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Eye On Health

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

3 of 10 Wisconsin Kids Needlessly at Risk

From the press release: "DHS Releases 2025 Statewide Vaccination Rate Data, Childhood Rates Continue Decline," Wisconsin Department of Health Services, 3/9/26:

"Health officials sound alarm as the number of children unprotected against preventable diseases increases."

"The Wisconsin Department of Health Services (DHS) has released its annual vaccination rates among children, adolescents, and adults for 2025. The data show Wisconsin's childhood vaccination rates continued to decrease last year. While nearly 7 of every 10 children (66.9%) had the recommended vaccinations at age 24 months, nearly 3 of every 10 did not. This is a decline of almost 2% from 2024."

" '**In public health, we use data like this as an alert system. Today that alert system is sending a clear signal that the health and well-being of Wisconsin kids and communities are at risk**,' said Paula Tran, state health officer and Division of Public Health administrator. 'Vaccination rates aren't just numbers on a chart, they represent real people–children, families, and neighbors. Even small declines in vaccination rates increase the risk of preventable diseases spreading and outbreaks occurring.' "

"Alongside the decline in childhood vaccination rates, the 2025 data also show minor decreases in adolescent vaccines such as the human papillomavirus (HPV) and tetanus, diphtheria, and pertussis (Tdap) vaccines. At the same time, the vaccination rates to protect against meningococcal disease (meningitis) for adolescents increased, and rates across all adult vaccinations stayed steady."

" 'Vaccines prepare our immune systems to recognize and respond to serious diseases, and they also protect entire communities,' said Dr. Ryan Westergaard, Chief Medical Officer and State Epidemiologist for Communicable Diseases. 'When everyone can access the recommended vaccinations on time, it can stop vaccine preventable diseases from spreading.' "

"As part of a statewide network of partners, including health systems, clinics, pharmacies, and public health agencies, DHS is working to expand partnerships and support local needs."

" 'Families have told us that they are concerned about access to health care, busy schedules, and the many other pressures they face that make it feel difficult to get their kids to checkups,' said Stephanie Schauer, manager of the DHS' Wisconsin Immunization Program. 'Public health and health care providers across the state are here to help families break down these barriers to keep families safe from vaccine preventable diseases.' "

"Wisconsinites are encouraged to use the Wisconsin Immunization Registry **https://www.dhfswir.org/** to check their and their child's vaccine status and to talk to a trusted health care provider about recommended vaccines. Families can access free or low-cost vaccines through programs like Vaccines for Children and Vaccines for Adults. Learn more about vaccines on the DHS Get the Facts About Vaccines webpage at **https://www.dhs.wisconsin.gov/immunization/vaccine-facts.htm**

Who Profits from Anti-Vax?

From Google's "AI Overview" in response to the question: "Who profits from anti-vax?" on 3/12/26:

"Various individuals and entities profit from anti-vaccine sentiment and the spread of related misinformation, including non-profit organizations, social media influencers, alternative medicine providers, and law firms. The COVID-19 pandemic led to a significant financial windfall for many of these actors. Key beneficiaries include:

- **Non-profit Anti-Vaccine Organizations:** Groups such as the Informed Consent Action Network and Children's Health Defense have seen their revenues balloon from donations and grants, allowing them to expand operations, lobbying, and legal battles.
- **Influencers and Social Media Platforms:** Social media influencers on platforms like Instagram and Facebook profit by leveraging anti-vaccine content to promote and sell 'natural health' products, books, and supplements through affiliate marketing schemes. The social media platforms themselves also make money by hosting anti-vaccine ads and content.
- **Alternative Medicine Providers:** Companies and individuals selling alternative therapies, supplements, and unproven treatments (e.g., ivermectin for COVID-19) profit when people choose these over conventional medicine and approved vaccines.
- **Law Firms and Legal Professionals:** Lawyers profit from filing lawsuits that challenge vaccine mandates or claim vaccine injuries. One well known lawyer has earned millions in referral fees and a high salary from work with anti-vaccine nonprofits and associated legal efforts.
- **Executives and Founders of Anti-Vaccine Groups:** Leaders of prominent anti-vaccine groups have received significant salary increases as their organizations' revenue has grown."

