, doctors in rural areas may find themselves professionally isolated. Distance makes consulting with colleagues more difficult and less likely to happen. There’s also a ‘vicious cycle’ element, in which the very paucity of doctors in rural areas can increase the patient workloads of those who do locate there. Indeed, says Buerhaus, in many cases, as a rural physician ‘you’re working way too much and then you’re burning out. You can’t even walk down the street without someone saying, ‘Doc, would you look at this?’”

“The coming decline in rural physicians aggravates an urban/rural disparity in access to health care that has worried experts—and prompted programs to lure physicians to the countryside—for a long time. As the AMA Journal of Ethics pointed out in 2011, ‘rural physician shortages have been documented for at least 85 years. To address the problem there have been scholarships, loan forgiveness programs, ‘rural immersion’ internships by medical schools in several states, and at least three federal programs: Area Health Education Centers, Federally Qualified Health Centers, and the National Health Service Corps.”

“But the need remains. ‘The rural population experiences health issues at higher rates than the rest of the country,’ says Buerhaus. There’s more drug addiction, greater alcohol abuse, higher obesity, more diabetes—you name it; the rural population seems to have it. And these people are almost by definition far from providers, so they often don’t seek care because it’s too expensive or too far away, and the untreated problems get worse. As the Washington Post reported in September, the federal government now designates nearly 80% of rural America as ‘medically underserved.’ It is home to 20% of the American population but fewer than 10% of its doctors, and that ratio is worsening each year, the newspaper reported.”
“To address the growing rural need, Skinner, Buerhaus, and their co-authors suggest greater use of telemedicine and mobile health vans—and removal of the barriers that in some states limit the ability of nurse practitioners to practice to the full extent of their education and training. Many studies have shown that nurse practitioners excel at delivering primary care, he says.”

“Buerhaus also supports increased use of physician assistants. He’s all for continued efforts to recruit doctors to the rural good life, and he’s not suggesting the wholesale replacement of physicians by anyone. But he insists that the handwriting on the wall about the rural physician supply demands new, innovative solutions, and he has a question ready for skeptics.”

“‘We’ve had 40 years of policy trying to attract physicians to these rural areas,’ he says. Are you suggesting we just continue to do more of the same and expect a different result?’ ”

Who and What are APRNs?

From the Guest column, “Who and What are APRNs?” by Tina Bettin DNP, MSN, RN, FNP-BC, APNP, FAANP, in the Wisconsin Council on Medical Education and Workforce Newsletter, October, 2019:

Background—“APRN stands for Advanced Practice Registered Nurse. APRNs are registered nurses with:

- advanced nursing degrees (Master’s degree [MSN], post-Master’s certificate or Doctor of Nursing Practice [DNP]) from an accredited graduate nursing program;
- licensed as an advanced practice nurse by the State where they practice;
- hold and maintain national certification in the area of education preparation.”

“APRNs provide patient services in one of four clinical roles: nurse practitioner (NP), clinical nurse specialist (CNS), certified nurse midwife (CNM) and certified registered nurse anesthetist (CRNA). According the National Council of States Boards of Nursing, ‘APRNs are licensed independent practitioners who are expected to practice within standards established or recognized by a licensing body.’ The APRN role has been around for a long time. The title APRN is new (coined in 2000), but the roles are not. The NP role was developed in 1965 at University of Colorado. In the mid 1990’s, Wisconsin became a leader in the United States by giving RNs with advanced practice degrees the ability to prescribe. This is where the title Advanced Practice Nurse Prescriber (APNP) came from. The title APNP is unique to Wisconsin, and no other State uses this title.”

“Unlike many other professions, education for APRNs builds on the scholastic preparation as a bachelor prepared registered nurse. The RN returning to graduate school to become an APRN also brings work experience which is invaluable. To be nationally accredited, APRN educational preparation must meet standard requirements. The standard requirements are:

- comprehensive graduate-level courses in advanced physiology/pathophysiology, including general principles that apply across the lifespan; advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.
- biological, behavioral, medical and nursing sciences relevant to practice as an APRN in the specified role and population foci
- legal, ethical and professional responsibilities of being an APRN”

“The educational preparation includes clinical and didactic aspects, consistent with current competencies of the specific role and population focus. It includes supervised clinical practice relevant to the role and pop-
ulation focus of APRN. Nurse practitioners and clinical nurse specialists are educated with a population focus. Some examples (this is not all inclusive) of the population focus in which these APRNs are trained are: family, pediatrics (acute/primary), women’s health, and adult (acute/primary).”

“Wisconsin’s APRN workforce is significant, with 4,896 in total. There are 2,934 nurse practitioners; 243 clinical nurse specialists; 577 certified registered nurse anesthetists; and 155 certified nurse midwives. The majority of APRNs are working in primary care or outpatient mental health services. The majority of APRNs are female and the average age is about 47 years old. In the pipeline, there are approximately 3,300 RNs that are planning on pursuing a degree as an APRN in the next two years.”

A Day in the Life—“The day in the life of an APRN varies based on one’s role. I find that as a Family Practice Nurse Practitioner and working in a rural area, each day is different. Working for a healthcare system in a rural area provides many opportunities for variety. Most days begin at the rural satellite clinic where I am the sole provider, my colleagues are at the main clinic attached to the critical access hospital approximately 20 miles away.”

