Advocacy for Rural Communities and in Particular, Rural Health

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Presentation’s Six Takeaways

1. Advocacy is Working for Desired Future
2. Advocacy Starts With Who You Are
3. Rural Health Requires Myth Busting
4. Rural Health Means Rural Jobs
5. Advocacy Challenges in Public Sector
6. Advocacy Both Art & Science
1. Advocacy Is Working For 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.

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.”)
2. Advocacy Starts With Who You Are

RWHC Eye On Health

“Over Supply”

“No Supply”

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 UWHC.
- Non-profit cooperative of 40 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% non-members, 5% dues & 3% grants.

Advocates Know What They Do *

**RWHC Professional Services**
- Financial & Legal Services
- Medical Record Coding
- Negotiation with Health Insurers
- Clinical Services & Recruitment

**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
- MetaStar, 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 Development Council
- WI Statewide Health Info. Network

* Partial and Ever Changing List

3. Rural Health Requires Myth Busting

* Myth = widely held 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.

Rural Health is an Export “Commodity”

• People often know that business relocation decisions are influenced by the cost and quality of health care available locally.

• But as or more importantly, rural health has the same economic impact as export commodities like milk, soybeans or rural manufactured goods because of its own ability to bring dollars and jobs into the community.
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. Advocacy Challenges in Public Sector

There are some common challenges to building a coalition among those who may share part of your vision.
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 just launched “Operation MASH*” to address the Medicare bias against rural hospitals.

*Mobile Army Surgical Hospital
Tradition Conceals Important Questions

"Why do we try not to chop off infected toes 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

With apologies to those who have gone a different way and don’t fit this generalization.

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

6. Advocacy Both Art & Science

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

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

Advocacy = An Ongoing Process/Cycle

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

The most effective advocates are those that challenge themselves and their constituencies as much as 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 some or all of your advocacy tools – government relations, grassroots and media advocacy.

National Rural Health Association

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

Wisconsin Hospital Association’s Grass Roots Handbook
Bottom Line: Follow Your Passion

“Sure we can just keep dousing fires, or we can find the kid with the matches.”

Rural Health Resources

- For the free **RWHC Eye on Health e-newsletter**, email **office@rwhc.com** with “subscribe” on subject line.
- **Rural Assistance Center** at [www.raonline.org/](http://www.raonline.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/](http://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, testimonies 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 him 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!