

Review & Commentary on Health Policy Issues for a Rural Perspective – February 1st, 2007

## \$1 M Invested in Strong Rural Communities

The understanding that “we can’t afford not to go upstream to prevent illness and injury” coupled with the vision that collaboration among medical, business and public health sectors must become the norm in rural communities is at the heart of Wisconsin’s Strong Rural Communities Initiative (SRCI). The fact that this initiative has received four separate grants this year totaling nearly a million dollars is a welcomed affirmation that SRCI is headed in the right direction. In addition, SRCI is the first community-based program to get funding from both of Wisconsin’s Blue Cross conversion foundations—a great example of collaboration between Wisconsin’s two medical schools which are the stewards of these funds.

**Background**—*Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public* is the Wisconsin state health plan for the decade 2000-2010. For its vision to become a reality, Wisconsin must restructure its system of enhancing preventive health best practices in rural communities. In *Wisconsin County Health Rankings 2004*, a report by the Wisconsin Public Health & Health Policy Institute at the University of Wisconsin-Madison, 56% of metro counties in Wisconsin were in the top (best) quartile for Health Outcomes compared to only 9% of non-metro counties;

32% of non-metro counties were in the bottom (worst) quartile compared to 12% of metro counties.

SRCI is designed to implement the key recommendation in the Institute of Medicine’s (IOM) 2004 Report *Quality Through Collaboration: The Future of Rural*

*Health Care*, the only IOM report to date that focuses on rural health. In summary, it recommends that rural communities must reorient their strategies from a “patient- and provider-centric approach to one that also addresses the problems and needs of rural communities and populations, and... that rural communities, because of their smaller scale and other unique characteristics, offer an excellent setting for undertaking rapid-cycle change.” SRCI believes that rural businesses and their employees constitute a major subset of the community who in partnership with public health and the medical community, can significantly

accelerate their community’s overall acceptance/demand for prevention services.

SRCI’s six local community projects address the three overarching goals of the Healthy Wisconsin 2010 by addressing disparities in prevention opportunities by rural communities; promoting and protecting health for all by reaching populations at the work place as well as within the broader community; and transforming the public health system by involving multiple sectors of the community in population-based and community-centered programming.

### RWHC Eye On Health



“Same problem. We were doing good until our patients couldn’t afford us any longer.”

SRCI is sponsored by Wisconsin's Rural Health Development Council (RHDC). RHDC works to link rural health and community development, is appointed by the Governor, confirmed by the Senate, and staffed by the Wisconsin Office of Rural Health (WORH). Consequent to strategic planning sessions in early 2004, SRCI was designed to support Healthiest Wisconsin 2010 by implementing sustainable rural models for medical, public health, and business collaboration to enhance preventive health services in rural Wisconsin. Through a statewide competitive process, RHDC chose six local community projects from among twenty-two proposals.

SRCI combines six local projects, two medical schools and a statewide policy council with the potential to improve the health of 1.7 million rural Wisconsin residents. SRCI with the Center for Healthy Communities as an academic partner at the Medical College of Wisconsin (MCW) has acquired funding for three years, 2006-2009 from the Healthier Wisconsin Partnership Program for community partners in Langlade, Manitowoc and Waupaca Counties.

With the Wisconsin Office of Rural Health as an academic partner at the University of Wisconsin School of Medicine and Public Health (UWSMPH), funding has been acquired for community partners in Jackson, Sauk and Sawyer Counties for three years, 2006-2009. First year funding was allocated from the Wisconsin Rural Hospital Flexibility Program by the WORH and funding from the Wisconsin Partnership

Fund for a Healthy Future was obtained for the second and third years.

UWSMPH and MCW have a strong history of sharing information and working in a parallel and supportive manner. However, the complexity of creating a Healthy Wisconsin requires a higher level of cooperation. Just as SRCI is bringing together community sectors that traditionally have not worked closely together, MCW and UWSMPH are coming together in this initiative in a much more meaningful way. Faculty are actively working together along with representatives from the communities to developing the local interventions, and all participants are learning from one another to create a statewide framework for effective community-academic partnerships for years to come.

