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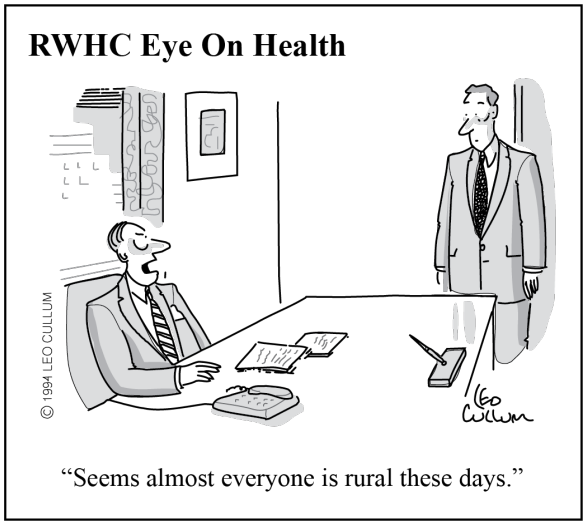
Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective - July 1, 2026

What/Who is Rural?

From an *RWHC Commentary:* by Tim Size, RWHC Executive Director, 5/11/26:

Traditionally, "what or who is rural?" has been a question few people have lost sleep over beyond those of us living in or working to serve rural communities. But, for the moment, lots of people care, as a food fight to capture dollars from a massive, new federal program is well underway.



"Seems almost everyone is rural these days."

The "One Big Beautiful Bill Act" or H.R. 1, signed into law on July 4, 2025, included a $50 billion investment (over 5 years)–the Rural Health Transformation Program (RHTP). This initiative is comparable in the level of funding for the Hill-Burton Program that assisted the initial construction or modernization of most of the country's rural hospitals for fifty years following World War II.

The RHTP is managed by the Centers for Medicare & Medicaid (CMS) under a "hands on" cooperative agreement with each of the 50 states, with the intent to "help State governments support rural communities across America in improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem." (CMS *Notice of Funding Opportunity*.)

Of interest, the 2020 US Census defines rural as a left-over–anything not urban. And urban is defined as "a densely settled core of census blocks with a minimum threshold of at least 5,000 people or 2,000 housing units." The Wisconsin Office of Rural Health at WORH.org has an excellent article, "Defining Rural for Wisconsin," showing the multiple ways state geography is sliced and diced: including by counties, census tracts and commuting areas. They appropriately do not include urban hubs as rural.

The definition(s) of what and who is rural as RHTP monies are used or distributed will be a sensitive issue over the next five years, given the stated purpose to focus on rural health and communities. Who receives RHTP monies needs to be informed by University of Wisconsin Professor Katherine Cramer's widely read 2016 book, *The Politics of Resentment*, that documents the consciousness of rural Wisconsinites–a feeling of being neglected, disrespected, and economically sidelined by urban hubs.

Supporters of rural health are generally not anti-urban. Our focus is to address "the unique geographic, demographic, and cultural factors of rural health that create significant differences in health status and access to care compared to urban areas." (The Rural Health Information Hub). We advocate for rural, not against urban. We are open to partnerships that are based on collaboration versus differences in power.

"Nothing about us without us."

The work financed by the RHTP needs to understand and respect the lived experience of rural communities:

- **Sense of Place**: many residents have a place-based identity, strongly connected to their community's context and history.
- **Strong Social Ties**: neighbors know each other and engage in regular face-to-face interactions, creating a high level of caring for their neighbors.
- **Self-Reliance and Independence**: living at a distance from many services often fosters values of independence and a "do-it-yourself" attitude.
- **Traditional Values**: rural communities often favor strong ties to both family and their community.

Support or opposition for any proposed uses of RHTP will be strongly impacted by a sense of alignment with what is and who is rural; rural communities will loudly speak up against the use of RHTP dollars that don't make it to rural communities or directly enhance rural health.

Again, from WORH.org: "With an increasingly perception-based definition of rural, it is more important than ever to be aware of how the lived experience of rural people and institutions contrast from what we might expect given our measurement schemes. **It is rural people that must direct our mission as practitioners and administrators of social programs and policy**."

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

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"We Share Far More Than We Imagine"

By Eric Frydenlund, *Wisconsin State Journal* 5/3/26:

"Prairie Du Chien–I live in a small town. I know my neighbors. I know the business owners of the stores I frequent. I know the folks who fix my car."