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or recent graduate. Submit by June 1st.
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Fight the Loss of Rural Maternity Care

From the "Loss of Hospital-Based Obstetrics Care Prevalent in Rural Counties" by Liz Carey in the *Daily Yonder, Keep it Rural*, 3/9/26:

"*According to the research, 2.6 million women of reproductive age live in rural counties with no hospital-based obstetrics care. Another analysis found that in 2024-25, rural hospital-based obstetric units noted 'an average of more than two closures every month.' "*

"Residents in rural communities across the United States continue to lose access to hospital-based obstetrics services, with the least populated counties in our country losing access at a more rapid rate, *according* to a recent research report."

"The University of Minnesota's Rural Health Research Center released the report in January, looking at access to hospital-based obstetrics services in each county in all 50 states. Researchers looked at changes

in the availability of services between 2010 and 2023, the most recent year for which data was available, with particular attention given to the years 2022 and 2023. What they found was a continued decline in the availability of obstetrics services at hospitals."

Wisconsin Healthcare Careers

https://www.wihealthcarecareers.com

"Nearly one in 10 (8.6%) of the country's 3,144 counties lost all hospital-based obstetrics services regardless of rurality, the report found. Of those counties, 26 lost those services between 2022 and 2023, and 21 of those counties were rural."

"As a result, 60% of rural counties and 38% of urban counties were without hospital-based obstetric services by 2023."

"The less populated a rural county is, the more likely it is to lose obstetrics services, especially 'noncore' counties that have no towns with more than 10,000 residents. Among those noncore counties, 148 (or 11%) lost all hospital-based obstetrics services, 15 of those between 2022 and 2023."

" 'The rural/urban split is not new by any measure,' Julia Interrante, lead researcher of the report, said in an interview with *The Daily Yonder*. 'But those communities that are experiencing loss of services still have women giving birth in them–5.8 million reproductive-age women live in counties without hospital-based obstetrics, and 2.6 million of them live in rural counties.' "

"In their conversations with hospital administrators, the researchers found the most common reasons for obstetric closures were workforce shortages, financial losses, clinical safety concerns, and the cost of liability insurance, Interrante explained. The financial and clinical safety factors, she said, are tied to having fewer births in a system where payment for these services is based on volume and doesn't cover the full costs of keeping those services available, and where policy decisions and too few resources are going toward supports for clinical safety mechanisms in low-birth-volume settings."

"Between 2010 and 2023, Iowa, for example, had 20 counties that lost hospital-based obstetrics services. Another nine states had 10 counties that lost all of those services. But in the most recent years (2022-2023), obstetrics service losses were concentrated in five states – California, Idaho, Indiana, Minnesota, and Nebraska–which lost services in two counties each. Illinois and Kansas lost services in three counties, all of which were rural, and Ohio lost those services in four counties, two of them rural."

"Only one noncore county, McKenzie County in western North Dakota, gained hospital-based obstetrics in 2023. Yet, between 2010 and 2023, three of that state's counties lost those services. In 2010, 20% of rural counties in that state had those services, but only 16% had them in 2023, while 50% in urban counties had those services in both 2010 and 2023."

"In 2023, more than half of rural counties in 28 states lacked obstetrics services. In Florida, North Dakota, Virginia, and West Virginia, more than three-quarters of the rural counties lacked hospital-based obstetrics. In seven states (Florida, Georgia, Illinois, Louisiana, North Dakota, Oklahoma, and Tennessee), 90% or more of rural noncore counties lost those services."

" 'Loss of these services increases potential risks for maternal and infant health,' the authors of the report wrote. 'The findings of this report have both national

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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and local implications and highlight areas for improving access to care and maternal and infant health.' "

"Harold Miller, with the Center for Healthcare Quality and Payment Reform, said the closures of rural obstetrics units were, in his opinion, a bigger issue than the closing of rural hospitals. One of that organization's recent reports on rural maternity care found that the issue is continuing to grow. Fifty-one rural obstetrics units have closed in 2024 and 2025, he said."

" 'That's an average of more than two closures every month,' he wrote in an email to *The Daily Yonder*. 'The average closure rate was similar in 2022 and 2023 (54 closures in 24 months). That high rate has continued so far in 2026 with four closures in two months. Another six have closed or are ready to close this year, he said."

