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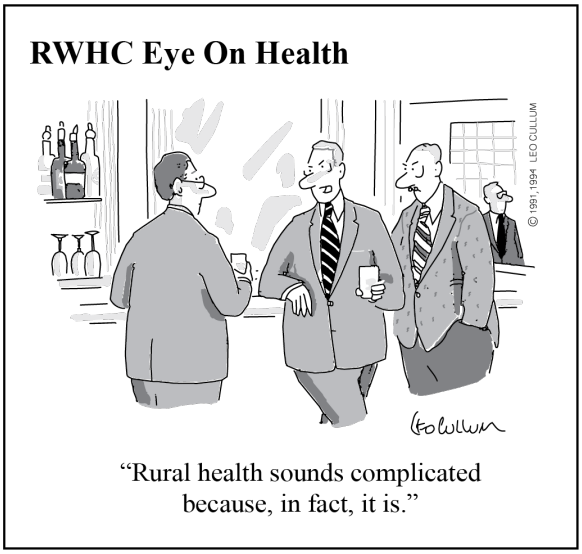
Eye On Health

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

A Rural Leader's Lifetime Experience

From an overview of *Involving Rural Communities in Improving Their Health: Skill Sets and a Best Practice for Organizers* by the author, Bruce Behringer:

"Waiting to write a career-spanning book provides an advantage of being a seventy-five-year-old health care services user who lives in a rural area. Waiting provided time to consider an expanse of professional and personal experiences, and develop practice principles and lessons learned about living, working and helping groups, communities and organizations in rural areas."



"Rural health sounds complicated because, in fact, it is."

"*Involving Rural Communities in Improving Their Health: Skill Sets and a Best Practice for Organizers* really tells one story across fifty years. Through fifteen different cases, the book demonstrates an approach and skills used with diverse organizing opportunities and a variety of rural issues. The book is full of ideas proven effective to get rural groups, communities and organizations talking and working together."

"**Cases demonstrate an intuitive four-step approach discovered then honed over time: listen for a group's purpose, offer my expertise, facilitate them to their own conclusions, and frame their decisions as actions for improvement**. The book is intended for use in college courses and with staff development activities. Community groups or organizational sponsors can also read cases as stories of how some challenges have been confronted."

"The book focuses on experiences with rural communities and groups. Experiences with concerns like cancer, substance abuse, and health literacy are reported. Cases also describe helping organizations to start new service programs, create interorganizational collaborations, and refocus to see health through eyes of diverse community groups."

"There is value in reading about others' personal roots and branches in rural health. My own path wound through four states, addressed many types of health issues, and spanned five decades. To maintain this career, shifting between four different practice platforms was required–employment, academic, representation, and consultation. Multiple roles were adopted and skill sets were deployed–scribe, facilitator, planner, cross-cultural translator, advocate, organizational representative, information agent, educator, and sometimes even a warm ear just to listen and commiserate. Over the years I valued active listening, saying 'yes' to opportunities, and staying adaptable."

"The book focuses on what makes organizing in rural areas different. With a tip of the hat to another former NRHA president, Hilda Heady, **the most fundamental issue is finding the pulse of those who want to build toward change based on community assets, not just problems**. Invoking a sense of solidarity to

gain community attention and intention to organize requires involving many stakeholders. This is often difficult and sometimes unpleasant work. The organizer must find ways to productively bring together parts of communities that may not talk or even consider if they have common interests."



Wisconsin Healthcare Careers

https://www.wihealthcarecareers.com

"Each case describes methods and tools for engagement. Some are from traditional literature and some were created in the exigencies of the moment. Figures of models, theories and group exercises accompany each case. Outputs and outcomes emphasize the importance of debriefings and written reports that promote accountability for the group and the organizer."

"The book reflects on common questions facing organizers in rural settings. When do problems of individuals become rural community issues? Finding the tipping point (thank you Malcolm Gladwell) of concern varies widely. How can an organizer begin conversations that turn into true dialog? Tips are provided to balance a needed amount of structure with acceptable group process tactics. What is the best method to uncover individual and group interests? Approaches including adaptations of Fisher and Ury's *Getting To Yes* steps are illustrated to get beyond the political zero-sum climate that promotes differences rather than identifies commonality of interests."

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

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"**This all sounds complicated because, in fact, it is**. Health issues usually have a high level of complexity in root causes and variability in service outcomes. However, good rural organizing practices abound in many sectors–housing, employment and training, education, and social justice among others. Finding and involving people from other rural sectors helps share the challenges and may infuse news ideas in addressing health issues."