#### The Six SRCI Local Community Initiatives

**Building a Healthier Langlade County Coalition** is enhancing collaborative strategies with partner agencies to increase response to the rising obesity rates in the county by targeting businesses and their employees. This proposal has a multifaceted approach including primary and secondary prevention. The principle focus is to engage three new businesses each year of the grant cycle to implement action steps and create policy to improve the health of their employees. Proposed activities will bring health and wellness providers to the worksite. **Karen Hegranes** is the project representative from Langlade County. She is the Assistant Director of the Langlade County Health Department and has over 20 years of experience as a pediatric oncology nurse and public health worker. The Hospital partner is Langlade Memorial Hospital.

**Healthiest Manitowoc County 2010** is engaging the community through multiple pathways to increase individual knowledge regarding lifestyle choices and their impact on health. HMC will engage community employers and local occupational health providers, working with them to offer health risk assessment and health improvement planning for their employees and individuals in the community. **Amy Wergin** is the project representative from Manitowoc County. She is the Assistant Director of the Manitowoc County Health Department. The hospital partners are

The **Rural Wisconsin Health Cooperative (RWHC)** was begun in 1979 as a catalyst for regional collaboration, an aggressive and creative force on behalf of rural health and communities. RWHC promotes the preservation and furthers the development of a coordinated system of health care, which provides both quality and efficient care in settings that best meet the needs of rural residents in a manner consistent with their community values.

*Eye On Health* Editor:

Tim Size, RWHC

880 Independence Lane, PO Box 490

Sauk City, WI 53583

<mailto:office@rwhc.com>      <http://www.rwhc.com>

*For a free electronic subscription, send us an email with "subscribe" on the subject line.*

Holy Family Memorial in Manitowoc and Aurora Medical Center in Two Rivers.

**Working on Wellness (WOW) in Waupaca County** is an action research project that is developing the long-term capacity of cross-sectional teams (public and private healthcare, businesses, education, volunteer, and community) to provide prevention and health promotion services to corporate and independent worksite locations. Paid and volunteer health workers move within and between sectors to better influence the social, economic and environmental conditions that enable and support the health and well-being of local rural residents. **Connie Abert** is the project representative from Waupaca County. She is the Waupaca County University of Wisconsin-Extension Youth Educator. The public health partner is the Waupaca County Health Department. The hospital partner is Riverside Medical Center.

**ProACTIVE Wellness Initiative (Jackson County)** are implementing worksite wellness programs at two employment sites and monitoring a third site for comparison. The ProACTIVE Wellness Initiative is developing the program, the intent of which is to reduce incidence of lifestyle related chronic diseases by modifying poor fitness and nutrition habits through wellness programs at work, during work hours. **Liz Lund**, business development coordinator at Black River Memorial Hospital, is the project representative from Jackson County. The public health partner is Jackson County Health Department.

**FIT: Fitness-Improvement-Teamwork Program (southern Sauk County)** are expanding a successful pilot program with the Sauk Prairie Police Department to improve nutrition/exercise within the employed population. The next step is for the FIT program to be extended to other employers in the Sauk Prairie community. **Ken Carlson**, Planning and Marketing Director of Sauk Prairie Memorial Hospital and Clinics, is the project representative from southern Sauk County. The public health partner is the Sauk County Health Department.

**More ENERGY/More ENERGY at Work (Sawyer County)** are expanding a successful hospital-based exercise and nutrition program for cardiovascular patients by expanding hours and taking the curriculum out into the community to local businesses. They have

begun programming at two local worksites. The program is a partnership between the Sawyer County Health Department, Hayward Clinic, North Woods Community Health Center, Lac Courte Oreilles Health Center, two Hayward area businesses, and Hayward Memorial Hospital. **Barbara Peickert**, CEO of Hayward Area Memorial Hospital, is the project representative from Sawyer County. The public health partner is the Sawyer County Health Department.