" 'I think it's a crisis when over 12% of the rural maternity units in the country close in five years and are continuing to close at a rate of two per month,' he said. 'It's certainly a crisis in Indiana, Maine, and West Virginia, which have lost a third or more of their rural OB units in that time period. A half-dozen other states have lost a fifth or more of their rural OB units.' "

"Those losses, he explained, are also based on undercompensation from Medicare and from private insurance. Almost half of all rural hospitals, and the majority of small rural hospitals, are losing money. Miller noted that his organization's data show that the biggest problem for small, rural hospitals in most states is low payments from private insurance plans, including Medicare Advantage plans."

"The loss of the units not only means that rural women have lost access to labor and delivery services, but they have also lost access to prenatal/postpartum care and gynecological services, research shows. The U.S. already has one of the highest maternal mortality rates among high-income countries globally —according to the Centers for Disease Control and Prevention, in 2022, the U.S. saw 22.3 maternal deaths per every 100,000 live births, nearly three times the rate in South Korea, Canada and France (8.8, 8.4 and 7.6, respectively), and nearly four times the rate of the United Kingdom (5.3)."

"Beyond the harm to women and newborns, obstetrics unit closures have an economic impact as well, Miller noted."

" '**It means that anyone who is considering living/working in a rural community can't be certain that the community will have maternity care in the future, even if it has that service today,' he said. 'That could make it harder for employers in rural communities (including the hospitals in those communities) to attract and retain younger workers**.' "

"**Losses of obstetrics services in rural America is a national issue, he said."**

" 'Reversing this trend will require helping rural communities to recruit and retain a sufficient number of physicians, midwives, and nurses and ensuring that payments from insurance plans are adequate to cover the costs of delivering high-quality maternity care,' he wrote in the report. 'Rural maternity care is in a state of crisis, and more women and babies in rural communities will die unnecessarily until the crisis is resolved.' "

Why Hospitals Face Increased Costs

From "Hospitals Face Increased Costs of Caring for Patients" by Rick Pollack, President and CEO, American Hospital Association in *AHA News*, 3/13/26:

"A hospital patient from the 1990s would likely marvel at the pace of progress in health care just a generation later. America's hospitals and health systems remain the backbone of the U.S. health care system, while today's care is more advanced, effective and medically innovative than ever before."

"Our highly skilled workforce and technological breakthroughs have resulted in patients living longer, recovering faster and benefitting from treatments scarcely imagined not long ago. But these admirable advances carry a cost, requiring substantial and sustained investment."

"Hospitals are different than other parts of the health care system as they support a wide spectrum of services–emergency care, inpatient treatment, surgery, diagnostics–all operating simultaneously."

"They have substantial fixed costs to maintain specialized services, high cost equipment, and a fully staffed, 24/7 care environment that remains ready for anything."

"And hospitals increasingly face misalignments between those costs and how care is paid for, posing a threat to the progress we have made."

"The AHA recently released an updated *Costs of Caring* report that provides a data-driven assessment of these realities and underscores why sustainable affordability solutions must address the structural drivers of cost growth rather than focusing narrowly on hospital prices alone."

"Our analysis spotlights the top five factors driving costs and expenses."

Workforce Spending. "Hospitals continue to invest heavily in their workforce. About 60% of total expenses went to paying the talented doctors, nurses, specialists and other professionals who allow hospitals to provide around-the-clock care and services. In 2025, workforce costs rose 5.6% from the previous year."

Hospital Costs to Care for Patients Grew Twice as Fast as Hospital Prices. "In 2025, total hospital expenses grew 7.5%, more than twice the rate of growth in hospital prices. Hospital expenses for supplies increased 9.9%, and drugs increased 13.6%."

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"**Hospitals Are Caring for More Patients Who Are Sicker**. From 2019 to 2024, about 36% of hospital expense growth reflected treating more patients, and about 19% reflected caring for sicker, more complex patients, as hospitals devote more staff time, monitoring and specialized treatment to these higher-need patients. The rest was from higher input costs, such as labor, drugs and supplies."