"So, is organizing rural groups, communities and organizations still worthwhile today? Yes, if one wants to know the reality of a community's health and its systems of care. Organizing helps to be prepared for opportunities and threats faced today and in the future. This newsletter's previous issues identify examples of both–the potential benefit of the $50 billion Rural Health Fund compared with an expected rural impact of a $137 billion reduction in federal Medicaid spending. Developing reasonable and acceptable responses without local preparation exemplifies reactions to external forces, not planned responses from internal deliberations."

"How do communities and health systems prepare for periods like this? It does not happen overnight. Political, strategic and operational consensus among a cross-sector mix of stakeholders is not achieved quickly. Effective responses are built cumulatively through organizing experiences, over time, about different issues, involving different alignments and leadership. Multiple cases in the book demonstrate Himmelmann's Working Together approach to move communities and organizations through the steps from networking to coordinating, to cooperating, and through to collaboration."

"Ideas of how to get this movement started and sustained are embedded in each case with supplemental tips about skill sets useful to organizers. Three strategies are emphasized: iterative participatory community health assessments; community-driven planning processes involving multiple community sectors; and development and feeding of agile, technically-competent and responsive partnerships that stay tuned into relationships, history and culture of rural health."

"Successful discrete organizing experiences produce a common sense of identity and cooperative interorganizational muscle memory to enable continuous collaborative thinking. Each successful organizing experience prepares groups to be ready to prevent a big collapse or promote a new innovative approach that might actually transform a system."

Mr. Behringer is a past president of the National Rural Health Association, chair of the National Health Services Corps National Advisory Council, and served on committees for rural veteran's health, comprehensive cancer control, public health and provider recruitment. He was employed with the Virginia Primary Care Association, East Tennessee State University's Rural and Community Health and Community Partnerships, and as Deputy Commissioner at the Tennessee Department of Health. He lives in Powhatan, VA.

Flu in Kids Can Turn Deadly Fast

From "Flu Symptoms in Kids Can Turn Deadly Fast. The Flu Shot is Still the Best Protection, Doctors Say," *TODAY*, 1/16/26:

"After child flu deaths broke a record last winter, the CDC dropped its universal flu shot recommendation for kids. Here's what parents need to know."

"The United States is facing one of its most severe flu seasons in decades, data show. Infections and hospitalizations are surging, driven by a new mutated influenza A variant, H3N2 subclade K. Experts warn that flu activity could keep raging for weeks and urge people to get vaccinated. But unlike past years, parents may have to jump through extra hoops to get their children a flu shot."

"On Jan. 5, the Centers for Disease Control and Prevention dropped its long-held universal flu vaccine recommendation for kids 6 months and older, instead saying the shot should only be given after a discussion with a health care provider. The shift comes as the flu is hitting children hard. At least 32 children have died from flu so far this season, per the CDC. The weekly pediatric flu hospitalization rate has peaked at the highest level seen since 2010, NBC News reported."

"Flu metrics have already surpassed last flu season, one of the deadliest for children in 20-plus years. The 2024-2025 flu season led to 280 flu-related pediatric deaths, the highest number since the CDC started reporting these in 2004 (excluding the 2009-2010 swine flu pandemic), the agency said. Nearly all of those children were unvaccinated."

" 'It's more than unfortunate; it's tragic,' Dr. Yvonne Maldonado, a pediatric infectious disease epidemiologist and professor at Stanford University, tells TODAY.com of the CDC's change to its flu shot guidance for kids. **'(Flu shots) probably are the most effective intervention in the last 100 years to reduce child deaths in this country**,' she says. The change drew also criticism from leading medical groups, including the American Academy of Pediatrics and the Infectious Disease Society of America."

"While Federal health officials justified the change by claiming there was insufficient scientific evidence behind the universal recommendation, many medical experts disagree. 'There is plenty of data showing the effectiveness ... of the influenza vaccine in children,' Dr. Pedro Piedra, professor of molecular virology and pediatrics at Baylor College of Medicine, tells TODAY.com–including several studies still listed on the CDC website."

"The CDC website also still states that 'the flu vaccine can prevent severe, life-threatening complications in children.' The experts warn that the new guidance creates confusion, which could lead to fewer children getting vaccinated. As it's impossible to predict which child may become severely ill from the flu, here's what parents should

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know about the flu shot in kids and how fast symptoms can turn deadly."

Flu Vaccine Effectiveness in Children–"The flu shot works by introducing bits of killed or weakened flu virus to the immune system, which trains the body to make antibodies that can recognize and fight off the virus."

