Advocacy for Rural Communities and in Particular, Rural Health

1. Advocacy Is Working for a Desired Future
   - Not restricted to or mostly lobbying.
   - On behalf of self, or many.
   - In public & private sectors.
   - Done alone, or most effectively, with others.

2. Advocacy Starts With Who You Are

Why Advocacy Is Critical for Rural Health?
   - Advocacy affects public laws/regulations and private sector rules/traditions that govern our behaviors and how resources are allocated.
   - Policies are often “urban-centric” due to bias and misinformation, rarely “anti-rural.”
   - Ongoing rural advocacy needed to counter bias and correct related misinformation.
   - Strong rural advocacy needs engaged grass roots advocates (not just hired “lobbyists.”)

Presentation’s Six Takeaways
1. Advocacy is Working for a Desired Future
2. Advocacy Starts With Who You Are
3. Rural Health Requires Myth Busting
4. Rural Health Means Rural Jobs
5. Rural Advocacy Challenges
6. Advocacy Both Art & Science

1st of 3 Time Outs for One on One Sharing

For the next three minutes, pair off with a person next to you and share with each other your response to the following questions:
What is something you have advocated for or are advocating or “fighting” for, either as an individual or as part of a group? Why is the issue important to you?
Advocates Have a Clear Purpose

**RWHC Mission (Future We Seek):** Rural WI communities will be the healthiest in America.

**RWHC Vision (How We Do It):** RWHC is a strong and innovative cooperative of diversified rural hospitals; it is (1) the “rural advocate of choice” for its Members and (2) develops & manages a variety of products & services.

Advocates Know Who They Are

- Founded in 1979; result of outreach from UWRC.
- Non-profit cooperative of 39 rural hospitals; = $3.5 B Total Gross Patient Revenue; = 14,000 (full and part time) employees.
- 9 PPS & 31 CAH; = 25 independent, 15 affiliated.
- = 70 employees; = 50 FTE.
- RWHC budgets = $12.5 M; 75% from members, 17% independent, 15% non-members, 5% dues & 3% grants.

Advocates Know What They Have to Offer*

**RWHC Professional Services**
- Financial & Legal Services
- Medical Record Coding

**RWHC Educational**
- Professional Roundtables & Leadership Training
- Nurse Residency Program & Preceptor Workshops
- Lean Lab (with Lean Six Sigma Master Black Belt)

**RWHC Quality Programs**
- Credentials Verification & Peer Review Services
- Quality Indicators & Improvement Programs

**RWHC Technology Services**
- Data Center Services
- Electronic Medical Records & Technology Management

* Partial List Beyond Advocacy

Advocates Know Their Partners *

- Cooperative Network
- Federal Office of Rural Health Policy
- La Crosse Med. Health Science Consort.
- Marquette University
- Medical College of WI
- Metallt, Inc.
- National Cooperative of Health Networks
- National Rural Health Resource Center
- National Rural Health Association
- UW School of Medicine & Public Health
- UW School of Nursing
- UW School of Pharmacy
- WI Area Health Education Centers
- WI Center for Nursing

* WI Collaborative for Healthcare Quality
* WI Council on Workforce Investment
* WI Dept of Health Services
* WI Dept of Workforce Development
* WI Dept Safety & Professional Services
* WI Hospital Association
* WI Health & Ed. Facilities Authority
* WI Healthcare Data Collaborative
* WI Medical Society
* WI Office Rural Health
* WI Primary Care Association
* WI Public Health Association
* WI Rural Health Association
* WI Rural Health Development Council
* WI Statewide Health Info. Network

* Partial and Ever Changing List

2nd of 3 Time Outs for One on One Sharing

*For the next three minutes pair off with a person next to you and share with each other your response to the following question: What advocacy partnerships have been or could be helpful? Less helpful or more challenging?*

3. Rural Health Requires Myth Busting *Myth = widely held but false belief*

- Rural residents don’t want to get care locally.
- Rural folks are naturally healthy, need less.
- Rural health care costs are less than urban care.
- AND Rural health care is inordinately expensive.
- Rural quality is lower; urban is better.
- Rural hospitals are just band-aid stations.
- Rural hospitals are poorly managed/governed.

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4. Rural Health Means Rural Jobs

Rural health is about rural health and health care but it is also about the whole community, especially jobs and schools & vice versa.

Jobs in All Sectors Depend on Rural Health

- Rural insurance premiums and taxes only come back to circulate in the community and create jobs if there are local health care providers there (and people use them) to attract those dollars.
- For every 2 jobs created (or lost) in rural health care, the number of jobs in other local businesses increase (or decrease) by 1+ jobs.
- The rural economy is very dependent on where its health care dollars are spent.

5. Rural Advocacy Challenges

There are some common challenges faced by rural advocates.

Politics Trump Policy & Research

Both public and private policy-makers have constituencies that drive the process more than the best research.

Elected & Appointed Officials Can Be At Odds

With the Wisconsin Congressional Delegation, RWHC has launched "Operation MASH*" to try to address the ongoing Medicare bias against rural hospitals.

*Mobile Army Surgical Hospital
Tradition Conceals Important Questions

"Why do we try not to step off elevated tools but we routinely pull out ‘bad’ teeth?"

