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Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective - July 1, 2023

Healthcare's Loss of Trust & Bringing It Back

From "How healthcare lost the nation's trust, and how to bring it back," an interview from the Aspen Institute's Health, Medicine & Society Program:

"People used to trust doctors. 'We lined up to get our shots,' says Ruth Katz from the Aspen Institute's Health, Medicine & Society Program. 'Our parents didn't question what our doctors and the healthcare system said.' But things have changed, with trust in medicine dropping precipitously over the last 50 years, according to the Gallup trust barometer at <**bit.ly/3CbYh3h**>. That mistrust has a big effect on health outcomes for individuals and society."



"To get to the roots of this mistrust–and to talk about ways the health care sector might begin repairing–Katz sat down with Dr. Richard Baron, president and CEO of the American Board of Internal Medicine, and also a member of the Aspen Institute's Health Strategy Group."

" 'Physicians and the healthcare system 'can't just presume that we're going to be trusted because we think we have good intentions and because we have great science,' says Baron. 'We think that authority and legitimacy come from that expertise—that because we're using rigorous scientific methods, we think a patient will trust us. But actually trust is built from a whole series of human interactions that have nothing to do with randomized controlled trials.' "

"Where does mistrust comes from?"

Attacks on expertise. "Today, a claim of expertise is interpreted as arrogance, and many people think that science and medicine don't put the interests of patients first. But some people have good reason to think this…"

Health inequity. "People of color can point to historical examples of poor treatment, of course, but current trends also show glaring disparities."

Quality and safety. "There are challenges with quality and safety across the country, leaving patients unsure they can get through a surgery without something bad happening."

Affordability. "Health care has become increasingly more expensive. 'It's not unreasonable for someone who's filing a personal bankruptcy because of health care bills to say, 'they're not in this for me, they're in this for them,' says Baron."

"What the healthcare system can do about it?"

Technologically. " 'We've got teams focused on using technology to meet quality metrics or revenue cycle management or any number of things that people use technology for,' says Baron. **What's missing are simple things like noting how to pronounce patients' names in the same files that keep track of**

their other vitals. 'Patients want to be recognized. They want to be known. They want to feel like the people who are taking care of them know them.' "

Institutionally. "Hospitals can make a conscious choice to focus on improving trust. 'All of us in our institutions have management meetings. What are they talking about?,' asks Baron. 'They're talking about market share or bed occupancy or patient flow; could they devote one of those meetings to [how] to build trust with the people we serve?' "

Personally. " 'Fundamentally,' says Baron, 'if everyone in health care sees every opportunity in which they're interacting with a patient as an opportunity to either gain or lose trust, I think we would move very quickly in a direction of generating more trust.' "

*The 17-minute conversation is at <**bit.ly/3P0jHYC**>.*

Healing Covid's Deep Wounds

From "Covid Has Left Deep Wounds in America's Rural Communities," by Anne Sosin, *The Nation,* 5/23:

"The virus tore at the bonds of solidarity in rural areas like Vermont's Northeast Kingdom. Many of the scars have yet to heal."

"By the time my research brought me to the town of Derby Line, Vt., in late summer 2021, opposition to Covid public health measures had hardened, just like the late summer dirt roads of the three-county area of Vermont's Northeast Kingdom. School board meetings had become battlegrounds for debates on masking. Yet signs calling for a kidney donor for a local resident also peppered this remote outpost on the Canadian border. "

"As a public health researcher and practitioner who has lived in Vermont for eight years and has long experience in rural communities in the United States and overseas, I had been tracing the response in the region and the pandemic's impact on rural communities in my research on Covid-19 and health equity in rural Northern New England since early 2020. Why, I wondered, would rural communities that mobilized to find an organ donor for their neighbor also resist the basic public health measures that would protect that very same, highly immunocompromised person from Covid?"

"But more than that, I wondered how the national Covid wars had found a landing strip in remote communities that had initially revived both the structures and spirit of the state's herculean Hurricane Irene recovery effort a decade earlier to respond to the pandemic."

"When Covid-19 first threatened to make landfall in rural Northern New England, villages divided their towns into grids and made lists of their vulnerable residents. General stores shifted to curbside delivery long before national supermarket chains did. Church bells rang at dusk for health care workers in the small hospitals anchoring remote towns. Villages networked by solidarity–if not broadband–saw the pandemic as a foreign threat and turned inward to protect themselves. In explaining the effectiveness of the Covid response in rural Northern New England, my research colleagues and I described a 'rural ethos'–a constellation of compassion, pragmatism, and solidarity that facilitated swift action in the face of crisis."