"While the flu shot doesn't always prevent infection, the goal is to reduce the severity of symptoms. 'If you are vaccinated, you're less likely to end up in the hospital, on a ventilator, or dying from flu,' says Maldonado. Flu shot effectiveness ranges from 40-60% depending on the season, but research suggests it's even higher among kids."

"A 2022 study listed on the CDC site that showed flu vaccination reduced the risk of severe illness in children by 75%. A 2020 study also on the CDC site showed the flu shot reduced flu-related hospitalization by 41% and ER visits by 50% among children during the severe 2017-2018 flu season. In 2017, a first-of-its-kind study demonstrated that flu vaccination reduces a child's risk of dying from the flu by up to 65% for healthy children."

" 'If you look back every year at who's been hospitalized and who's died from flu, the overwhelming majority are unvaccinated,' says Maldonado. Last season, 89% of the children who died from flu were not vaccinated, per CDC data. So far this season, data from the U.K. Health Security Agency suggest that the 2025-2026 flu vaccine is 70-75% effective at reducing hospitalizations among children. So, even it isn't a perfect match to the flu strains circulating this year, the shot still offers protection, experts note."

The Flu Can Be Deadly for Any Child–"About half of the 280 children who died flu last season had an underlying medical condition; the rest were previously healthy. 'Children have the highest infection rates of all groups because they have not seen the virus as often as adults,' says Piedra. 'In any given flu season, there are multiple strains circulating, and many kids have not had an infection with those different strains,' Piedra explains. 'If they get infected, other than vaccination they don't have any inherent protection.' "

"Children under 2 and those with underlying conditions are at the highest risk. However, most children who become hospitalized from flu are healthy, says Maldonado. Every year, an average of 100-200 children die from the flu in the U.S. These deaths occur from severe complications such as pneumonia, encephalitis or myocarditis, says Piedra. 'Over 50% of the children that die don't have any (underlying condition) ... but if you look at vaccination status, the vast majority have not been vaccinated,' Piedra adds."

Severe Flu Symptoms in Children–"The flu can progress rapidly in children. Although most will recover on their own, it's important for parents to monitor for severe symptoms. 'If you look at (pediatric) deaths, about 25% of children die before they see a physician, and 25% die in the emergency room,' says Piedra."

"Often, flu begins with a sudden fever. 'Your child is healthy in the morning. Then by the afternoon, they have a fever that's 103, 104,' says Piedra. If a child has severe or lingering symptoms, a high fever (over 104), trouble breathing, dehydration, extreme lethargy or chest pain, seek medical attention, the experts urge. 'Parents know their child. When something is out of the norm, take your child to see a physician,' says Piedra."

It's Not Too Late to the Get Flu Shot–"The flu vaccine is still available for all children 6 months and older after a conversation with a health care provider. It comes in a shot or nasal spray, which can be given by a parent at home, says Piedra. He adds that he's continuing to advise all kids get vaccinated against the flu."

"Talk to your doctor or pharmacist if you have questions. Despite the CDC guidance changes, it is still covered by insurance. 'Getting a yearly flu vaccination is the best way to reduce the risk



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from flu and its potentially serious complications,' the CDC says on its web page for the 2025-2026 season. Flu shot protects against multiple strains, including flu B, which often surges later in the season."

"As flu season continues, Maldonado has one piece of advice for concerned parents: '**Trust your caregiver.' 'Children should not be dying from a disease that's preventable**.' "

President Trump's "Great Healthcare Plan"

From "President Trump Unveils New 'Great Healthcare Plan'. Here Are the Unanswered Questions and Uncertainties," *Forbes*, 1/16/26:

"On January 15, 2026, President Trump rolled out his latest vision for healthcare in a video known as 'The Great Healthcare Plan'. The plan aims to tackle high drug costs and rising insurance premiums, while promising to maximize price transparency."

"If properly implemented, the plan has the potential to transform U.S. healthcare that has been largely unaffordable for millions of Americans. Just under half of U.S. adults say it is difficult to afford health care costs, according to a KFF poll. However, as currently articulated by the Trump administration, the 'Great Healthcare Plan' has a host of uncertainties that will shape what the ultimate impact of this initiative will be for the American people. Here are some unanswered questions."

"**Who Qualifies and How Much Money Will Consumers Receive?**–Under the plan, the federal government will send money directly to eligible Americans so they can purchase health insurance of their choice. The White House announcement stops short of providing details on any definition of eligibility criteria. Without this definition, it would be difficult to assess whether this approach would improve access to care, particularly for marginalized populations."