"Many in town are strangers, but we still share a connection through the community where we live."

"Towns, villages and cities can be measured by their population, tax base, infrastructure, municipal boundaries and other geographical attributes. But a real community is measured by its connections. It is unconstrained by physical boundaries. We have been conditioned to look for our differences because we are mostly defined by them. We live in red states and blue states. We wear the labels of conservative and liberal pinned to the backs of our collars. We bat from the left or right side, seldom able to switch hit."

"Politicians have an 'R' or 'D' affixed to their names, as if this were part of their family genealogy. Social media exploits these differences to increase readership or viewership. Politicians promote this tribalism to fill their campaign coffers. We live in a black-and-white world that sees very few shades of gray."

"Yet our connections span all borders and affiliations. The astronauts of Artemus II who circumnavigated the moon took a photo of the Earth suspended above the moon. The photo, entitled 'Earthset,' shows a blue globe floating in space that lacks borders or lines of demarcation on its surface. A barren and lifeless moonscape in the foreground gives contrast to a planet teeming with life and imbued with color and possibilities."

"This is not empty symbolism. The connections we feel and depend on here on Earth are real. The chemistry of those blue oceans–the birthplace of life on Earth–course through our veins. We breathe the same air as our co-inhabitants while the plant kingdom breathes our exhalations. We depend on our community for our livelihood–and our sense of identity."

"We have a tangible connection to all those who came before us and surround us, not only to our ancestors and relatives, but also to the community members who are part of our lives."

"Jessie delivers our mail in Prairie du Chien with a smile and friendly wave. Dr. Garrity delivered 1,695 babies with skill and compassion during his 58-year career. He is gone but I still feel the value of what he gave to our community."

SO Many OPTIONS
Wisconsin Healthcare Careers
https://www.wihealthcarecareers.com

"Teachers hold in their hands the fabric of community that spreads across generations. Violet Dohse, who could draw a perfect circle on the chalkboard using her arm as a protractor, taught math to me and my siblings. Merle Frommelt taught me Latin and served as my daughter's grade school principal, while his wife was my daughter's kindergarten teacher."

"These connections run long and deep."

"In his blog, Mike McCabe, former executive director of the Wisconsin Democracy Campaign, sent a link to a YouTube video produced in Denmark entitled 'All That We Share.' In the video, 30 seemingly strangers gather in a room. The narrator says, 'We'll show them that they have more in common than they think.' "

"Thomas and Aske were childhood friends. Inger was the midwife who delivered Mathilde. Knud saved Anne's husband's life when he had a heart attack while jogging. Rikke's great-grandfather risked his life by sailing Jan, a World War II refugee, to Sweden in 1943. Suddenly these strangers were no longer anonymous faces in the crowd."

"I recently took my daughter and grandson to the movie 'Project Hail Mary,' about an astronaut who forms a bond with an alien to save our planet from destruction. Refreshingly, the alien, named 'Rocky,' does not have fangs and drool dripping from its mouth–an image that might be used to describe our political opponents."

"The astronaut and Rocky form an unlikely alliance to save their respective planets. The characters and settings are imagined, but the story's theme is real, a story of collaboration that we yearn to tell on our own planet."

"Yes, this is fiction. Yet I have experienced the value of collaboration in my own community and know the benefits are real. In the passionately charged space of connections, the possibilities are endless."

34th Annual $3,000 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

Will AI Anxiety Drive Talent Into Healthcare?

From "Will AI anxiety drive a new wave of talent to health systems?" by Kelly Gooch and Kristin Kuchno, *Becker's Hospital Review*, 4/29/26:

"Recent college graduates are entering one of the toughest entry-level job markets in years, as hiring slows and concerns mount that artificial intelligence could reshape early careers, *The New York Times* reported April 28."

"Junior-level job postings on Indeed fell 7% in 2025, while applications per posting surged, according to an April 23 report from the Indeed Hiring Lab. As competition intensifies, some graduates report applying to more than 100 jobs without securing an interview, the *Times* reported."

"AI was the second-most-common reason cited for layoffs across industries in October, according to a report published in November. Artificial intelligence contributed to 48,414 cuts between January and October, including 31,039 in October alone."