"The coronavirus still seemed a distant enemy in the region when it came out of lockdown in the summer of 2020. Spared the worst effects of the pandemic's first wave, many in rural Northern New England saw the virus as a threat borne by out-of-state license plates and not by the friends and neighbors that

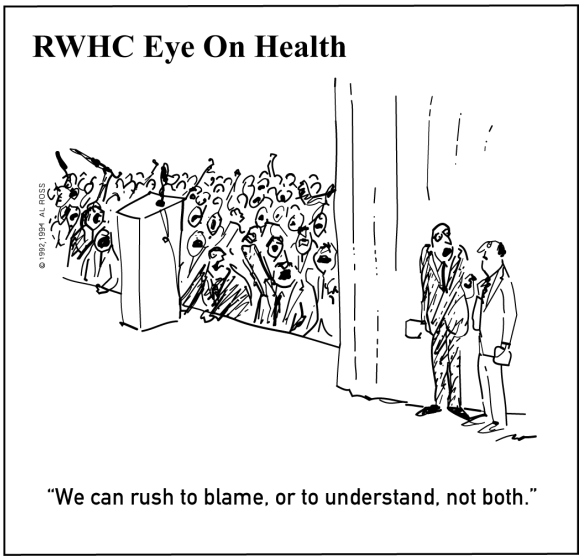
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organize showers for new parents and meal trains for the bereaved. But as the fall surge took root, residents of the region's more remote communities increasingly saw the tools for controlling Covid, rather than the disease itself, as a threat. Social media and network TV replaced once-bustling general stores and potlucks as trading posts of information and village chatter, and with that came political leaders and pundits eager to peddle their wares–bleach, hydroxychloroquine, vaccine snake oil, and later ivermectin–to areas frayed by hardship."

"Across rural America, these seeds of doubt found fertile ground in landscapes long worn bare of investments in health, education, and economic well-being. For decades, prisons had emerged as a growth industry in rural America as hospitals closed at record rates. Abandoned mills and farms, decaying downtowns, and shuttered primary care practices were a testament not simply to a loss of rural vitality but also to identity. In the Northeast Kingdom, short-term rentals for winter tourists proliferated as dwindling Census figures forced school consolidations. Sociologist Katherine Cramer describes a 'rural consciousness,' or a politics of resentment rooted in the sense that rural communities do not receive their fair share of power, resources, or respect. Over time, the virus would settle into the deep fissures of Vermont's imagined version of itself, too."



"Early in the state's frenetic vaccine campaign, I stopped at a general store at the edge of the Northeast Kingdom. A welcoming attendant at the register who doubled as a home health care worker described the devastating toll Covid had taken on her patients. 'Are you planning to get vaccinated?' I inquired. 'If I haven't had Covid yet, I'm not going to get it now,' she said. The vaccine was new; by contrast, the once-novel coronavirus was now intimately familiar. Her decision was born not of ill will but rather a belief that the defenses against the virus lay in her community."

"I thought of the general store attendant when the Delta variant arrived as an uninvited guest at the state's Covid victory celebration in the fall of 2021. 'The simple fact is, this pandemic is being driven by the unvaccinated…. The three lowest vaccinated counties account for 25% of today's cases, yet they only make up 10% of our state population,' Vermont's governor said at a press conference in late fall 2021, ignoring data showing that the Delta variant was exacting a mounting toll on vaccinated residents in more populous counties as well. In rural communities marked by lawn signs betraying our purple political complexion, our national and state leaders found a perfect scapegoat for a virus and their collapsing political will to control it."

"Indeed, rural communities became a good place in the US to bury our collective empathy along with the pandemic's growing count of victims. Rural regions overtook urban areas in Covid mortality rates as the Delta variant took hold. Gaps in vaccination were becoming signposts to orient our collective anger at a pandemic that had returned like the invasive weeds lining roadways and rivers. 'I have had it with the unvaccinated holding up our lives,' an acquaintance wrote on social media. Elsewhere, others decried the 'spreadnecks' and proposed withholding care if they fell ill. In early spring of 2022, I drove north to a village that had once erected flags for every Vermonter lost to Covid. Instead of containing a memorial that had doubled in size, its green lay barren. The state's post-vaccination deaths were joining the phantom losses from its still swelling overdose crisis—worthy of blame rather than our collective grief."