**Statewide Policy Development Objectives**—The Steering Committee for SRCI is a subcommittee of RHDC. It is charged with successfully implementing the SRCI. Members include the Project Manager, both Academic Partners, the Director of the University of Wisconsin Office of Rural Health, the Program Development Coordinator and Operations Manager for the MCW Center for Healthy Communities, representatives of the six Local Communities Projects and other state rural health leaders. Along with the RHDC, it intends to complete the following policy objectives:

Objective 1: Promote statewide the critical need for and benefit of collaboration among rural medical, public health, and business partners to increase preventive health services

Objective 2: Identify and promote statewide public policies to support collaboration among rural medical, public health, and business partners

Objective 3: Disseminate statewide best collaborative community and prevention practices learned

Objective 4: Facilitate collaboration between the UWMS and MCW academic partners.

Objective 5: Evaluate SRCI as a model to facilitate statewide adoption of multi-sector rural collaboration to increase preventive health services in rural Wisconsin communities

A grant was obtained from the Robert Wood Johnson Health & Society Scholars Program at the University of Wisconsin-Madison to fund a graduate student to help SRCI to begin to address the question “What Policies Encourage Local Collaboration for Population Health in Rural Communities?” In particular the following policy issues will be addressed:

1. How can public, private and voluntary sectors most effectively promote the need for collaboration among rural medical, public health, and business partners to increase access to local preventive health services?
2. What is the existing evidence regarding the benefit of such collaborations to a rural community's health status?
3. What is the existing evidence regarding the benefit of such collaborations to rural community economic development?
4. What is the existing evidence regarding the benefits to potential rural medical, public health, and business partners?
5. What are "best practices" for rural community collaboratives focusing on preventive health services?
6. What are the unique advantages and disadvantages rural communities face when developing these multi-sector collaborative approaches?

**RWHC Rural Health Essay Competition**  
**15th Annual \$1,000 Prize - April 15 Deadline**  
 Available to all University of Wisconsin students.  
<http://www.rwhc.com/Awards/MonatoPrize.aspx>

Contact [timsiz@rwhc.com](mailto:timsiz@rwhc.com) for more information.

---

## "No Hospital Is an Island"

---

This excerpt is from "No hospital is an island: In today's business environment, rural hospital executives need to branch out in the community to lead effectively" by Jessica Zigmond in the January 15, 2007, issue of *Modern Healthcare*; the complete article is available at <http://www.modernhealthcare.com>.

"Rural hospital executives are all too familiar with the many challenges that result from geographic isolation. But now experts say these leaders should also be aware of isolation within their own facilities—and be actively engaged in their communities—if they want to run successful organizations."

"From formal master's degree programs to yearlong fellowships to one-day seminars, there are a wide range of opportunities to help rural hospitals prepare strong leaders. And in each case, community is seen not just as a home to a rural hospital but also as a determinant in that hospital's success."

" 'The out-of-date attitude: the chief executive officer's only responsibility is to run the organization,' says Tim Size, executive director of the Rural Wisconsin Health Cooperative (RWHC). 'The current attitude: In addition to that, they have to be profoundly effective as a community leader to do what it takes to make a community healthy.' "

" 'Rural hospital leaders should be actively engaged in their communities because the local hospital is often the area's leading economic driver,' says Philip Stuart, CEO at Tomah (Wis.) Memorial Hospital, a 25-bed critical-access hospital. Stuart, who serves as chairman of RWHC, says community involvement is also important for recruitment purposes. A thriving community with good schools and plenty of recreational activities can help attract physicians with families to move to a rural community."

" 'We see rural hospitals focusing on both traditional health administration and community development,' says Larry Gamm, director of the Master of Health Administration program at Texas A&M. 'Typically, the (rural) hospital is the largest or second-largest employer, so there is a strong economic component for training rural health administrators,' he says, adding that the school's programs emphasize working with community organizations and being involved with the local schools and the chamber of commerce."

"The university model of a core curriculum plus elective courses is an effective way to envision how training rural CEOs is different from training their urban counterparts, says Keith Mueller, director of the Rural Policy Research Institute's Center for Rural Health Policy at the University of Nebraska Medical Center."



