RWHC
Your partner. Your source.

Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective–COVID-19 Special Edition–April, 2020

Seeking a Fair Distribution of Hospital Aid

Given widespread concern about how the initial round of Federal aid passed by Congress will be distributed, the Wisconsin Hospital Association worked with our Congressional delegation, which then weighed-in with the following message to Secretary of Health and Human Services Alex Azar on April 3:

"We write to urge the Administration take swift action to ensure emergency funding authorized by the Coronavirus Aid, Relief, and Economic Security, or CARES Act (PL 116-136) is fairly distributed to all U.S. states and territories, including Wisconsin hospitals, health systems, and health care providers. We also request further information on how the administration plans to ensure that each state receives appropriate and sufficient financial support and that no state receives an undue share of the funding allocated."

"The top priority for Wisconsin's health care providers remains access to the testing supplies, ventilators, and personal protective equipment necessary to appropriately care for patients impacted by COVID-19. We recognize the ongoing efforts at the local, state, and federal levels to meet the growing need for these critical supplies and we remain committed to providing assistance in any way possible to ensure our health care providers are protected. Wisconsin has received some supplies from the Strategic National Stockpile, including a shipment received just last week, but we know the demand exceeds the supply. We appreciate the work done at all levels of government to distribute PPE and tests, and eagerly await additional supplies needed to adequately equip health care providers in our state."

"Another rising concern among Wisconsin hospitals is significant revenue declines and funding shortages resulting from the cancellation or postponement of elective medical procedures in order to better respond to coronavirus. Wisconsin hospitals and health systems were quick to heed the Surgeon General's call on March 14 and CDC's March 18th guidelines on postponing non-essential elective surgeries. We applaud their leadership in taking the steps necessary to respond to COVID-19. However, we understand this action has created significant funding concerns, especially for rural and critical access hospitals in the state. Wisconsin hospitals and health systems are striving to retain essential staff in preparation for expected surges, though they no longer have the inflow of revenue to support their operations."

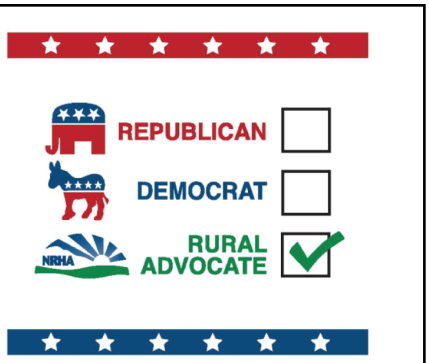
"As you know, the CARES Act provides $100 billion to the Public Health and Social Services Emergency Fund under the Assistant Secretary for Preparedness and Response (ASPR). This national relief fund is intended to reimburse health care providers for health care expenses or lost revenues attributable to coronavirus in the most efficient way as

practicable. It is critical that the Administration take intentional steps to ensure that each state's health system receives the support necessary to treat patients now and into the future."

"Too often, funding formulas have disproportionately benefitted a few states with the highest population concentrations, leaving Wisconsin short-changed. It is imperative that these dollars be judiciously administered across the country to hospitals and health systems experiencing the immediate financial burden of this national emergency – including such hospitals in Wisconsin."

"We ask that you make details available on how health care providers may access this funding as soon as possible. We also ask for transparency in how the funding is distributed, including any formulas, guidelines, or other methods that will ensure funding is distributed fairly to hospitals, health systems, and health care providers in all states."

"Thank you for your assistance in working to ensure we can keep our health care system strong during this national emergency."



The National Rural Health Association's Foundation believes raising up a new generation of young leaders is critical to the future of rural health and rural communities. We believe leaders are made, not born and that leadership development is a necessary investment.

Can you help?

www.ruralhealthweb.org/donationform

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

www.RWHC.com

Email **office@RWHC.com** with *subscribe* on the subject line for a free e-subscription.

Rural Cases Growing Much More Rapidly

From the Issue Brief "Rural COVID-19 Cases Lag Urban Areas but Are Growing Much More Rapidly," Northeast Regional Center for Rural Development, Updated 4/4/20:

"A number of organizations have been warning that COVID-19 infections could not only be more common but also impact rural areas more than metropolitan centers. At first glance this seems counterintuitive given that rural populations are more spread out and, indeed, the early infection hotspots in the U.S. were all based in large cities, including especially New York City. This is also where the more rapid daily increases have been observed to date."