"The Covid Public Health Emergency has ended, but the deep ruts carved by the pandemic have survived three freezes and melts. The tsunami-like Covid waves that crushed rural regions have finally ebbed, leaving already threadbare hospitals, EMS services, and pharmacies battered in their wake. Yet the rural ethos of villages that pull cars out of the mud and snow, answer volunteer fire calls late into the night, and deliver

meals to the ailing also endures. In Vermont, a state that leads and lags, I see traces of a larger rural disconnect. We look eagerly for indicators to absolve us of obligation to rural communities but avoid those that blur our caricatures of them as postcard-perfect village centers or back roads desiccated of decency."

"If we are to make good on this tragedy, we will see the totality of losses sustained by our rural neighbors and not simply those that blemished our pandemic success stories. The village mentality that permeates rural communities will crack through our society's buckling foundation of toxic individuality. We will irrigate rural health deserts with the conditions for thriving lives instead of leaving them to be swept away by storms brewing far from our hills."

Rural Elders Have Much to Offer

"Seniors Play Vital Role in Rural Communities," by Kristi Eaton, *The Daily Yonder, Keep It Rural*, 5/8:

"If rural communities aren't proactive in providing a good quality of life to senior citizens–most of whom are Baby Boomers–they will leave the towns, and communities will be left with a sharp drop in rural populations, according to researchers who are studying how seniors can best age in place."

"David Peters, professor of rural sociology at Iowa State, co-authored a paper with Ilona Matysiak, a visiting scholar at Iowa State and associate professor of sociology at the Maria Grzegorzewska University in Warsaw, Poland, in the *Journal of Rural Studies*."

" 'If there's not services in those towns, for those seniors, if there's not activities, if they don't feel valued, they'll leave and we'll see a sharp drop in a lot of rural populations,' Peters told the *Daily Yonder*. 'And that has implications for local government aid that's based on headcount.' "

"He added that given the size of the Baby Boomer segment of society, and the fact they tend to be disproportionately located in rural communities, people could see double digit drops in population in the next couple of years."

" 'Smaller and more remote communities usually do not possess enough resources and economic base to maintain local healthcare facilities or grocery stores,' Matysiak told the *Daily Yonder*. 'It is also more difficult to attract medical professionals or entrepreneurs to work and live in such communities, as salaries are usually lower, and a rural setting does not provide similar career development opportunities to that in larger cities.' "

" 'In the case of local businesses and small medical practices, there is often a problem with the lack of successors,' she added. However, according to Matysiak, it is in the best interest of small towns to try and cater to the seniors, whether it's healthcare or entertainment, to help retain them as residents."

"According to the research, 'rural communities can maintain a good quality of life among older residents



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thanks to building cooperation between relevant local institutions as well as partnerships with external organizations that facilitate aging-related service provision. Importantly, people's community engagement and participation in decision-making is crucial for both age-friendly and intergenerational planning.' "

"The researchers used data from the U.S. Census and Iowa Small Towns Project, which has surveyed residents from 99 small towns in Iowa every 10 years since 1994 to examine 'senior smart towns.' Senior smart towns are communities where seniors can live on their own 'safely, independently and comfortably.' "

"And despite what some may think, rural America is growing. Over a third of rural counties experienced population growth because of a rare combination of natural decrease and net migration between April of 2020 and July of 2021. Between 2010 and 2020, only 13% of rural counties experienced population growth in this way, according to University of New Hampshire demographer Ken Johnson."

Johnson said that in counties that receive an influx of seniors—many from retirement migration, and especially to high amenity areas like recreation and retirement counties—they represent a significant amount of human capital and expertise."

"The survey questions relate to quality of life, use of local services, perceptions of community leaders, social capital, civic engagement and community attachment. For this study, Matysiak and Peters focused on small towns with a higher percentage of people aged 65 and older compared to other rural communities."

"In addition to keeping rural populations afloat, keeping older residents in a rural community is a good idea because they can provide guidance to the younger generations."

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" 'Senior leaders have a lot of experience,' Peters said. 'They have a lot of connections, … and they can be a resource to mentor younger leaders.' "

" 'Many of these migrants have years of experience in big bureaucratic and professional organizations,' Johnson said. 'They know how to write grants, work in complex bureaucracies and have broad professional contacts. Often that can give the communities that they move to an advantage in gaining access to grant-funded federal and state programs that might expand health care and cultural opportunities. Communities must ensure that they take advantage of all this expertise among new migrants who have chosen to come to these communities.' "

"For younger people hoping to change the status quo in a community, seniors can also provide their social standing and their gravitas in the community to say things can change, in addition to having time and money to spend on local projects, Peters said."