"Healthcare has remained largely insulated from AI job losses facing other industries, however. Researchers at GovAI predict patient care roles–such as physician assistants, surgical technologists and registered nurses–have low vulnerability to AI job losses, while roles such as medical secretaries and administrative assistants have the highest vulnerability."

"As graduates widen their job searches, healthcare–one of the few sectors with structured training pathways and sustained labor demand–is emerging as a potential landing spot, even for those without clinical backgrounds. For health systems facing persistent workforce gaps, that shift could present an opportunity."

"At New Hyde Park, N.Y.-based Northwell Health, leaders are already seeing more applicants from backgrounds that are not traditionally common to healthcare."

" 'We have seen a shift in the applicant pool,' Teri Manno, vice president and head of career services at Northwell, told Becker's. 'For example, many more 'traditional educational' roles (teachers, principals, nursery school teachers) are seeking roles within the healthcare environment. It aligns with their sense of purpose and making a difference in others' lives, and also provides a better future for growth and professional fulfillment.' "

RWHC Eye On Health

"AI closes some doors and opens others; healthcare workforce leaders need to open those doors.

"Northwell operates health sciences schools across imaging, nursing, emergency medicine and behavioral health, giving the system one of the broader education footprints among U.S. health systems. Ms. Manno said these schools are also seeing increased interest from professionals pursuing a 'second career' in healthcare, even for younger professionals early into their first career, as well as veterans and retirees drawn to the field's mission-driven work, she said."

"The range of available roles may be wider than many candidates realize, spanning from nonclinical roles such as IT and food service to clinical positions such as imaging and monitor technicians. A LinkedIn News analysis published April 15 of the fastest-growing job titles for recent graduates includes roles within hospitals and health systems, including marketing coordinator, recruitment assistant, legal specialist and human resources operations specialist."

" 'When many people think about healthcare careers, they still usually picture doctors, nurses or therapists,' Ms. Manno said. 'However, the field also includes many other roles, such as maintenance mechanics, food service workers, finance professionals, security staff, environmental services, engineers, carpenters, legal experts, accountants and tech specialists. It takes a wide range of skills to serve both patients and communities, offering countless ways to make a meaningful difference in patient care.' "

"These efforts also push back against a persistent perception. 'Not all healthcare careers require an advanced degree,' Ms. Manno said. Many roles require only a high school diploma or certification–including pharmacy technicians, sterile processing technicians, medical assistants, lab technicians, administrative assistants and EMTs–while others require an associate degree, such as surgical technologists, LPNs and radiology technologists."

"To raise awareness of these opportunities, Ms. Manno said Northwell offers career guidance, workshops and educational sessions on healthcare careers. These include community-based workshops in partnership with local and faith-based organizations, virtual information sessions and educational series, and 'train and earn' programs that provide paid pathways into roles such as nursing assistants, EMTs and pharmacy technicians."

"Once candidates enter the field, the next challenge is retaining them. Health systems are increasingly investing in internal training and career mobility programs to highlight those pathways. Northwell, for example, has expanded tuition reimbursement, mentorship and 'earn while you learn' programs through its Center for Learning and Innovation, which has been operating since 2001. The system has also partnered

with New York City Public Schools and Bloomberg Philanthropies to establish a high school in Queens dedicated to healthcare education – part of a broader trend of systems building healthcare pathways directly into K-12 curriculum."

"Other systems are also investing in early career pathways, including Norfolk, Va.- based Sentara Health. Justin Fulton, senior vice president and chief talent and learning officer, told Becker's in July that Generation Z healthcare workers do not just ask for career growth and development–'they demand it.'"

"Children's National Hospital in Washington, D.C., has recruited entry-level workers without healthcare degrees through a seven-month patient care technician apprenticeship in partnership with Trinity Washington University, also based in the city. After completing the program, apprentices move into patient care technician roles and begin a pathway to become registered nurses, Chief People Officer Gina Cronin told *Becker's* in November."

" 'This is a unique opportunity where it is the ultimate win-win,' Ms. Cronin said. 'How do we attract new caregivers into our workforce for these roles that have critical shortages but are also well-paying careers? How do we support entry into those roles from either our own workforce or the communities that we serve that require no skills, no degrees, and support them along the way?' "

"Mentorship has also emerged as a retention lever. Columbia-based University of Missouri Health Care has implemented strategic initiatives to support recent graduates, System Chief Nurse Executive Shanon Fucik, BSN, told Becker's in August."