"Data compiled since February of this year by the *New York Times* show that the virus not only is starting to spread in rural areas but that it is now growing *dramatically* more rapidly than was the case in metro areas at a comparable stage (once a total of 10 cases occurred, see Fig. 1). In this figure we show rates in metro areas, and we separate non-metro areas into those that are and are not adjacent to metro areas."

"A number of possible causes for this trend are being discussed. Rural communities have more older residents with chronic diseases, who are more susceptible to viral diseases. In comparison to metro areas, non-metro area residents have a higher rate of heart and chronic lower respiratory diseases and cancer and are more likely to smoke. Many rural areas are also tourism hotspots, such as Blaine County (Idaho), Summit County (Utah) or Eagle County (Colorado), which led to an initial surge of disease spread. Even though many rural residents are isolated, they need to drive to larger cities for their jobs, business, medical treatment and entertainment, which potentially exposes them to the virus. Anecdotal evidence suggests

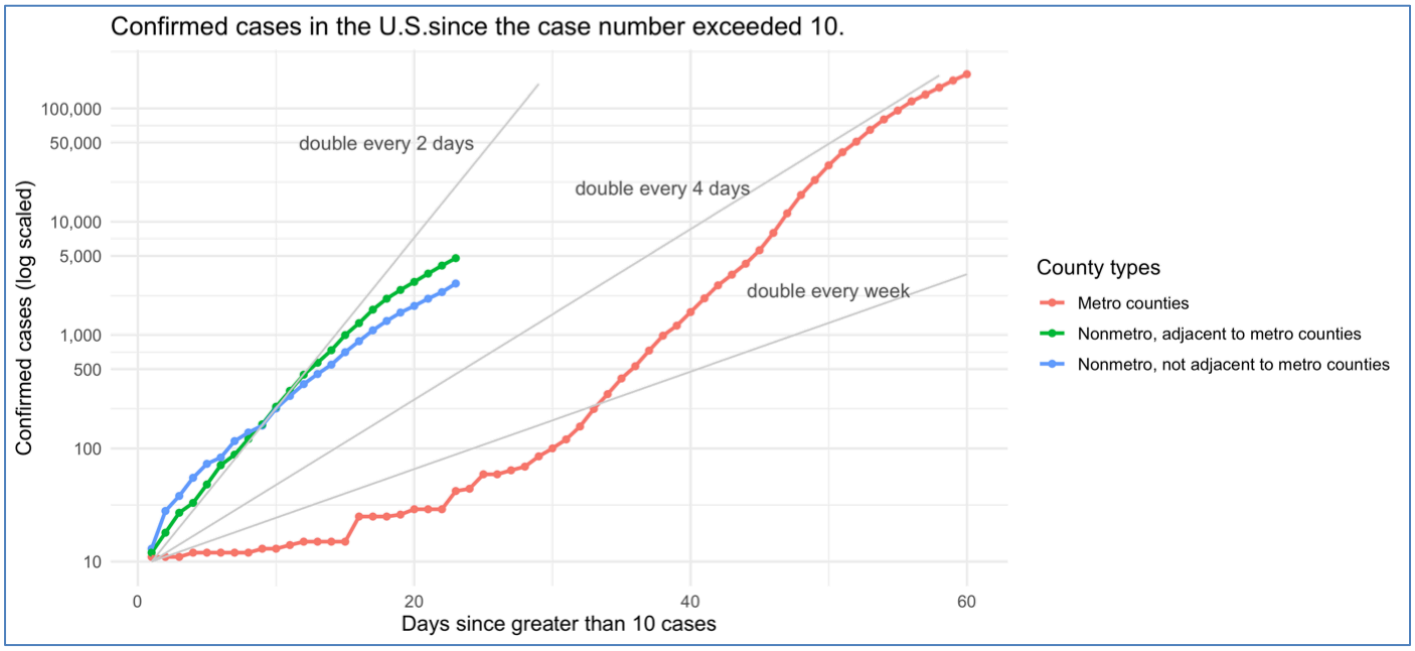


Figure 1: Confirmed COVID-19 Cases by County Type Over Time, Once Cases Reached 10.

rural residents socialize more even though (or because) they live in lower density areas, e.g., in churches and choir practices, and community social events, all of which are conducive to spreading the disease."