" 'So you can really draw on seniors as a resource in the community to do all sorts of community projects,' he added. 'They also give back in other ways by volunteering, providing guidance, providing their time and money, as I said, and I think that's what makes these smart senior towns also just good communities to live in overall, even if you're not a senior.' "

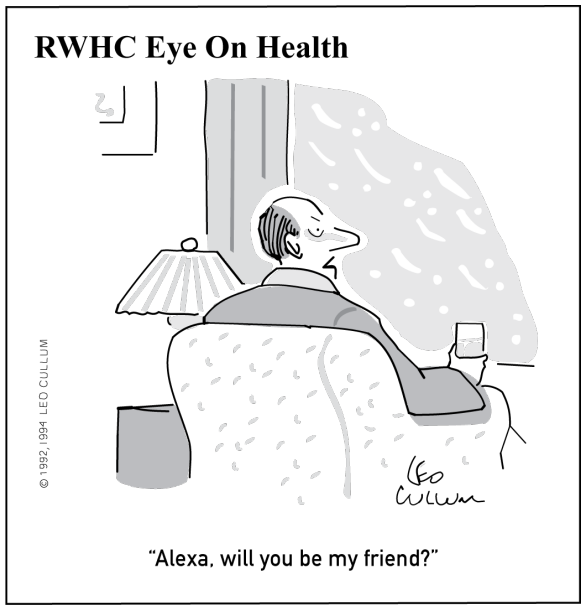
"In other cases, seniors remain in their communities for a variety of reasons, Johnson said."

" 'Many have spent decades in the community and have deep ties to the people, institutions and organizations in their communities be them religious, social, or fraternal,' he said. 'It is difficult to give up these ties to migrate to a new location and have to start over building this web of relationships later in life.' "

Social Connections for Recruitment/Retention

From "Healthcare Professionals Seek Social Connections When Moving to Rural Towns" by John Pender in *Amber Waves* from the USDA Economic Research Services, 5/8:"

"When choosing rural locations in which to practice, healthcare professionals most often cite social factors such as the friendliness of the town, according to a survey administered by researchers at USDA, Economic Research Service and Iowa State University. Similar factors come into play when they decide to stay in their rural small towns, the survey showed. More than 900 physicians, nurse practitioners, physician assistants, certified nurse midwives, and dentists responded to the survey, conducted in 2014 and 2015. They lived in 150 rural small towns in Arkansas, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Oklahoma, Texas, and Wisconsin. For rural communities to attract and retain healthcare professionals, researchers found that factors in decisions to locate and stay in rural small towns usually included the following: personal and professional relationships (known as social capital), people-related resources such as education, skills, and health (human capital), and physical capital such as the town's infrastructure and medical facilities."



"Among social capital-related factors, healthcare professionals most often cited friendliness as an important factor in their decision to locate in the study towns, and they put friendships with local people at the top of their list of reasons to stay. Other factors that reflect the importance of social relationships included having relatives or friends living nearby, if the professional's family was settled in the town, the quality of professional contacts and collegiality among local healthcare professionals (investigated only for the decision to stay) and being familiar with the area (for the initial location decision)."

"Human capital-related factors, such as the quality of the medical community, the quality of schools, and opportunities for professional growth were often cited as important. The availability and quality of some types of physical capital–such as medical facilities and schools–mattered to most healthcare professionals as well."

"Some factors desired by most healthcare professionals reflect a combination of social and other components. For example, being a good place to raise a family often was indicated as important in both initial location choice and in the decision to stay. Responses to open-ended questions suggest that being a good place to raise a family was associated with social opportunities and relationships, safety, the quality of local schools and infrastructure, natural amenities, and other characteristics related to multiple types of community assets. Many healthcare professionals discussed the advantages of small-town life in similar terms, especially the benefits (and drawbacks, such as lack of privacy) of personally knowing their patients and many others in the town."

"Besides factors that could be described as a community capital, one of the most cited points in both location and retention decisions was the need for healthcare professionals in the community. Other characteristics of the medical/dental practice or job, such as workload and the quality of the financial package offered, also were cited as important. One factor that was particularly important for dentists in deciding to stay was the investment they had made in their practice. The survey showed dentists were much more likely than other healthcare professionals to own their practice."