**RURAL HEALTH CAREERS**  
**WISCONSIN**

**Rooted in the community**—" 'At the core, it should be the same: finance,

management, quality,’ Mueller says, adding that elective courses might include a class on inter-organizational development or how to work with a rural board of trustees. ‘My observation tells me that they’re more likely to be community-rooted people than business-executive types. There is a qualitative difference in working with a rural board. The rural administrator needs to know about inter-organizational dynamics, especially with hospitals of the same or larger sizes. You want to build relationships outside and inside the community.’ ”

“Changes in the healthcare delivery system have made it ‘absolutely essential’ for rural CEOs to be better trained today, according to Mueller. A decade or two ago, it was possible to run a rural hospital without a lot of specialized training, but that’s not the case today.”

“ ‘The dynamics of the external relationships have changed,’ Mueller says. ‘There was a time when the small rural hospital would have been pretty insular. I don’t think in this era of information exchange that a small, rural hospital can be insular. It has to have relationships with peer hospitals and larger institutions.’ ”

“This is the approach that the Rural Wisconsin Health Cooperative has applied with its Hospital to Hospital, or H2H, program. Established in 1979 as the Rural Wisconsin Hospital Cooperative, the group changed its name in 1988 to focus more on its mission of supporting and promoting healthy communities. The group is owned and operated by 31 rural general medical-surgical hospitals.”

“Last year it developed the H2H program, building on a recommendation from the keynote address at Wisconsin’s 2005 Rural Health Conference that rural hospital CEOs should seek out and visit other hospitals routinely to gain insight and enhance their own organization’s performance.”

“Hospitals interested in participating submit a brief description of the program they are willing to share with a team of visitors, and the board’s steering committee chooses from the list of nominees for two to three site visits a year. Health Cooperative hospital CEOs are given the first opportunity to register, and each site visit is limited to 20 participants. According

to Size, the program is easily replicable for other rural hospitals nationwide.”

**New perspectives**—“Grant Regional Health Center, a 25-bed critical-access hospital in Lancaster, Wis., hosted the first site visit for cooperative members in October 2006. The intensive four-hour presentation focused on Grant Regional’s five-year experience working with the Disney Institute to help incorporate a customer-focused mind-set at the hospital. Grant Regional President and CEO Nicole Clapp, a member of the cooperative, hosted the seminar and looks forward to learning from other hospitals in the H2H program.”

“I think it opens up a new perspective (of) what other hospitals—your same size—are dealing with,’ Clapp says. ‘You’re not out there alone, especially in rural America. It gives you good comparisons, new opportunities, new ideas.’ ”

---

## Good Hires Are No Accident

---

This excerpt is from “Finding the Right Person at the Right Time” by Chris Musslewhite. The complete column is at <<http://www.inc.com>>.

“Running a business brings many challenges, but there’s none quite as constant or crucial as hiring the right people. The smaller the business, the more impact—positive or negative—the person you hire will have. You will not get it right every time, but here are some best practices that can guide you toward better hiring decisions.”

**Know Yourself**—“Self-awareness is a hallmark of all great leaders. And awareness of your personal preferences and management behaviors is invaluable as you begin to hire others to help you grow your business. Understanding your personal problem-solving and decision-making process is critical to knowing how any new employee will complement your strengths and cover your weaknesses.”

“One good way to get essential insight into your management style is with personality self-assessments, such as Myers Briggs Type Indicator



and Change Style Indicator. You can also use 360-degree multi-rater leadership surveys that provide feedback from supervisors, peers and reports.”

**Two Types of Entrepreneurs**—“Entrepreneurs, like managers, often come in two sizes. One is the innovator risk-taker who identifies an emerging need and jumps in to provide it. These entrepreneurs tend to be more focused outside their organization, on the customer, technology and the marketplace. A second entrepreneurial/managerial type is the expert who leverages his or her experience to meet existing needs in the marketplace. His or her focus is often more on internal systems, giving attention to the processes necessary to deliver their product.”