Administrative Burden from Commercial Insurer Claims Denials, Prior Authorization. "Hospitals spent $43 billion in 2025 trying to collect payments insurers owe for care already delivered. Prior authorization, claims denials, repeated documentation requests, and evolving billing and coverage rules have contributed to these expenses, as well as taking clinicians away from direct patient care."

Most Hospital Costs Are Tied to Service Lines Where Reimbursements Fall Short of the Cost to Deliver Care. "About 56% of hospital costs are tied to service lines where reimbursement falls short of, or is less than, the cost to deliver the care, including behavioral health, obstetrics, infectious disease, and burns and wounds. Many of these services are only available in hospitals, so they are essential to the health of the community."

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"It's always easier to blame the provider than fix root causes."

"These data and trends help explain why hospital expenses continue to grow, outpacing growth in hospital prices. Together, these strains are jeopardizing hospitals' ability to provide around-the-clock care and services that patients and communities need."

"Hospitals are unique within the health care sector in the wide spectrum of services they support. They remain always there, ready to care, every minute of

every day–a promise kept with the people and communities they serve."

"As the *2026 Costs of Caring* report warns, this mismatch between the actual cost of caring versus reimbursements from payers leaves hospitals increasingly at risk of being unable to maintain the full spectrum of services on which communities rely." The report can be found at: **https://www.aha.org/costsofcaring**

Saving Rural Hospitals

From "Saving Rural Hospitals: The Crisis in Rural Health Care" at **https://ruralhospitals.chqpr.org/**

"What if you had an accident and the closest Emergency Room was over 30 minutes away?"

"What if you were sick and there were no physicians or hospital beds in your community?"

"What if you were pregnant and the closest place to deliver your baby was an hour away?"

"Millions of Americans are facing these situations because rural hospitals are being forced to close or eliminate services."

- "More than 100 rural hospitals have closed over the past decade, and over 700 additional rural hospitals –one-third of all rural hospitals in the country–are at risk of closing in the near future. Even if the residents of these communities have insurance to pay for health care services, there is nowhere in their community they can use the insurance."

- "Over 100 rural hospitals have stopped delivering babies over the past 5 years, and less than half of all rural hospitals still have labor and delivery services."

"**The primary cause of these problems is that payments from health insurance plans are not adequate to sustain essential services in rural communities.** Current federal programs don't solve the problems facing small rural hospitals, and some proposed changes would make the problems worse. Rural hospitals need both adequate payments and a better payment system in order to provide essential healthcare services for their communities."

Learn more about the problems, the causes, and the solutions at: **https://ruralhospitals.chqpr.org/** re:

- **Overview of Causes and Solutions**
- **Stopping the Loss of Rural Maternity Care**
- **The Importance of Rural Hospitals**
- **The Causes of Rural Hospital Problems**
- **The Cost of Rural Hospital Services**
- **The Cost-Based Payment System**
- **Global Budgets**
- **ACOs and Shared Savings**
- **Patient-Centered Payment**
- **How to Prevent Rural Hospital Closures**
- **Frequently Asked Questions**

"This website was created and is maintained by the Center for Healthcare Quality and Payment Reform (CHQPR) in order to increase awareness about the problems facing rural hospitals and their communities and to encourage successful solutions. All of the data come from publicly available sources, and no commercial funding was used to produce the information and analysis presented on the site."

Leadership Insights: "Walking on S.T.I.L.T.S."

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

One of the priorities of our work as leaders is to grow our people. We expect those that we serve to be receptive to coaching and feedback in order to recognize blind spots that hinder further achievement along their success journey. Let's not forget that we too need growing, coaching, and that same opportunity for reflection.

Even if the input we receive isn't delivered with the greatest of finesse, we still need it as leaders. Below are a few tips to help digest feedback that may be

otherwise challenging to hear. To elevate our leadership performance, we must walk on S.T.I.L.T.S.

S: See beyond the emotions–Raw or unfiltered feedback can really sting when it's received. Reading tough input shared in employee engagement surveys about your leadership or hearing criticism in the heat of a tangled exchange can sometimes take your breath away. So, a breath is exactly what's needed. Take a moment to inhale deeply. Then push aside the natural defensiveness that is likely present. Choose to look beyond your emotions (and theirs!) and listen intently for the true content of the message. Inevitably, there is a small element of truth buried in the context, a lesson you can learn from, something they can teach you. Don your detective hat and grab your magnifying glass to go look for that truth buried behind the emotion.

