

Review & Commentary on Health Policy Issues for a Rural Perspective – December 1, 2020

## Wisconsin is Losing

From the Press Release “Stop the COVID Spread! Coalition Releases New Ad Conveying Severity of Pandemic in Wisconsin,” 11/10:

“The statewide coalition effort to combat the spread of COVID-19 has doubled down on the urgency of its messaging as Wisconsin’s public health crisis threatens to overwhelm the state.”

“The ‘Stop the COVID Spread!’ coalition has released its fourth public education announcement on broadcast TV and digital platforms statewide, with a stern and serious new message in the coalition’s efforts urging Wisconsin residents to do their part to help reverse the public health crisis that is threatening to cause great harm to the state. This ad comes as Wisconsin again hit new daily COVID-19 records, surpassing 7,000 new cases in a single day, and after a White House Task Force report again warned that Wisconsin’s ongoing health emergency will continue to lead to increasing hospitalizations and deaths unless more serious action is taken.”

“The latest ad features headlines from major publications around the state, documenting Wisconsin’s ever-growing public health crisis. ‘Positive cases are skyrocketing. Hospitals are filling up. Businesses are closing. Death counts are rising. Wisconsin—is los-

ing,’ says the narrator. ‘Our frontline workers are doing all they can, but they can’t do it alone. More people are getting sick, and dying. Unless we make changes, there will be more deaths we could have prevented. You can change this.’ ”

“ ‘COVID has a vice grip on Wisconsin that’s getting tighter every day and the consequences for our citizens, our businesses and our health care systems are becoming worse,’ said Eric Borgerding, President and CEO of the Wisconsin Hospital Association. “The White House Coronavirus Task Force warned that

Wisconsin will face more COVID deaths without a more robust response to this virus. We need everyone to understand, accept, and act on these urgent warnings about Wisconsin that we continue to see from the Task Force and other experts. We need a unified message and response.’ ”

“ ‘We have to move beyond arguing whether or not there is a pandemic with a virus that is killing people. We

need to focus on solutions and stop ignoring reality,’ said Brandon Scholz, President and CEO of the Wisconsin Grocers Association.”

“ ‘Wisconsin is an incredible place to be and without everyone doing their part, we will have a hard time getting out of this pandemic and moving forward,’ said WCA Executive Director Mark D. O’Connell. ‘It is time to face our current situation and do what we all need to do to open back up our state.’ ”

### RWHC Eye On Health



“If wishes were wings, frogs wouldn’t bump their butts on the ground; we need masking.”

The full video is at: <https://youtu.be/B2hBTTWeHSs>. For more information about the Stop the COVID Spread! coalition and the importance of safe behaviors for both public and state economic health, visit [www.wha.org/stopthecovidspread](http://www.wha.org/stopthecovidspread).

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## Bias in Proposed Vaccine Distribution?

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From “ ‘We’re being left behind’: Rural hospitals can’t afford ultra-cold freezers to store the leading Covid-19 vaccine” by [Olivia Goldhill](#) in *STAT*, 11/11:

“The vaccine developed by Pfizer and the German firm BioNTech seems to provide 90% immunity according to early data released on Monday. But there’s a catch: The vaccine has to be stored at -70 degrees Celsius. Typical freezers don’t get that cold, making distribution of this vaccine a logistical nightmare.”

“The Centers for Disease Control and Prevention has advised state health departments against purchasing ultra-cold freezers—which cost \$10,000 to \$15,000 each—saying other vaccines with less demanding storage requirements will be available soon. A major group purchasing organization, Premier, said most of its clients buying ultra-cold freezers were academic medical centers.”

“ ‘The rural and the small hospitals would be disadvantaged,’ said Soumi Saha, a pharmacist and Premier’s director of advocacy. This purchase is out of reach for poorer hospitals, especially those in rural areas that can barely manage daily expenses. Nearly half of U.S. rural hospitals were operating at a loss in April of this year, said Alan Morgan, chief executive of the National Rural Health Association. And the pandemic has further weakened hospitals’ finances.”