"In addition, there was no mention of how much money eligible Americans would receive. Even if every American received $3,000, that would not be enough to afford a standard silver plan in the Affordable Care Act marketplace. Although rates vary based on one's income, age and location, an average monthly premium for a silver plan would be somewhere between $450-$600 without tax subsidies. This would translate to $5,400-$7,200 per year. These rates also do not include deductibles, or the amount one has to spend for healthcare out of pocket before insurance coverage kicks in."

"**How Will This Affect Those With Pre-Existing Conditions?**–A major part of the Affordable Care Act was protection for people with pre-existing conditions. For decades, insurance companies in the United States could prevent Americans from enrolling in insurance plans if they had pre-existing conditions like diabetes or even cancer. Trump's new plan does not address whether such protections would be maintained, expanded or weakened. Without explicit safeguards, this particular group could face higher premiums or restricted access to necessary care."

"**What Will The Overall Impact Be of Lowered Drug Prices?**–Trump's "most-favored-nation" pricing deals would tie U.S. drug costs to the lowest prices in other high-income countries. To date, more than a dozen pharmaceutical companies have agreed to lower drug prices for Medicaid patients in exchange for exemptions from tariffs. However, patients enrolled in Medicaid already pay low drug prices and data has not yet been compiled on exactly how much these patients will actually save

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"The devil is in the details,
and sometimes, not even then."

or if they will even save any money on the new plan touted by President Trump."

"In addition, pharmaceutical companies have agreed to sell several prescription drugs at a discounted price on Trump's direct-to-consumer platform that will launch this month, Trump Rx. As an example, Wegovy, the blockbuster GLP-1 weight loss drug, will be available in its oral form for $150 a month and $350 per month in injectable form. However, for those with commercial insurance, the same drug can cost as little as $25 per month. Thus, despite the drastic cuts in many drug prices that have been initiated by the Trump administration, it is unclear exactly how much cost savings will occur from the initiatives that are to be implemented."

"**How Will Price Transparency Be Implemented?**– Trump's new plan advocates for insurers and providers to disclose pricing, profits and claim denial rates in 'plain English.' While this move would be widely popular among Americans since health prices are largely hidden from patients, the unpredictability of healthcare makes this difficult to implement."

"As an example, consider going to the emergency room for an emergency visit for abdominal pain. It would be extremely difficult to predict one's bill prior to going to the hospital, as one's care can evolve during a hospital visit. While in the hospital, a patient's condition can deteriorate, necessitating different imaging studies, medications and services that all can increase cost. A bill for one patient coming to the emergency room for abdominal pain can be on the order of thousands of dollars different than another patient also coming for abdominal pain based on services that are needed in real time."

"The Great Healthcare Plan will reset the conversation around consumer choice, price transparency and direct control of financial funds. However, without specific details on implementation, many of its promises remain speculative."

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"Artificial Intelligence is great, but so is my gut feeling."

"Innovation is a People Business"

From "Innovation is a People Business," an Op Ed by Jerry Deschane in *The Municipality*, November, 2025:

"In an era inundated with artificial intelligence, algorithm driven media, workforce shortages, and calls for more intergovernmental consolidation, it's tempting to put the human element of the local government equation to one side. Don't. You'll fail."

"Local government was, is, and ever will be a people business. People make decisions about what government services to provide or not provide. People decide whether to support local governments with their votes in local elections and referenda. People influence the future of their community by their presence at hearings on local issues. People put in place the plans to build, develop and service other people."

"Facts, figures, and data, and the digital technology we use to assemble them, have their place. But their place is secondary to people. Planner Melissa Kraemer-Badtke pointed out to me that comprehensive plans, sewer service plans, transportation plans, et al., are more than just maps, charts, and data. The best community plans are those that take into account the real experiences of people who drive to work, to church, and to shop in your community. They are the 'reality' that maps, charts, and data are 'tested' against when a new comprehensive plan is sent out for reality testing. Village Administrator Andy Pederson is an expert in collaboration. Under his leadership, the village of Bayside and a number of other communities are working on five, yes five! state Innovation Planning Grants, to build on the North Shore region's enviable track record as one of the most collaborative regions in Wisconsin. What's their secret to success? Relationships. The North Shore communities have managed to merge fire departments, first responder dispatch centers, municipal courts,

purchasing, and more because of longstanding, well-maintained relationships among community leaders. It's not magic; it's people working together."