" 'We ensure more frequent touchpoints across all shifts for nurses, particularly during their first year, and have established a mentorship program designed to support our new graduates,' Ms. Fucik said. 'These efforts foster an inclusive environment, encouraging collaboration and professional growth among our nursing staff.' "

"For healthcare leaders, the moment calls for greater visibility into entry-level pathways and the structures to keep new graduates once they arrive. The candidates rethinking their options in an AI-shadowed job market are likely the same ones who will expect clear growth from day one."

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"Social Prescribing–It's Working"

From " 'Social prescribing' has doctors writing scripts for nature walks and art classes. It's working," *Upworthy*, 4/20/26:

"The loneliness epidemic has reached a critical mass, with the Surgeon General warning that social isolation can have dire health consequences. Tons of research backs it up: Being lonely can make us sick."

"For many years, patients have been screened for loneliness and offered only a few limited options: Therapy and medications that treat symptoms of loneliness like insomnia, depression, or heart problems."

"But recently, doctors have been taking a far more radical approach: What if they actually treated the loneliness itself?"

"Doctors can't befriend their patients, but more and more they've been leaning on a concept called 'social prescribing.' It's a way of treating the whole patient and not just the symptoms."

"How? By writing prescriptions for things like nature walks, art classes, book clubs, singing lessons, and more. All of these activities are shown to boost mental health, decrease loneliness, and create a domino effect of positive health outcomes."

"It's not just loneliness that can be treated by social prescribing. Depression, anxiety, and chronic pain can all benefit from community-based, real-world activities."

"A person dealing with loneliness might be asked to take part in a community class, volunteer, or even use a service that helps them make friends."

"Depression patients might be asked to spend more time in nature through a birdwatching group or nature-walk group. They may also be enrolled in art classes."

"Doctors frequently tell people to exercise more, but social prescribing sees them direct chronic pain patients, for example, to specific group exercise classes."

"Prescriptions for art classes can really make a difference. It can be even simpler than that, too. Someone who's isolated because they're a caretaker for a family member might be asked to simply go to a coffee shop a few times per week. A person who's feeling down and disconnected due to remote work might get a social prescription for joining a group or social club.

"In America, social prescribing is still in more of a fledgling state. Fortunately, though, more and more local pilot programs are popping up around the country to provide the same support. Experts believe that even in the United States' heavily privatized model, it can still be effective."

"Going for weekly nature walks to help depression and loneliness is a cute idea, but is it actually effective? A majority of research says Yes. One study found that patients who received a social prescription were less likely to visit their doctor for other consultations or go to the emergency room. Participants showed not only reductions in anxiety and depression, but major boosts to self-confidence, self-esteem, and overall wellbeing."

"Scientific American writes, 'The most memorable gains from social prescribing come through in its before-and-after stories. Whether its patients sharing how social prescriptions have provided a 'reason to wake up in the morning,' or doctors sharing how it feels like 'prescribing beauty in someone's life', social prescribing just feels right."

"The practice is not without its critics, though. Some researchers say that the positive gains from social prescribing only last as long as a healthcare worker is facilitating the activities, but fade away quickly when patients are left to their own devices. They argue that the root causes of loneliness, depression, and anxiety run far deeper in our cultures and require more precise intervention."

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The foundation focuses on community & economic development as well as the healthcare workforce.

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"Still, it's hard to argue with the idea behind social prescribing. Therapy and medications have their place, but human beings have always needed community, connection, and time spent in nature."

"Five Myths About Rural Health Care"

From "Five Myths About Rural Health Care," *The Conversation*, 4/14/46:

We feel it is important to highlight misconceptions and revisit some fundamental concepts regarding rural health care:

1. **Hospitals that close are not necessarily poorly managed**–Leadership matters, but the same pattern repeats across states and decades: Fewer patients, high fixed costs and payment structures disadvantage rural hospitals.

2. **Telehealth cannot replace a hospital**–Telehealth fills some gaps, but it can't substitute for an emergency response system when minutes matter, or replace care that requires patients to be physically present.