“Rural populations are precisely those that are vulnerable to Covid-19 and most in need

of a vaccine, noted Morgan: ‘Hundreds of rural, small towns all across the U.S. have a higher percentage of elderly, low-income [residents], a higher percentage of the community with multiple chronic health issues.’ Yet, he added, ‘in this financial environment, you can imagine that there is simply no consideration of rural hospitals purchasing storage equipment for this ultra-cold distribution.’ ”

“ ‘The optics are horrible. We’re in the middle of the most divided election of my lifetime—and I’m in my 70s—and one of the most divided in our country’s history,’ says Tim Size, executive director of Rural Wisconsin Health Cooperative. ‘A lot of that divide is rural and urban, and we’re being left behind.’ ”

“Even without the ultra-cold freezer divide, there are other obstacles to making the Pfizer vaccine available in rural communities. The company plans to ship the vaccine to distributors in storage containers of 1,000 to 5,000 doses. The containers will keep the vaccines at -75 C (plus or minus 15 degrees) on dry ice, for 10 days. Once opened, the containers can be used for 15 more days with re-icing every five days, though the boxes can be opened only for a minute at a time no more than twice a day. The doses can survive five more days while refrigerated.”

“ ‘It requires a very, very tightly coordinated effort,’ said Paul Biddinger, medical director for emergency preparedness at Mass General Brigham in Boston. The time pressure is more intense in rural areas, where the longer delivery time eats into the number of days when the vaccine can be safely stored in their boxes upon arrival. Regions with smaller populations will struggle to use the thousand-dose supply in the necessary time period, creating a risk some of the vaccines will go to waste, though Pfizer plans to have smaller boxes available by early 2021.”

“ ‘In the first phase of vaccine distribution, OWS [Operation Warp Speed] anticipates having a limited supply of COVID-19 vaccines to distrib-



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ute, which should ease initial concern over potential long-term storage of vaccine doses,’ said a spokesperson for the Department of Health and Human Services. Vaccines will be sent to locations where vaccines can quickly be administered, meaning storage won’t be required, they added, and vaccines at risk of expiring will be redirected to sites with higher demand.”

“ ‘Obviously people who have more money and better access to the supply chain are buying freezers,’ said Size, of the Rural Wisconsin Health Cooperative. ‘Rather than a cohesive national plan, we’ve created have versus have not, state versus state.’ ”

“Administering the vaccines is so time-sensitive that Duke University Hospital will have people travel to sites with ultra-cold freezers to get their shots.”

“Much like for vaccines, though, the distribution of ultra-cold freezers isn’t even across the country. One local Wisconsin hospital looked into acquiring freezers, said Size, but was told delivery would take two to three months. ‘It’s another good example of how all our rural hospitals are at the end of a supply chain with less leverage to make important purchases,’ he said. **‘It’s the wild west of the supply chain; that’s not how you fight a pandemic.’ ”**

**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 <[timsiz@rwhc.com](mailto:timsiz@rwhc.com)>, Editor, 880 Independence Lane, Sauk City, WI 53583

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## Celebrating National Rural Health Day

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By Tim Size, RWHC Executive Director:

On November 19, we observe National Rural Health Day—not unlike Thanksgiving, an opportunity to count our blessings as well as time for a bit of self-reflection. As made clear by Wisconsin’s “Stop the COVID Spread!” coalition, the public health crisis gripping rural America worsens by the day. We must continue to fight for our communities and our hospitals. At the same time, we must prepare for our post-COVID future.

You may remember Robert Fulghum. He is the author of “All I Really Need to Know I Learned in Kindergarten.” More recently, he has offered questions that parents (or other adults in the room) may find helpful: “What on Earth have you done? What in the name of God are you doing? “What will you think of next?” “Who do

you think you are?” If asked with kindness, they strike me as four good questions for each of us to ask during these extraordinary times. Here is my first stab of an answer for myself and for rural health:

**“What on Earth have we done?”**—Like much of America, urban and rural populations in Wisconsin grew at similar rates from 1990 to 2009. Our rural population in Wisconsin then took a big dip with two-thirds of rural counties seeing their populations drop between 2010 and 2018. That decline is associated with a smaller workforce, fewer jobs and ultimately slower income growth. According to County Health Ranking and Roadmaps, 65% of rural counties now rank in the bottom half of Wisconsin counties, compared to 23% of urban counties. Social/economic factors are clearly driving poor health in rural Wisconsin.