"Figure 1 shows that while the disease arrived later in non-metro or rural areas, the rural case load growth is now such that it doubles every two to three days. In contrast, urban cases are doubling, from a higher base or total number, every four days. Also noteworthy in Fig. 1 is that the line for metro-non-adjacent rural counties is now below that for adjacent counties (after starting out above it), suggesting that social distancing may be having a greater impact there."

"Even as rural cases grow rapidly, they are still far behind urban cases on a per capita basis. Non-metro areas include just over 46 million residents or 14% of the total U.S. population; of these 46 million, about 30 million are in metro-adjacent rural counties and about 16 million are in metro-non-adjacent rural counties. As of this writing, there are on average 73.2 positive cases per 100,000 population in metro areas compared with 18.7 in metro-adjacent non-metro counties and 26.0 cases per 100,000 in metro-non-adjacent counties (indicating a higher attack rate there)."

"A somewhat different picture emerges for the growth in death rates. In non-metro counties that are not adjacent to metro counties, these double about every four days, while that is closer to every three days in metro counties and in counties that are adjacent to metro areas."

"There is a growing discrepancy in the number of deaths per capita in the two non-metro region types, and both of these rates are catching up with those in urban areas."

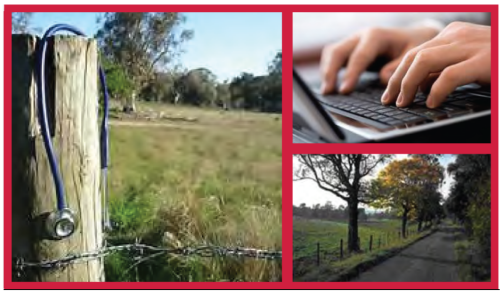
"**The road ahead–One critical question is how rural medical services will be able to cope with the growing number of positive cases, and individuals who require intensive care. Another is, how quickly will they be able to flatten their curves through social distancing and related strategies."**

WI Rural Hospitals Could Give Edge in Surge

The following is from "Rural Hospitals Could Give State Edge on Surge" by Tom Still, president of the Wisconsin Technology Council in the *Wisconsin State Journal,* 4/5/20:

"As Wisconsin prepares for what public health experts predict will be a surge of COVID-19 cases re-

quiring more than stay-at-home treatment, the state may have an edge not available in some places. While the coronavirus crisis could change the state situation dramatically, Wisconsin hospitals are largely stable financially **for now** and the state has not experienced the steady drip of rural hospital closures that began in 2010."



28th Annual $2,500 Monato Essay Prize
Best Rural Health Paper by a
University of Wisconsin Student
or recent graduate. Submit by June 1st.
www.rwhc.com/Awards.aspx

"About 135 U.S. hospitals have closed since 2015, according to the Healthcare Financial Management Association, including 47 in 2019 alone. That's out of a total of roughly 6,100, of which about 130 are in Wisconsin. None of the 30 or so hospitals that entered bankruptcy in 2019 were reported to be in the state."

"While consulting groups and other observers say a dozen rural hospitals in Wisconsin are at risk, often because Medicaid and Medicare reimbursement rates don't match the cost of care, there hasn't been a rural hospital close in Wisconsin since 2011. That year, Franciscan Skemp shut its hospital in Arcadia, substituting a clinic instead."

"The story has been different across the nation. About 120 of the nation's roughly 1,840 rural hospitals have closed in 10 years, according to a Forbes report."

"The size of the COVID-19 wave and how it is distributed over time will make a major difference for all hospitals, urban or rural, but the availability of such facilities somewhat evenly across Wisconsin means the state may be better prepared than places that have experienced a decline in the number of rural beds."

"Groups such as the Wisconsin Hospital Association and the Rural Wisconsin Health Cooperative, which is based in Sauk City, have worked on policy changes over time to blunt the effects that larger economic and demographic trends have inflicted on other states."