3. **Effects ripple beyond rural areas**–When hospitals close, nearby facilities absorb the overflow and often face less competition. Research shows their prices tend to rise. This is due to lower reimbursements from patients' insurers, an increase in care complexity and more treatment plans that are non-procedural. Elective surgical and nonsurgical procedures, which can be scheduled in advance, drive much of the profits hospitals need to survive.

4. **Conversion to outpatient-only facilities comes with costs**–Rural emergency hospital status preserves 24/7 emergency and outpatient care but eliminates inpatient beds. That means patients who need further hospital care – even for a short recovery – must be transferred, which can add cost, risk and expense. While this model can retain emergency services, communities still feel the loss of local inpatient care.

5. **Mergers don't always save the day**–Affiliations with larger health systems or private equity groups have mixed outcomes. Even when a hospital stays open, services can change significantly due to organizational restructuring combined with aggressive cost-cutting strategies of private equity groups.

Leadership Insights: "A Need Not Met"

The *Leadership Insights* series is by Corrie Searles, RWHC Leadership Development Educator. You can find back issues at **www.RWHC.com**.

How many of you can identify with the inner groan you suppress when you're aware you're about to be on the receiving end of another complaint? It could be a patient call transferred to your phone to voice a care concern, a fellow leader whose day has gone haywire and just texted a plea for support, or the employee standing shaking in frustration at your office door. Perhaps your day hasn't been so spectacular either; you have complaints of your own. You feel like a freight train is headed right at you. You question if you have the energy left to respond to more negativity. What now? How can you be expected to give from nothing?

Pause and reflect. When was the last time you suppressed that groan? (Be honest—was it within the last hour?)

What if I told you there's a way to build energy and connection in the midst of a negative circumstance (and reverse the sucking drain brought on by directing energy towards tackling the problem itself)? Ready to know the secret?

Building energy here is not about solving the complaint or the problem. It's about understanding and meeting an unmet need. Feel before you fix. Connect first.

As John Gottman stated, *"Behind every complaint is a deep, personal longing."* My former colleague and friend, JoAnn Preston, used to coach that, at its root, conflict is about a need that's not been met. Regardless of how you look at it, it's not the outward projection of displeasure or disappointment that is truly at the core of the concern. It's deeper. It comes from a void.

Our job as leaders in these trying moments is to push aside our natural need to fix and instead elevate our investigation skills. Get curious to understand the unspoken need. Why? Dancing with curiosity is invigorating and generates far more energy than wrestling with negativity. It also creates connection (another power boost for energy).

Those with complaints often don't need fixing. They need release and to be heard. If we can direct our efforts to not only helping others feel truly heard, but ultimately understood, we will make leaps and bounds towards funneling our energy in more productive channels and build better relationships.
Here's an example from my therapy leader days:

I would periodically field a call from a patient who was upset about their bill. Instead of going right into explanation of how the billing worked or defending why a certain charge was dropped, I would spend the bulk of the front end of the conversation listening. I would listen for the feeling, echo my understanding of their frustration and empathize with the complexity of navigating insurance. I would make no defense.

As the patient continued, eventually the anger that they began the call with dissipated. I hadn't reversed the charges or offered a fix. I hadn't promised a thing. Even if I'd wanted to, often I couldn't. Instead, I'd heard them out and recognized their need to express their frustration with a system they knew neither of us had the power to fix.

Yes, they were worried about the expense. But what they wanted most was to know that on the other end of the line was a person who cared about them, about their experience, about their concern. That's often all it took. Listening until the need for caring was met. (Feel before you fix. Connect first…) And the beauty was that I often left those conversations feeling better. So did they. Energy had gone up, not down.

RWHC Eye On Health

"Sorry, I wasn't listening.
What are you complaining about now?"

The next time you feel the onslaught of complaint heading down your track, take a deep breath and ready yourself to jump on the train to feel the rushing breeze tickling your hair rather than standing on the tracks about to get flattened. Ride the complaint until you understand its destination—the need that's not being met. Discover that's how and where energy builds and connection thrives.

"Empathy in leadership means understanding the struggles of those you serve." - Unknown

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About the Author: Corrie Searles, MPT, Leadership Development Educator. In Corrie's role as Leadership Development Educator at RWHC, her aim is to empower leaders–formal and informal–to create positive influence that enables others to serve well.