Shawn Lerch, CEO of Sauk Prairie Healthcare, has noted, “in rural health, we have long experienced the interdependence between rural hospitals and the communities we serve. There is clearly a symbiotic rela-

tionship between economic status and health outcomes. The Great Recession that started in 2008 and now COVID, highlight the magnitude of this connection. Unfortunately, the economic and resulting health equity gap has widened as rural communities and rural hospitals continue to struggle.”

Brock Slabach at the National Rural Health Association recently observed that “rural populations tend to be older, sicker and poorer than urban populations and they have less access to medical, dental and mental health care. Those disparities likely will mean that a higher percentage of rural residents infected with COVID during this surge will end up in hospitals. And no matter how prepared we may be, there will be shortages of staff and personal protective equipment.”

**“What in the name of God are we doing?”**—I know that in my almost 50 years in health care, I have never been more proud to be part of the rural health movement. At our last RWHC Board meeting, I had the privilege to listen to a “round robin” of over 30 rural hospital administrators describing local challenges and successes in the middle of the pandemic raging in rural Wisconsin—it was an awesome demonstration of rural health leaders doing what they do best—caring, preparing and pivoting as needed.

While RWHC’s focus is rural, we know that for rural to succeed we must find common ground with those working statewide and in our urban communities and they with us; this is a tall order but a state and country so starkly divided cannot prosper.

**“What will we think of next?”**—Over the last two years, RWHC has been developing an initiative focusing on “Community Economic Development as a Driver of Rural Health.” The pandemic has made this work more im-

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AND THAT, FOLKS,  
IS THE PROBLEM.

#ITSNOTALABOUTYOU



portant now than ever. Hospitals in rural Wisconsin are poised to accelerate this work. Examples include expanding childcare and housing as well as assisting business new starts and expansions. As anchor institutions, rural hospitals are well positioned to join with others in providing a leadership role to foster more vibrant and resilient communities. RWHC and rural hospital health leaders in Wisconsin have begun work to:

- Increase rural hospital engagement with multi-sector community economic development
- Increase the effectiveness of rural hospital engagement
- Bring a rural health perspective into state community economic development
- Bring a state community economic development perspective into rural health

**“Who do we think we are?”**—While I think for most of us this is a heartbreaking time, I believe our future requires hope and new ways of doing. We can choose despair, our silos and inaction. But I see rural health leaders choosing hope and collaboration. Rural hospitals and the communities we serve can be incubators of success and a key part of renewing rural America.

In conclusion, I would like to share this message from a friend on Facebook who operates a dairy farm in Wisconsin with her husband (used with her permission): “I debated making this post but if it

saves one of my friends, family member or neighbor it’s worth it. Covid-19 is real and it messes with your body. To our farmer friends, yes the field work needs to get done but wear a mask and keep your distance when you’re working with one another. My suggestion is to keep some paper masks in your truck and tractors. When you have to give each other rides from one field to the next - everyone should

#### RWHC Eye On Health



“Get your head out of your trough  
and wear a mask. Pass it on.”

have a mask on at minimum. When you are BSing, (as farmers like to do) stay back from one another. Think about those you may inadvertently infect. Think about who will do your work if you end up in the hospital. It can happen and it really isn't worth the game of Russian Roulette. Stay healthy."

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## RWHC Achieves National Gold Recognition

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### ***The American Heart Association recognizes RWHC for workplace health achievement.***

The results of the American Heart Association 2020 Workplace Health Achievement Index were recently announced and RWHC achieved national GOLD recognition for taking significant steps to build a culture of health in the workplace. RWHC is one of 776 organizations that completed the Index assessment this year, evaluating the time period of July 30, 2019, to June 30, 2020. Of these organizations, 35% received gold recognition, the highest percentage to date, 29% silver and 25% bronze.

The American Heart Association, a global force for longer, healthier lives, created the Index with its CEO Roundtable, a leadership collaborative of more than 45 members from some of America's largest companies who are committed to applying evidence-based approaches to improve their employees' overall health. The Index is a web-based scorecard that looks at organizational best practices and aggregates employee health data to evaluate the overall quality and comprehensiveness of workplace health programs. Studies show that worksites with a culture of health with comprehensive, evidence-based policies and programs, and

senior leadership support are more likely to have engaged employees and a healthier, more productive workforce.