**Three Problem-Solving Styles**—“Not surprisingly, there are significant differences in the styles of these two types of managers. Based on research with managers, I have identified three distinct styles or preferences for problem solving and decision-making.”

“*Conservers* prefer to work within the existing policies and operating procedures to solve problems. They typically appear deliberate, disciplined and organized. They like facts and they want data. They tend to be convergent thinkers; they like to explore a few options and quickly make a decision.”

“*Pragmatists* deal in outcomes and seek practical, functional solutions to problems. They are more concerned with finding agreement and moving forward than with adhering to existing policies and operating procedures. When making decisions, pragmatists tend to be consensus builders and they are seen as team oriented.”

“*Originators* typically challenge the status quo. They see existing policies and operating procedures as part of the problem. To them, their intuition is as important as the facts. Originators are divergent thinkers; they want to explore lots of options and prefer not to

make the final decision until necessary. Many entrepreneurs, but not all, fall into this category.”

**It Takes All Kinds**—“Recognize yourself in any of these descriptions? Most of us value and like to be around people who are like we are. So when it comes to hiring people, you’re probably going to be drawn to people who are similar. And what’s wrong with that? After all, it’s your business, why not hire people who understand the way you work and think?”

“Here are two good reasons. When you hire people who approach things just like you do, you run the risk of creating an unbalanced team. Plus, you miss out on the inevitable improvement that can result from collaborating with people who will question and challenge your methods and ideas.”

“If you recognize that you are a risk-taker-type entrepreneur and you hire only risky types, like yourself, you run the risk of creating a culture of risk-taking that

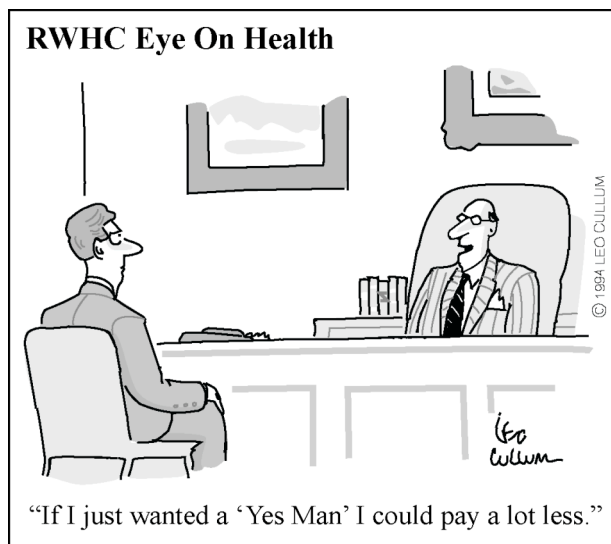
may actually put the company in danger. The same goes if you are the expert-type and you hire only internally focused people like yourself. A good example of the latter is the buggy whip manufacturer who made the mistake of responding to the growing popularity of the automobile by making fancier, better buggy whips—right up until they went out of business.”

“Every organization benefits from the positive tension cre-

ated by an equal focus on both the internal and the external. It’s up to management to recognize which focus the organization needs more of at any given time, and hire accordingly.

**Seek Out People Comfortable with the Unknown**—

“In a young or rapidly growing business, change is the only constant. If you hire people who work well with ambiguity, both your employees and your organization will thrive. If you hire someone who needs consistency and continuity to produce during these challeng-



ing times, you won't get what you need from them, no matter how qualified they are."

"On the other hand, as your business grows, you'll need to establish systems and procedures that will enable your company to produce on a larger scale. At this point, you'll need to hire people who understand the need for and can create adherence to systems and procedures. You'll find these personalities when you hire for areas such as accounting, human resources and IT. While they may be less comfortable with ambiguity, they are necessary for the stabilizing role you need them to play within the organization."