"Still, it all comes down to whether the COVID-19 epidemic tips the balance in another direction–or serves as a reminder of the overall quality of health care in Wisconsin once it passes."

"In a March 31st letter to members of the Wisconsin Legislature, WHA President Eric Borgerding outlined emergency steps underway in the state's hospitals, urged some regulatory changes and outlined why it's important to 'flatten the curve' to help hospitals cope with a surge in patients."

"Borgerding also noted that hospitals lose money the longer they're predominantly dealing with COVID-19 and not doing other work."

" 'For every week elective and scheduled non-emergency procedures are halted, some $170 million in revenue is not realized by Wisconsin hospitals,' he wrote. 'At the same time, expenses for frontline workers and other infrastructure are certainly not going down commensurately.' "

"The U.S. Bureau of Labor Statistics calculates the payroll for Wisconsin's frontline health care workforce is about $275 million per week."

" 'This situation will become worse with each day; some of our smaller and more vulnerable hospitals are grappling with serious problems right now,' Borgerding continued. 'Stability assistance for increasingly vulnerable hospitals, some of which are the single-largest employers in their communities, is needed to maintain readiness and preserve accessibility today and tomorrow.' "

"The final point raises a 'chicken-or-egg' question about the importance of health-care access in rural Wisconsin. Data released by the state Department of Revenue last fall showed that virtually all of Wisconsin's 72 counties showed some employment increase in the previous five years, unlike many other states–notably, almost all rural counties in Illinois."

"Is Wisconsin's rural economy bolstered because its businesses and people have reasonable access to high-quality care? Or does the presence of those businesses and people explain why only one rural hospital in Wisconsin has closed in 10 years?"

"My guess it's a combination of both, and a good argument for fighting to preserve that healthy balance long after the virus subsides."

Impact of Virus Reducing Partisan Differences

From "Are Democrats and Republicans Reacting Differently to Coronavirus? It Depends What You're Asking Them," at www.fivethirtyeight.com, 4/4/20:

"Polls suggest that partisanship is affecting Americans' views of some aspects of the novel coronavirus outbreak. Democrats are much more likely than Republicans to be skeptical of Trump's handling of the virus outbreak, for example, and Democrats are more likely than Republicans to express high levels of concern about the virus and its potential impact."

"That said, news coverage that casts Americans' views on the coronavirus as just another example of the nation's partisan divide may be overstating that case–there is plenty of agreement across party lines when it comes to COVID-19, particularly when it comes to how people say they are behaving:

- 96 percent of Republicans and 95 percent of Democrats said that they are washing their hands more frequently, according to a Selzer & Company survey conducted last weekend.

- 93 percent of Democrats and 89 percent of Republicans said they would be 'uncomfortable' at a crowded party, per a recent Pew Research Center poll. And 83 percent of Democrats and 71 percent of Republicans said they would be uncomfortable eating out in a restaurant right now.

- 72 percent of Democrats and 72 percent of Republicans said that they are satisfied with their state and local governments responses to the coronavirus, according to a new Daily Kos/Civiqs poll.

- 85 percent of Democrats and 72 percent of Republicans oppose churches being exempted from regulations barring large gatherings amid the virus outbreak, according to a survey conducted by the American Enterprise Institute.

- 85 percent of Republicans and 91 percent of Democrats support giving cash payments to people who make less than $100,000 amid the virus outbreak, according to a recent ABC News/Washington Post poll. Republicans and Democrats are also both strongly supportive of aid to small businesses (90 percent of Democrats, 93 percent of Republicans) and somewhat wary of aid to large corporations (38 percent of Republicans and 54 percent of Democrats oppose it)."

"Overall, self-identified Republicans are much more likely now than a few weeks ago both to say that they view the virus as a serious problem and to be taking social distancing steps. So the partisan divide on these issues that seemed more apparent in early and mid-March is diminishing as Republicans view the virus outbreak more similarly to Democrats and independents."

"What explains that shift? It's likely that both the rising severity of the crisis itself and the decision by President Trump and other prominent conservative voices to stop downplaying the seriousness of the pandemic have affected rank-and-file Republicans."