"We took the opportunity that was presented to us, completed the Workplace Health Achievement Index to help us assess our needs, then began to make changes. We started slowly with the Healthy Food and Beverage Toolkit and continued from there. It is exciting to see how the smallest changes make the biggest difference. We are now leading by example with our health and wellness!" said RWHC Wellness Committee Chair, Cheryl DeVault. "Our vision at RWHC is: Rural Wisconsin communities will be the healthiest in America. This recognition shows that we are focused on our vision here at RWHC and are leading by example."

A unique feature of the Index is that it calculates an average heart health score for employees of participating companies that securely submit aggregate health data through Life's Simple 7®, the American Heart Association's definition of ideal cardiovascular health based on seven risk factors. Life's Simple 7® includes smoking status, physical activity, weight, diet, blood glucose, cholesterol and blood pressure. Companies receive benchmarking reports, which allow them to identify potential areas of improvement so that they can advance their annual performance and recognition.

The American Heart Association is a relentless force for a world of longer, healthier lives. We are dedicated

to ensuring equitable health in all communities. Through collaboration with numerous organizations, and powered by millions of volunteers, we fund innovative research, advocate for the public's health and share lifesaving resources. The Dallas-based organization has been a leading source of health information for nearly a century.



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## A Nursing Legend Rightly Honored

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Congratulations to Barb Nichols for receiving the American Nurses Association's President's Award! The honor goes to those who make significant contributions to the advancement of nursing and to elevating the public perception of the value of nursing.

RWHC has been privileged to long work with Barb Nichols, DNSc (hon), MS, RN, FAAN, most recently in her role as Executive Director of the Wisconsin Center for Nursing (WCN) and as a Co-Lead with WCN for the Wisconsin Action Coalition, part of the Campaign for Action, an initiative of AARP Foundation, AARP, and the Robert Wood Johnson Foundation. Barb also serves as the Diversity Officer for the Campaign.



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## The First Cartoon in Eye On Health

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Not much has changed in Washington, DC, in 25 years since our first cartoon was published in January, 1996:



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## WI Rural GME Launches YouTube Channel

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Due to COVID-19, the Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME), sponsored by RWHC, was faced with the challenge of showing medical students what rural healthcare looks like without being able to take them to a rural facility. (In past years, WCRGME had arranged for medical students to participate in such tours through our annual "Off the Beaten Path: Training, Practice and Life in Rural WI".)

This year, WCRGME had to get creative to continue to provide these experiences. After receiving approval from the Wisconsin Rural Physician Residency Assistance Program (WRPRAP) to reallocate a portion of their funding to this project, they began working with their rural residency programs and several rural Wisconsin healthcare organizations **to create videos to share with medical students interested in rural healthcare.**

There were two phases to this project. The first phase was to create a video for each of the WI Rural Training Track residency programs; there are four:

- Baraboo RTT Family Medicine Residency
- Monroe Clinic Rural Family Medicine Residency
- Aurora Rural Family Medicine Residency
- HealthPartners Western Wisconsin Rural Family Medicine Residency

The residency programs themselves are able to use the videos for the 2020 virtual residency recruitment season that they are currently experiencing due to COVID-19. The second phase of this project was to create a video about rural training and practice in WI. Three sites were selected for this video based upon recommendations that WCRGME received. Those sites include:

- Upland Hills Health Hospital & Clinics, Dodgeville
- Door County Medical Center, Sturgeon Bay
- Memorial Medical Center, Ashland

This video was shared with the medical students that attended the 2020 Off the Beaten Path event this

September and they will continue to share this video with medical students interested in learning more about rural healthcare in the future.

*You can view and use all of the videos noted above at <https://bit.ly/3jBBwtG>.*

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## RWHC Staff “Bounce Back Video”

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RWHC has created a 35 minute video titled, “Bounce Back,” where we share resiliency tips and techniques. RWHC staff leaders Cella Hartline, Erin Smital and Jo Preston recorded this in house for employee education programs or just as a resource for anyone to access individually.

The video is broken into short chapters to watch in short segments or simply play through the whole program in one sitting. Once you open the Mediasite video and click play, you will see on the bottom right of the screen buttons for selecting the chapters and also a link to download the PowerPoint slides. We wish you well! The video is available at: <https://bit.ly/36v28be>

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## Leadership Insights: “Difficult Discussions”

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The *Leadership Insights* series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at [www.RWHC.com](http://www.RWHC.com).