When have you received a "stinging" review? What element of truth existed beyond the emotion?

T: Try to understand what motivates the criticism–Rather than defend your position, explore the other point of view first. Feedback is often much more of a reflection of the giver than the receiver. If they are sharing a difficult message about your performance, it's likely there's a need they have of you that's not being met. Perhaps your values aren't aligned with theirs. Maybe they aren't feeling heard or empowered. Whatever it is, they are needing something different from you than you are currently providing. Lead with curiosity to understand what alteration in your behavior will satisfy the unspoken need they have of you. Make it safe for them to bring that undeclared need out in the open.

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"Blinders and earplugs have their place but not 24/7."

Consider the last time you had a conflict or someone offered a vague criticism of you. What unspoken need were they craving you to address?

I: Indicate you have heard them–You don't have to agree with their feedback. You do need to acknowledge its receipt and thank them for it. It may be as simple as saying, *"I really appreciate your bravery in sharing that with me. I promise to reflect on what you've said."* If you're in control of your emotions, you can also paraphrase what you believe they shared with you: *"Thanks for giving me that feedback. To check my understanding, what you needed me to hear is… Am I on track?"*

Create and practice a ready response now that you'd be comfortable to share in such a moment so you don't have to think through the cloud of emotion in a future moment.

Take 3 minutes right now to edit this example in your own words: "Thanks for giving me that feedback. To check my understanding, what you needed me to hear is… Am I on track?"

L: Learn more–You may need to ask for more insight. Ask if they can provide a specific example. Often, they may share what they want you NOT to do, what they don't like. That doesn't always lend insight into what they'd wish you'd do instead. It's okay to ask. *"If I were better at _____, what behaviors or actions would you notice me doing differently?"* Seek clarity about their needs. This helps you. It also helps them. Because when you start doing the very thing they indicated they needed, they'll take notice.

If you ask them to describe what "good" would look like, they may struggle to answer. You can prompt further by saying, "When you've witnessed others interacting with you in a way that works well, what are they saying or doing that's different than my current approach?" This may jump start the outline of what they'd like from you instead.

T: Tell your side of the story–Before jumping in with explanation or defense of your actions, double check your motive. Telling your side should be less about arguing against their interpretation and more about offering clarity for the intent behind why you took such

actions. People are often more upset by why they think you did what you did than by the actual behavior itself. If you can explain the positive intent by which you acted, that alone may resolve their concern. Try something like, *"I'm so glad you said something. I can see why that landed as it did. It was actually my intent to _____, not to _____. I'm sorry it upset you. I will work on being clearer with my intent in the future."*

Recall the last time you felt the urge to defend your actions. Assuming you hadn't acted with the intent to be disrespectful to prompt their offense, how could you have clarified the healthy motive you had for the actions you took?

S: Seek a solution–The idea is to find a satisfactory resolution that you can live with and they too support. Remember, you're trying to satisfy a need they have of you…but in a way you can feel good about. To show your faith in the relationship, you could ask for their thoughts first. *"I welcome your thoughts on our next steps. What ideas do you have?"* If you both are stuck, start with where you have common ground and work forward from there. *"We're struggling to identify just where to go from here. Let's back up a bit. I know we both are committed to being respectful towards one another and having a good working relationship. If we start there, what would it take to…?"*

The last time you received tough feedback, what did you hold as a mutual purpose with the other person involved? What could you both agree to wanting or needing?

Walking on stilts isn't easy. I've actually tried it. It requires practice. So does receiving constructive feedback. The more we invite and respond to feedback as leaders, the stronger and more valuable we become in serving others.

"The trick to viewing feedback as a gift is to be more worried about having blind spots than hearing about them." – James Clear

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Explore these workshops and programs offered by our RWHC Education Team to improve your skills of *Walking on S.T.I.L.T.S.*:

- *Tell Me More: The Art of Giving & Receiving Feedback*
- *Overcoming Imposter Syndrome*
- *Walk the Talk: Leadership Accountability*

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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.

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