"Of course, some partisan divides remain. By many measures, Democrats are still a bit more concerned about the virus outbreak than Republicans–even if Republicans are increasingly concerned, too. For example, 65 percent of Democrats are 'extremely concerned' about a coronavirus outbreak in their area, compared to just 21 percent of Republicans, according to the Civiqs survey. But that's a gap in intensity–basically everyone (91 percent of Republicans, 99 percent of Democrats) said that they were at least a 'a little concerned' about an outbreak in their area."

"This gap might speak to other political beliefs and values, namely that Democrats are more likely than Republicans to trust scientists and science-based arguments, and experts citing scientific evidence are expressing great alarm about the virus). The gap might also be partly explained by lingering effects from the period when Fox News anchors and Trump

were downplaying the virus outbreak in a way that prominent liberal leaders did not."

"Secondly, questions that include 'Trump' or the 'federal government' unsurprisingly still result in Democrats taking the negative view and Republicans the positive one. Views on the coronavirus and its impact may not be totally captured by partisanship, but they also aren't totally separate from those underlying partisan divides."

"Third, there are some questions about the virus that don't necessarily sound partisan, but probably cue partisan responses from respondents. For example, Civiqs asked if U.S. economic sanctions on Iran should remain in place, even as Iran has had a severe outbreak of the coronavirus. Seventy-three percent of Republicans think that the Iran sanctions should remain, compared to 20 percent of Democrats. I suspect that this huge gap is not because voters have particularly well-defined views about the sanctions against Iran. Rather, it's likely that Democrats are adopting their party's more conciliatory posture toward Iran and Republicans are adopting their party's more confrontational approach."

The Resilient Wisconsin Initiative

"The COVID-19 pandemic has temporarily changed the way we work and live, go to school, and spend time together. Limiting close contact with each other protects everyone's health, including those who are most vulnerable. It also helps ensure vital health care resources remain available for those who need them. But knowing that change is important doesn't make it easy. As we all adapt to recent events, it's natural to feel stress, worry, and even anger."

"That's why learning how to deal with difficulties in healthy ways and bounce back from hardship is key. Below is a link to practical tools and sources of support that can help you strengthen your resilience during times of stress, so you can take care of yourself and those around you."

Tips at **https://bit.ly/3e2xFEx**

"Have Hope-Weight Gain Not a Failure"

From the Editorial "Coronavirus and Weight Gain," *Chicago Tribune*, 3/27/20:

"Post-pandemic, we'll see the return of running clubs, crowded gyms and better shape."

"If you're reading this at 11 a.m. and you already maxed out your recommended calories for the day, we feel you. Stayhome orders from state and local governments should come with refrigerator padlocks."

"For the privileged employees who can work from home, those not working and for those still heading out the door for work, routines have been shredded."

"Schools, gyms and restaurants are closed. Hospitals and nursing homes forbid visitors. Vacations have been postponed."

"Weddings and funerals are on hold. Let's face it. It's a stressful time. We're spending more time indoors, and the only thing getting a serious workout is the microwave."

"**We're eating peanut butter by the spoonful, popcorn by the handful, ice cream by the bowlful**. We're eating over the kitchen sink, standing at the counter and yes, in bed. Toast crumbs are prickling flannel sheets across America right now as testament to dutifully obeying government restrictions."

"We're trying to cook healthier during this time of uncertainty."

"But can roasted chicken and vegetables be considered diet food if you eat four servings at a time? Isn't it an act of patriotism to order takeout burgers and fries to keep local businesses afloat? Is it wrong in the privacy of your own home to enjoy a splash of wine at noon?"

"We see you."

"Of course, the advice for controlling weight gain is to use common sense. Try to eat on your normal schedule. Plan your snacks and put them in containers. Move your work station around the house or apartment to avoid boredom. And set up shop away from your favorite cupboard ..."

"That's not to say everyone dealing with stay-home mandates is finding their inner Homer Simpson. Plenty of people are using the time wisely by cleaning out drawers and painting bedrooms. Some people are sticking with those New Year's resolutions and demonstrating discipline with food and exercise."