“Have you had any experience lately passionately disagreeing with someone? Yeah, me too. It is easy to talk about important issues with the people whose support we know we have, but it’s sort of like our social media newsfeed: a digitally manufactured echo chamber of our own beliefs, little risk involved. But as a leader you will encounter situations where you have serious disagreement, so **becoming skilled at difficult discussions is a leadership imperative**. There is no time like the present to practice it.”

“Imagine you are getting ready to talk with a colleague about masks and social distancing. This person views it from a completely different viewpoint than you do. Heart racing yet? Let’s look at a tool from ‘The Zen Leader: Ways to Go from Barely Managing to Leading Fearlessly’ by Ginny Whitelaw to help with that: ‘Center. Enter. Add Value.’ ”

**CENTER**—“You may groan if you wish at my use of the term ‘center,’ expecting some new age-y connotation, but bear with me for a minute. People who chant ‘ohm,’ people who say a prayer, who take a deep breath, who simply give themselves a little pep talk before a difficult situation are all doing the same thing: centering. The term refers to quieting our mental distractions and cooling down our emotions. It helps to prevent some people from saying things they will regret and encourage others to speak up when something is important. Without conscious centering it is easy to get high-jacked by our emotions, but as uniquely stated by Rollin McCraty of the Heart Math Institute, ‘*We have a lot more control over our emotional diet choices than we realize.*’ We are passionate about our beliefs, but we have to manage that passion so that it doesn’t derail us, and centering practices are where we start. Before you start that mask (or any difficult) conversation, center yourself by:

- Breathing, which of course you already are doing. Just do it more deeply, slowly. Exhale ALL of the air so that you can inhale fully. Do this kind of breathing 3 times, holding the breath for a moment at the top of the inhale; with each exhale, see if you can slow it down even more.
- Identifying and writing down a larger purpose. *What do you want even more than being right?* What if you and your arch rival actually had something in common and you could articulate it, repeating as needed when emotions rise back up?
- Bringing awareness to your body of the difference between relaxation and tension. Simulate these two states by raising your shoulders up to your ears and tensing all your facial muscles for a moment, then release it with a sigh. Do this a couple of times to really notice the felt sense of each. The easing of that tension is what you are going for, a much clearer place from which to...”

**ENTER**—“Go all in with a willingness to be present. Set aside sides, and aim to flow with whatever comes up. Enter with curiosity, like you are trying to learn something new or solve an interesting puzzle:

- Decide to listen, to attend to the other person, to participate fully and respectfully and humbly.
- State your intention, e.g., ‘My intention here is to have a conversation with you where we *both* can share our concerns and feel heard.’
- Seek first to understand. Not my original words, but great words to remember as we enter. We often enter already convinced of what the other person is all about. With our mind made up we might as well not enter. Enter to understand.”

#### **Upcoming RWHC Leadership Programs**

1/28 - **Building Trust through Skillful Conversations**  
2/19 - **Walk the Talk: Leadership Accountability**  
2/25 & 26 - **Preceptor Training Program**

**Non-Members Welcome.** Register & other events at:  
[www.RWHC.com/Services.aspx](http://www.RWHC.com/Services.aspx)

**ADD VALUE**—“Some of the value you add will come from what you choose to say, but also in how you choose to respond. Things that you may want to do but which don’t add any value: yelling, name-calling, eye rolling, stomping off, shaming, demanding, or psycho-analyzing the other. Engaging in these actions uses up your emotional labor without any return on investment. Things that do add value though:

- Seeing beyond the outward behavior to pain, fear of loss, and needs, you may hear things that you know are true for you, too. Perhaps you share desires for freedom, safety, and clarity. Speak those things.
- Genuine negotiation offers can be successful *after* others feel heard, even if there is little agreement.
- Ask for what you want from this place.”

*Contact Jo Anne Preston for individual or group coaching at [jpreston@RWHC.com](mailto:jpreston@RWHC.com) or 608-644-3261. For info re the RWHC Leadership Series go to [www.RWHC.com/Services.aspx](http://www.RWHC.com/Services.aspx) or contact Carrie Ballweg at [cballweg@RWHC.com](mailto:cballweg@RWHC.com) or 608-643-2343.*

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