Fear Often Trumps Hope & Delays Change

Machiavelli & Thomas Jefferson both understood that change required “that the hope of gain be greater than the fear of loss.”

Don’t Underestimate Economic Self-Interest

"TheyVERY much prefer working with physicians that just provide health care to people like us."

Rural Also Faces Challenge of Small Numbers

Outcome metrics designed for large urban organizations creates a statistical challenge for rural providers.

For All of Us, Old Habits Hard to Change

"Sometimes it’s good to change your exercise routine, try walking outside rather than around the kitchen."

6. Advocacy Both Art & Science

Our State legislatures and Congress are often dead-locked given excessive partisanship driven by the astronomical need for fundraising & winner take all redistricting.
A Key Driver of Dysfunctional Government

Advocacy = An Ongoing Process/Cycle

What Drives Advocacy Cycles (Examples)?
- **Need to Correct Bias** (Critical Access Hospitals)
- **Opportunity to Reframe** (Binge Drinking)
- **Short-term Fix Possible** (Draft Regulations)
- **Broad Coalition Possible** (Workforce Data)
- **Address Core Need** (Physician Supply)
- **Anticipate Problems** (Insurance Exchanges)
- **Can’t Be Avoided** (Healthcare Costs)
- **Long-term Need** (Healthier Communities)

Reminder: Not Just About Changing Others

Use a Three Prong Advocacy Strategy

Make your best case: Concise, credible and fiscally responsible, but are easy to visualize and grab the heart.

Make friends and form alliances: Find elected champions, develop agency contacts, form alliances with a diverse set of groups.

Make it happen: Use all tools and partnerships you can gather together and recognize significant change rarely happens over night.

Core Principles of Effective Advocacy
- **Be Brief**–focused
- **Be Accurate**–NEVER False or misleading
- **Personalize** Your Message–cite examples
- **Be Prepared**–know your issue
- Look for Common Ground; every issue has two sides, each with its own view.
- **Be Courteous**–NEVER Threaten
- Be Patient–be in for the Long Haul

Gerrymander is cross between Governor Gerry and salamander when he signed a bill in 1812 to redraw the district boundaries to favor the Democrats in Massachusetts.

UW Population Health Institute’s “Take Action” cycle or Deming’s widely known Plan-Do-Study & Act (Adjust) cycle work equally well for advocacy.

The most effective advocates are those that challenge themselves and their constituencies as much as others.

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Tim Size, RWHC Executive Director, 2/12/15
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3rd of 3 Time Outs for One on One Sharing

In the next three minutes pair off with a person next to you and share with each other your response to the following question:
When you look at the “Core Principles of Effective Advocacy,” is there one that seems harder for you to do than the others? How might you work on improving your leadership effectiveness in this area?

Bottom Line: Follow Your Passion

Rural Health Resources

- RWHC Web: http://www.rwhc.com/
- Wisconsin Office of Rural Health: http://worh.org/
- For the free RWHC Eye on Health e-newsletter, email office@rwhc.com with “subscribe” on subject line.
- Rural Assistance Center at www.raconline.org/ is an incredible federally supported information resource.
- The Health Workforce Information Center is RAC’s new “sister” for health workforce programs, funding, data, research & policy www.healthworkforceinfo.org/

Addendum: Advocacy Do’s (from WI Council on Children & Families)

- Form relationships! Don’t wait until you need something to make contact.
- Be open to talking to legislative staff.
- Be informed! Know the issue, the system and the key players.
- Give personal examples! They are incredibly powerful.
- Be honest! Do not exaggerate. It’s ok to admit that you don’t know something and that you’ll get back to the legislator with more information later.
- Be concise! Keep all visits, calls, messages brief and to the point.
- Practice, practice, practice! Explain your opinion and make your case to family, friends and colleagues before you make your case to policymakers.
- Seek out new partnerships and alliances with others who share your views.
- Be specific! Know what you want your legislator to do, and ask for it!
- Stay active! Maintain communication with policymakers.
- Be patient, persistent and positive.

Addendum: Advocacy Don’ts (from WI Council on Children & Families)

- Wait until you need something to contact policymakers.
- Ignore or be disrespectful to legislative staff.
- Exaggerate.
- Send form letters or emails—lots and lots of them.
- Make threats.
- Expect the impossible or insist on immediate action.
- Pretend to speak for everyone.
- Bury them with paper.
- Don’t argue—if it’s clear the policymaker will not support your position, just give them the facts and ask them or her to consider your viewpoint. Keep the lines of communication open and think of ways to get other constituents to continue to talk to the legislator about that issue.
- Don’t give up!

Cooperate In Order to Successfully Compete

Rural Assistance Center at www.raconline.org/ is an incredible federally supported information resource.

Addendum: Advocacy Do’s (from WI Council on Children & Families)

- Cooperate! Do not compete. Work together toward common goals.
- Make alliances with others who share your views.
- Care more about your shared communities than about the narrow interest of your constituency.
- Explain your situtation and your response to it to your colleagues.
- It’s ok to agree to disagree at times.
- Be open to dialogue! Adjust your position based on feedback.
- Be resourceful! Develop and share resources and information.
- Be a leader! Take the initiative and see your role as a driver of change.
- Be the change you wish to see in the world.

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