"So, free up ChatGPT to help write that memo to the council. But make sure to check its facts, because artificial intelligence is still just guessing what real people would actually say. Go ahead and get the latest news on your favorite social media outlet. But remember that it's giving you a view of the world skewed by what it thinks you want to hear. Taken too far, that's a very dangerous twisting of reality. When you're done, put down your device and pick up your coffee cup. Walk down the hall and talk to your public works director, your clerk, and especially your citizens. Because local government is a people business."

Jerry Deschane is Executive Director, League of Wisconsin Municipalities.

Leadership Insights: "Share the Light"

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

I share this story written by Clifford and Jerie Furness, as captured in a *Chicken Soup for the Soul* book:

Winning

His mother told us the story the day after.

Kenneth was in junior high school and was excited and eager about participating in a day of Special Olympics events. While his parents watched expectantly from the stands, he ran, and won, the first race.
He was proud of his ribbon and the crowd's cheers.

He ran in the second race. Just at the finish line, when he again would have won, he stopped, then stepped off the track. His parents gently questioned him, "Why did you do that, Kenneth? If you have continued running, you would have won another race."

Kenneth innocently replied, "But Mom, I already have a ribbon. Billy didn't have a ribbon yet."

As leaders, we have opportunity to be the focal point of attention more frequently than the employees who we support. Yes, those in direct patient care may be recognized by individual patients on occasion. In our leadership roles, however, we often get the credit for team accomplishments and/or share on behalf of staff with senior leaders or the community examples of the work developed or achieved by individual contributors. Can we agree there's need to point attention in the direction of employees? Doing so will shine light on the value they bring to their work, their team, and the organization. And–bonus–may contribute to improved retention! Try a few of these strategies:

Bring Them Along–As you make proposals for new services or new equipment, ask to bring along an employee who was instrumental in the collection of the data supporting the request. Find some way to involve them in the presentation, even if only a small portion.

Invite Senior Leadership to Celebrations–As you celebrate individual or team accomplishments, be intentional to invite members of Senior Leadership to the party.

Brag a Little–Make a deliberate point to bring to the attention of other leaders the specific contributions of members from your team. Encourage the leaders to acknowledge those individuals in a meaningful way—a card, a pat on the back, a shout-out at an employee forum. Make it easy for them to provide this recognition by putting it in writing for them.

Highlight at Huddle–During team huddles, create a routine like "Thankful Thursdays," where you call out great service or efforts made by specific individuals over the past week. Or, if you send a weekly team communication, consider adding a section for team member shout-outs offered by patients, coworkers, yourself, or others.

Draw from the Jar of Thanks–Create a jar filled with slips of paper, each containing the name of someone on the team. At each staff meeting, draw a name from the jar and have each person present at the

table say one thing they appreciate about that coworker.

Defer to Their Expertise–The next time someone comes to seek your advice, consider who among your team may have as much (if not more) knowledge than you on the subject. Manage up that employee and encourage the requestor to meet with that employee for support. This is a great way to foster connection among your team and build mentorship.

Build Them Up–One of the number one priorities of leadership is growing others. Often the best future leaders for your organization are not out there to be recruited but are already part of your team. Look at your informal leaders and be deliberate in mentoring the skills of one or two individuals who show promise and potential for future greatness in leadership.

Share the Credit–One of the cardinal sins is taking credit for someone else's work, even if done inadvertently or unintentionally. If employees helped in any way to the decision or outcome of a process or project, be sure each is rightfully named. Be watchful of when you say "I" instead of "we" as a clue to when you might be misperceived as taking credit, even if not your intent.

Keep in mind the recognition preferences of each person but do find meaningful ways to shed light on each person's strengths and efforts. A little light goes a long way towards feeling truly appreciated and valued. What's in it for you, you ask? The great thing is that when you share the light with others, it reflects even more brightly on you!

"A good leader is a person who takes a little more than his share of the blame, and a little less than his share of the credit." – John C Maxwell

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About the Author: Corrie Searles, MPT, Leadership Development Educator. 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.



Program Description: As healthcare leaders, our plates are full! Yet there are times we leave our work feeling empty, hungry for something different. We need sustenance to fill our own void while gaining the energy needed to effectively fill the cups of others. Join us each month to rediscover the ingredients for success one bite at a time. In just 45 minutes you will feast on leadership knowledge nibbles, network with others over lunch, and juice-up on facilitated coaching…leaving each session with something to chew on and renewed vigor for your important work. Each subscription gives you a twelve-month banquet of rejuvenation!

Target Audience: Healthcare Supervisors and Managers, both experienced and new in their role

Food for Thought: You're not alone in your hunger. Join our Grub Club each month for recipes of success through learning practical tools and techniques, networking with colleagues with similar needs, and participating in facilitated coaching.

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