"If you're not one of them, it's OK."

"Alex Light, who writes a column for *Hello*! Magazine, reminds us weight gain is not a sign of failure."

" 'It's never an indicator of failing, but especially not during these current circumstances,' she wrote earlier this week. 'Weight fluctuations are an entirely normal response to our lives being very different right now.' "

"Kimberly Hershenson, a New York City therapist and eating disorder specialist, told the *New York Post* she's seeing clients return to emotional eating habits due to stress."

" 'People binge because they feel everything is going wrong in their life, so who cares if they gain weight too?' she said."

"If you're one of them, cut yourself some slack. Post-pandemic, we'll see the return of running clubs and crowded gyms. **There will be plenty of time to shrink muffin tops and get back to sensible eating**."

In the meantime, if the scale in the bathroom is adding to your emotional blues, apply at least some of the advice nutritionists are offering. Get out and walk."

"Drink more water... Know that no matter what, summer is coming soon. Morning sun soon will stream through your windows. Cafes and bike paths will reopen ... It's coming. Have hope."

RHIhub
Rural Health Information Hub

The Rural Response to COVID-19

https://bit.ly/2wjdv86

Finding Leadership in COVID-19

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

C-Choose
O-Opportunity
V-Verify
I-Inform
D-Disrupt
19 minutes

CHOOSE. "And choose often. It is empowering to make choices. In a time when there is a lot we cannot control, we always have a choice about at least one thing: how we choose to show up. We forget that we can proactively choose this and that our response does not have to be a victim of the circumstance. Remind yourself at various times throughout the day to make these choices that matter:

- How much meaning we attach to something
- What we pay attention to
- Who we listen to
- To let go of something
- To take actions that match our intentions"

OPPORTUNITY–"Opportunity exists every day. Every situation presents one. Perceiving a difficulty as an opportunity is a lens. It doesn't magically turn something awful into something wonderful. What it does do, though, is allow us a path to find meaning. Author Rachel Hollis suggests an alternative to the old saying, 'Everything happens for a reason.' That belief can often feel unhelpful and not very accessible because there is not a sensible *reason* for bad things to happen. But she suggests that instead we search for the *meaning* that we can find in difficult times."

"What opportunities are there for you to grow, appreciate, learn, bend, feel, teach, or contribute?"

VERIFY–"Verify first. For yourself, don't believe everything that comes into your head, your newsfeed or the rumor mill. As a leader, ***be*** the trusted, credible resource for people who look up to you. One truth

that has arisen during the current crisis is that trust in leadership is critical. People need leaders who have verified the facts, and share what is known and transparently admit to what is unknown."

INFORM–"Inform people. Your employees want to hear from leadership. After you have verified (see above), keep people informed even if it is bad news and even if it is, 'I still don't know.' Tell people how you will stay in touch, how often, in what different formats, and then DO. Don't underestimate how much comfort it brings to your employees just to reach out with communication."

"A silent void will be filled and it won't be with facts.'

DISRUPT–"The virus started it, but you as a leader have a chance to initiate a ripple of intentional disruptions during this window to shape a new future. The dust won't settle in the same way. 'Normal' will be different. **Make this disruption make a difference and make it better than it was**. Be a visionary and be bold. Answer the questions:

- If we are not going back to the old normal, what do we want the new normal to be?
- What are we realizing was not essential after all?
- How does leadership need to shift to meet the changed environment, and how do we prepare to make ourselves more nimble and adaptable?"

19 MINUTES–"Toward the end of my 20-minute meditation is when my monkey brain surrenders a little bit and takes a back seat. Thinking never stops exactly but anxieties and ruminations recede to the background and the repeated, calming deep breaths make their impact. It feels a little bit like a 'hum' throughout the body and leaves me more ready to face whatever comes next. What comes next won't change because of meditation, but I can change the way I meet it. Access the resources available to you."

"We at RWHC are here to support you. This link takes you to the Institute for Zen Leadership resources to explore meditation and more: **https://zenleader.global/heal-resources/**."

*Contact Jo Anne Preston for individual or group coaching at **jpreston@RWHC.com** or 608-644-3261.*

Space Intentionally Left Blank For Mailing