“Typically, the morning patients are individuals with chronic disease states that are scheduled for medication checks. Most of these patients have multiple co-morbid conditions such as hypertension, diabetes, hyperlipidemia, congestive heart failure, mental health issues, and coronary artery disease. There are also acute visits throughout the day for skin rashes, upper respiratory infections, abdominal pain, gynecological and musculoskeletal issues, or other new issues. There may be a well-child visit, infant skin color and weight check, physical or annual wellness visit, or a procedure such as a lesion removal, endometrial biopsy, IUD or Nexplanon procedure.”

“The daily schedule is usually full, with appointments every 20 minutes. Then there are the walk-ins, which are typically an emergency or urgent issue, that must be squeezed in among the scheduled appointments. These can be lacerations, burns, chest pain or sepsis to mention a few. In a rural area, individuals will seek care where it is the closest.”

“My day occasionally begins at the local critical access hospital, where I might serve as the ‘baby provider’ for a cesarean section. I have also been first assist for surgical procedures with various specialists including orthopedics and gynecology. There are also meetings and committees that attendance is required such as medical staff, clinic provider meeting, hospital credentialing committee, and the Best Practices Operational Committee to mention a few.”

“Then there are nights and weekends when I am on call: either outpatient call for the clinic and nursing home patients for the call group; or first call for the critical access hospital for admissions, rounding and all other hospital needs. During the day, there are in-basket results, in-basket patient calls and e-visits to address. Most evenings there is two plus hours of charting or other paperwork.”

“This is the day in the life of one APRN—but remember, no two are alike.”

The Wisconsin Department of Health is requesting help in spreading the word about HealthCheck—a valuable, preventive Medicaid health care benefit created especially for young people.

HealthCheck covers most diagnostic and intervention services a patient through age 20 may need. The goal of HealthCheck is to prevent illnesses and to find and treat health issues early through regular, comprehensive check-ups. In some cases, HealthCheck provides coverage for services not usually covered by Wisconsin Medicaid.

As important and valuable as this benefit is, its value can only be realized when members and their health care providers know about it. Please help to share accurate, up-to-date information with other health care professionals and patients with this toolkit: https://bit.ly/38aBDHu
Leadership Insights: “Play at Work”

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

“When does work not feel like work? One way is when we are having some fun together. Leader: you can help with this.”

“I will address up front (because some of you don’t want to read this article) that asking leaders to allow some playfulness is more than a little uncomfortable for some. Some may even argue that it is not within a leader’s scope especially in a healthcare setting. But playfulness decreases tension and stress, and increases trust and energy. Productivity improves when we have a laugh. Don’t be so afraid of losing all control over getting work done because the opposite will actually happen.”

Some workplaces can drain all the fun right out of you. “When we had 2 dogs, the little dog grew up with no toys because the big dog was a toy destroyer. After the big dog died, we got the little dog a toy, only to find that she was scared of it. It made me think of some workplaces where bit by bit over time you become afraid to even laugh out loud.”

“When offered the opportunity to have some fun, people who have worked in a culture where the expectation is constant seriousness don’t just come out of their cubie one day smiling. As a leader, if you want to bring people some lightness, try it in small steps. Like the little dog who did warm up to the toy after about a week (and after we took the scary squeak out of it), there are things you can do as a leader to make it safe for people to lighten up.”

Not everyone likes structured fun (games, contests, etc.). “It’s like the squeak in the dog toy-too much. Start small. The variety box of teas and hot chocolates you bring in is not in itself “fun”, but it offers a chance to have a little conversation other than work topics about what people like and don’t like and a little pick-me-up. If all are able, ask people to bring walking shoes for the next staff meeting and walk around the block instead of sitting around a table. Do a quick ice breaker at the beginning of a meeting with a go-around to answer a question (e.g., what is one thing you enjoy doing in your free time? If you could go anywhere on a vacation where would you go?)”

We don’t all find humor in the same things. “I have a good friend who I will insist must watch a YouTube video that I think is hilarious, and it lands with a thud for her. Remember to not take this personally if this happens to you. Note it and try something different next time rather than pushing your brand of humor.”

After work fun is not for everyone. “Another thing to not take personally is if you offer an off-hours event for people to play together and some do not attend. People have a right to hold family and personal time as sacred. That said, if you do want employee attendance, it starts with leaders. And people attend what they help plan. Also, employees are much more likely to come if they work with fun people so…

Hire for a sense of humor. “Use some behavior-based interview questions, for example:

• Tell me about a time when you had a good laugh at work, even a laugh at yourself moment.

• Tell me about a work environment that you had where humor was a regular part of the workday that people enjoyed. What was that like, and what was your contribution to it?”

Ideas others have shared to promote intentional fun while working:

1. Snowball fights with paper. “If you have a group that is stuck, pose a question and have people write down some ideas, then wad up the papers and have a snowball fight for a few minutes. It gets blood flowing, it’s a safe way to throw something at your colleagues and the result is laughter and creativity. Collect the papers, start with the ideas there and build on the renewed energy to create more."
2. **Food.** Try a chili or soup cook off, most creative salad, weirdest vegetable, your favorite childhood dish, etc.

3. **Draw.** Instead of talking through solutions, ask teams to draw a picture of what success will look like for whatever problem you are trying to solve.

4. **Scavenger hunt.** If you need information for a project, set it up so that people have to go talk to their colleagues to get that information plus some fun fact about them.”

**When to pause for your discomfort:** “If your humor could come at someone else’s expense. If in doubt, don’t tell the joke or story that could be offensive. Instead of feeling restricted, use it as a way to examine your own biases, which we all have.”

**When to proceed through discomfort:** “If you feel a little awkward. Every time my colleague Cella makes me dance to ‘I like to move it, move it,’ I groan, but afterwards it just feels good.”

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.

### Upcoming RWHC Leadership Programs

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