**Let Them Talk**—"Want to sort out people who can manage ambiguity from those who can't? Let them tell you in their own words. In the interview, describe a challenging scenario that recently occurred in your organization. Ask them to tell you how they would approach it. It needs to be a situation where you learned something very specific so that you can compare the outcome with their response. You'll be surprised at just how much you can learn about the person from this exercise, helping you to hire the person your organization needs most at that time."

**Look for Team Players**—"In successful small companies, people must wear many hats and work closely across functions in order to make things happen. And in large companies, the ability to work across departments is critical to organizational agility. No matter what size company you have, it helps to know how to spot people who can work well in teams."

"To ferret out the team players from the lone wolves, ask them to describe an example of when they worked on something as part of a team. What did that look like? Did they enjoy it? What would have made it more enjoyable? What made it difficult? Ask about a successful project and what made it so successful. Do they talk about themselves or the contributions of other team members? As in the previous exercise, you'll quickly begin to get an idea of how well he or she works with others."

**Listen to Your Intuition**—"When you've found that person with the right skill set at the right time, do one final gut check. Will this person fit in? What you're examining with this question is corporate culture."

"Culture is defined as the values and beliefs that shape how things get done, and the patterns of how we think, feel and act. If the culture of your company is drastically different from the companies where the person has previously been successful, they will probably be unhappy; and worse, they may make other employees unhappy too."

"So if you like the person but are not 100% sure he or she will fit in, check your intuition with someone else in the organization who has a grasp on what is good, and not so good, about your culture. If you are trying to preserve the culture you have, you should hire people who will fit in."

**Conclusion**—"You can't always predict how someone will work out, but interviewing with better awareness of your personal management style, the needs of your organization and the culture of your company, you'll have a much better chance of hiring the right person at the right time, every time."

Chris Musselwhite, MA, MSIE, Ed.D., is the CEO and founder of Discovery Learning, Inc.—a leadership development products and consulting company <<http://www.discoverylearning.com>>.

---

## Turning Kids On to Rural Health Careers

---

Recently implemented at eight RWHC hospitals is "Club Scrub", a hospital-based, after-school program. "Club Scrub" is an interactive, hands-on program that teams up with local school districts to expose middle school-age students to the many different healthcare careers that are available at community hospitals. Participants of "Club Scrub" work and learn side-by-side with hospital employees representing a broad spectrum of disciplines, including: emergency services, dietary, rehabilitation, respiratory therapy, nursing, radiology, laboratory, and more.

Participants learn the specifics of each field, including: career ladders, skills, work environments, educational requirements, education institutions, and more. There is no cost to the students who participate in this program and each meeting includes a healthy

snack, a hands-on activity, a career presentation, and a healthcare career-related prize. Hands-on activities include: suturing, emergency triage, pulse oximetry, microscope use, blood typing, casting, range of motion, vital signs, and more.

RWHC began planning and implementing this project during the summer of 2006 with the assistance of Sauk Prairie Memorial Hospital and Clinics (Prairie du Sac), who agreed to be a pilot site for this program. Since that time, seven other RWHC hospitals have elected to also begin a “Club Scrub” program at their hospitals. These include:

**National Rural Health Association**  
30<sup>th</sup> Annual Conference: May 16-18, 2007  
**ANCHORAGE, ALASKA**  
<http://nrharural.org/>

### RWHC Eye On Health



Columbus Community Hospital, Moundview Memorial Hospital & Clinics (Friendship), St. Joseph's Community Health Services (Hillsboro), Memorial Health Center (Medford), Divine Savior Healthcare (Portage), Richland Hospital (Richland Center), and Stoughton Hospital.

These eight hospitals are addressing the healthcare workforce shortage concerns prevalent in rural communities by educating and encouraging their youth to explore a healthcare career as a future occupation, utilizing a proven “grow-your-own” approach. The “Club Scrub” programs are funded through a Federal Rural Hospital Flexibility grant awarded to RWHC by the Wisconsin Office of Rural Health. Contact Dawn Johnson at 608-643-2343 or [djohnson@rwhc.com](mailto:djohnson@rwhc.com) for more information.

Space Intentionally Left Blank For Mailing