"Some factors were cited as important by less than half of healthcare professionals (in decreasing order of how often cited): natural amenities, recreational opportunities, career opportunities for a spouse or partner,

availability of goods and services, social opportunities, the opportunity to own a medical or dental practice, low cost of living, recruitment or retention efforts by the community, low taxes, cultural amenities, and placement by a Government program."

Leadership Insights: "Fostering Inclusion"

The *Leadership Insights* series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at **www.RWHC.com**. This month's article is by Corrie Searles, MPT, who has joined RWHC as a Leadership Development Educator.

Have you ever felt like an outsider? For example, I had a year-long weekly class in eighth grade, and I was the only one who came from the neighboring-rival-town. The other kids sat on the opposite side of the room from me, and for twelve months, only the teacher acknowledged my presence. I begged not to go and dreaded each week. To add to this, I was that adolescent girl who was always picked last for teams in gym class–I wasn't fast, I wasn't coordinated, I couldn't contribute much towards a win. I got my poorest grades in gym. (I really hated gym class).

I'm sure we've all had similar experiences. And not just in our youth. The sting of not feeling like you fit in and the desire to feel connected to peers is just as powerful of a driver as adults as it was when we were young. It may not be as overt as the often youthful name-calling can be, but it sneaks into the workplace in subtle, yet impactful ways. A feeling of not belonging is one of the top three reasons people leave employers. Top three! Yikes! We have some work to do!

As leaders, just as we have devoted time and practice to develop expertise in our areas of influence, we need to dedicate energy and effort to strengthening our skills in supporting the belonging of individuals on our teams. **It matters…and not only for the new hires or those new in a role.** It's important at every stage of employment, driving retention, engagement, productivity, patient satisfaction, and financial outcomes.

What can you do to foster belonging on your teams? Silvia Siquiera of Hilti Corporation identified five behaviors that impact feelings of inclusion:

1. **Active Listening**–This is obviously a good communication skill in general, but in terms of belonging, it's about being truly *heard*, feeling respected. Demonstrate through your actions that you give others your full, undivided attention when you're with them. Come to the conversation with the realization you may not have all the details and a desire to know more. Seek to understand rather than to respond. You don't have to always agree with their thoughts. Just acknowledge the opinions and give them full consideration.

2. **Positive Reinforcement**–Markus Buckingham, well-known author and motivational speaker, suggests observing employees and reacting to what works in their performance so it can be consciously considered and further developed. This is not just for praise purposes; it's to help employees notice what's working so they can do more of it. Challenge yourself to look for what's right and call it out, rather than focus solely on what's not going well. Investigate what's working in the outcomes and behaviors of each person on your team and find ways to recognize them, encouraging them to continue. (*For more on this topic, consider watching Markus Buckingham's 4-minute video*: *"How to Coach Your Employees,"* ***bit.ly/43pq3Fe***).

3. **Awareness of Assumptions (Biases)**–Assumptions occur simply as a result of missing information. When you don't have all the necessary background and understanding, make the effort to seek out the rest of the details. Probe deeper with curiosity. Be aware of judgments or conclusions you may have before you know the full story.

4. **Micro-messages**–Clue-in to the subtle cues–tone of voice, actions, word choices–that indicate separation from others. Like my eighth grade example, who is physically distant from the group? Watch for:

   - A quiet sigh after someone speaks
   - Looking away as one person shares but making eye contact when another colleague talks

- Acknowledging one employee's input during a meeting with, "Yes, interesting…" but interrupting while another employee begins to share

If you catch yourself sending these inadvertent, non-malicious intending cues, work to avoid them in the future. If you notice these behaviors in the team, use facilitation skills to change the nature of their interaction (e.g., ground rules, mixing up partners for discussions, round robins, etc.)

5. **Mindfulness**–This requires being in the moment and attentive to what's happening around you without judgment. It's about being sensitive to the psychological safety of everyone on the team and addressing concerns as they occur. It's bringing to the table our emotional intelligence–both in self-awareness and in social awareness–and ensuring they are present in each of our leadership interactions.

Everyone wants to feel valued as if their contributions are making a difference. You have tremendous influence towards that sense. Commit to strengthening your skills that enables each person on your team to know right there is where they belong.

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.*

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