



Rural Health and Economic Development Forum
Meeting Notes
Wednesday, June 11, 2008
10:00 a.m. – 1:30 p.m.
WI Technical College System Offices in Madison, Wisconsin

Forum Members Present:

Rita Black-Radloff, *WI Department of Workforce Development*
Barb Brewster, *USDA Rural Development*
Byron Crouse, *UW School of Medicine and Public Health*
John Eich, *WI Office of Rural Health*
Eric Gass, *Center for Healthy Communities at the Medical College of Wisconsin*
Karna Hanna, *WI Economic Development Association*
Linda McFarlin, *Adams County Public Health Department*
Virginia Morgan, *USDA Rural Development*
Kathy Schmitt, *Dual Status: WI Department of Agriculture, Trade and Consumer Protection and Wisconsin Rural Partners*
Annette Severson, *WI Technical College System*
Nancy Sugden, *WI Area Health Education Centers System*
Robert Tracy, *Franciscan Skemp Regional Hospital*

Others Present:

Zachary Baeseman, *WI Office of Rural Health*
Terry Bolz, *Unity Health*
Padraic Durkin, *Department of Commerce*
Kevin Jacobson, *WI Office of Rural Health* (recorded these notes)
Kathy Loppnow, *WI Technical College System*
Tom Petri, *WI Primary Health Care Association*

USDA Rural Development

John Eich convened the meeting at 10:10 and introduced Barb Brewster and Virginia Morgan of USDA Rural Development who gave an overview of various rural assistance programs, including loans and grants for housing, water and wastewater projects, utilities, telecommunication, business development and community facilities. (See their presentation on the ORH Website,

<http://www.worh.org/RHEDFmin>) While most of the programs are only available through public organizations, some, including the housing programs and the guaranteed loan program, are available to individuals and for-profit businesses, including hospitals and clinics. Community facilities program funds can be used for public and non-profit facilities, including those operated by religious organizations. Funding recipients must be in rural areas, as defined by USDA. However, under the distance learning and telemedicine program, urban organizations can partner with rural organizations.

Strong Rural Communities Initiative and HPSA Changes

Byron Crouse reported on the Strong Rural Communities Initiative and the Steering Committee meeting. Employers are beginning to self-refer to these worksite wellness projects. Each project has exceeded its original grant goals. The issue now is how will they move from a grant funded program to a sustainable model?

Byron also reported on the proposed changes to the Health Professions Shortage Area designation policy. The public comment period has been extended to June 30. Over 200 comments have been received so far. It's unlikely that any changes will become effective before the administration changes in January, but they may be included in some form as part of more comprehensive health care policy changes. John Eich said there seem to be two view points involved: those interested in streamlining the HPSA process and those interested in changing HPSA designations and saving money.

Worksite Wellness Programs

Terry Bolz of Unity Health Insurance talked about Unity and its evolving approach to wellness programs. Unity provides customized worksite wellness programs for all levels, from 1 to 30,000 employees. They have found that there is a definite, immediate payback for these programs. Linda McFarlin asked if there is a different approach to wellness programs for aging populations that can't exercise for 30 minutes at a time. Terry said programs are customized to target different groups and needs, e.g., fitness for kids and smoking cessation. She also asked if Unity partners with public health departments. He said they do on mental health programs, but not much on general health. Additional points he covered in his presentation included:

- To be effective, health risk assessments must have follow up one-on-one counseling with the employee to discuss the results and next steps.
- Most employers don't know how to get started with a wellness program, don't have the staff and don't understand the potential impact.
- Wellness programs have a measurable, significant financial benefit, including measurable ROI, decreased absenteeism and worker's compensation claims.
- There's been a change in the paradigm from simply paying a claim to paying incentives to change behavior, such as pay for performance programs, e.g., encouraging colorectal exams.

Nancy Sugden asked if cultural and ethnic diversity in workplaces requires different approaches. Terry said the employers they work with aren't too diverse; the main differences are rural/urban. Kevin Jacobson asked if Unity provides economic incentives for employers to participate in the form of lower premiums. Terry said premiums are based on evidence, so the changes due to employees participating in wellness programs will be reflected in premium changes 2-3 years later.

Workforce Data

Rita Black-Radloff reported on the Select Committee on Workforce Data. This is an effort to compile accurate data that can impact a number of factors, such as HPSA status. They are applying for a grant to compile and present the data in a usable form. Nancy Sugden said the outcome will be a data resource and series of reports on workforce status. The entire State will be regularly surveyed for shortage area studies.

Legislative Update

Tom Petri of the WI Primary Health Care Association provided a legislative update. The big issue in 2008 is whether the Democrats will gain control of the state assembly and if so, who will be the leader? There are two possibilities post-election: If the Democrats gain control there are still several health issues that they don't all agree on. Badger Care won't change, but Healthy WI isn't viewed as favorably. If the Republicans keep control, there will be more of the same. The emphasis will be on health savings accounts and other market based reforms, as it has been in the last few years.

There will be several themes, including increasing patient needs vs. decreasing available funds. District centered, low-cost earmarks will be easier to get through than large \$20-30 million policy initiatives. The State expects CMS approval for expansion of Badger Care to childless adults. Unless Healthy WI is rolled out in a better way, it probably won't move forward. There haven't really been any changes in it since last year, so it's not too "interesting." The hospital tax will come back in the Governor's budget and Democrats will fight for it. More groups will endorse; it has a better than 50/50 chance of passing.

Tom recommends to WPHCA members that there will be large turnover, maybe 10-15 new members, many from rural areas. They need to be contacted right away about what you do in their districts. There will be new spending programs for rural area—smaller, targeted grants and earmarks. Identify programs that won't cost much. Areas of need include EMS, workforce and HIT. \$8 million in Badger Care funds will be dedicated to oral health.

The meeting adjourned at 1:55