



## Narrowing the Rural-Urban Divide

by Tim Size, Executive Director, Rural Wisconsin Health Cooperative (RWHC), Sauk City

Katherine Cramer's book "The Politics of Resentment: Rural Consciousness in Wisconsin..." is required reading for anyone interested in better understanding our country. Well before our current level of partisan animosity took hold, she was interviewing small groups who regularly meet in gas stations and restaurants "outstate" from Wisconsin's largest urban "centers," Madison and Milwaukee.

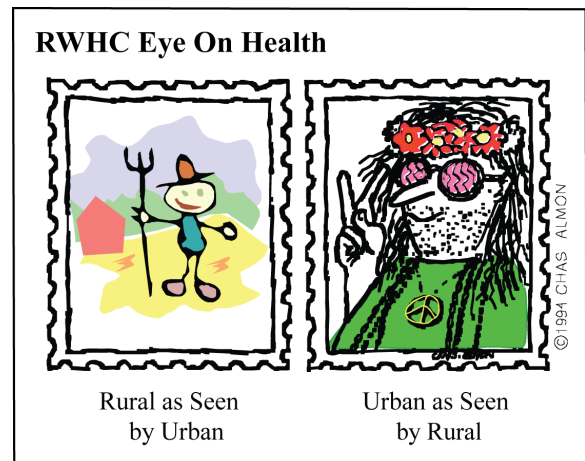
According to Cramer, "listening closely to people revealed two things: a significant rural-versus-urban divide and the powerful role of resentment. This book shows that what can look like disagreements about basic political principles can be rooted in something even more fundamental: ideas about who gets what, who has power, what people are like, and who is to blame."

Many of the people she listened to around the state "identified strongly as rural people and took it as a given that rural areas do not get their fair share of political attention or decision-making power or public resources and have a fundamentally different set of values and lifestyles, which are **neither understood nor respected by city dwellers.**"

I first came to Wisconsin in the mid '70s to work at the University of Wisconsin Hospital and Clinics in Madison. While there, I was asked to do "outreach" to rural hospital administrators in the southwest part of the state—to offer them services that the hospital had become interested in selling. Long story short, after multiple lunches they politely said no thanks but went on to explain what they would find useful.

Over the following year our collaboration led to the incorporation of the Rural Wisconsin Health Cooperative (RWHC) in 1979. A cooperative business model was seen as a model well known in rural communities that would allow for a variety of organizations to work together without fear of a loss of control. RWHC has grown to be owned and operated by forty, rural acute, general medical-surgical hospitals, an advocacy and shared services network among both freestanding and system affiliated hospitals.

Kathrine Cramer describes what I have long heard from my rural friends and colleagues and what I have learned to expect in all too many instances while trying to represent their perspective and interests. While I am still kidded by my board as that "Madison liberal," I take comfort in the balance of being seen by my Madison friends as that "rural conservative."



I do a few cartoons each month for RWHC's newsletter. A good cartoon can point out the absurd nature of much of healthcare as well as leading to the core of complex issues. Often, I am just writing down what I hear and pair it with separately acquired illustrations. I went back over the last year's cartoons and found that a good third have a sentiment consistent with what Katherine Cramer was hearing. Here are just a few examples:

- Urban executive: "It is OK to pay rural hospitals less, they can grow their own vegetables."
- Two rural computer users: "Dial-up access to get rural internet works about as well as your air conditioner during a brownout."
- Two rural executives: "Only Medicare would penalize rural hospitals for seeing patients with greater needs."
- Medicare staffer: "We don't need rural hospitals when we have MASH Tents (Mobile Army Surgical Hospitals.)"
- Rural advocate: "I'll drop 'what about keeping local care local' when you stop saying 'just trust me.'"

Having said all of the above, it is important to note key examples of where thoughtful partnerships have been developed and that can act as a model for the behaviors that are needed to narrow the rural-urban divide, both real and perceived:

The University of Wisconsin-Madison developed with rural partners the Wisconsin Academy of Rural Medicine, a medical school within a medical school that focuses on recruiting students from rural communities and helping them achieve their vision of returning to serve rural communities.

The Medical College of Wisconsin is developing community medical education program campuses in Central Wisconsin and Green Bay. Community advisory boards are being established for both campuses to be engaged in the oversight of the campuses in their region.

Last August, RWHC Members Monroe Clinic and Grant Regional Health Center (Lancaster) welcomed Sean Cavanaugh, Director of the Center for Medicare at the Centers for Medicare & Medicaid Services (CMS) to continue efforts to engage CMS on important rural hospital and healthcare-related issues. While no one left that day feeling we had resolved the longstanding differences between CMS and rural providers, I believe all felt we had taken a step in the right direction and more such dialogue could make a real difference in narrowing the divide.

The following week in Washington D.C., Eric Borgerding, head of the Wisconsin Hospital Association, reported Sean Cavanaugh as telling a national meeting that he had just toured some impressive rural Wisconsin hospitals and that it was a valuable educational experience to "really get on the ground there."

**My take away from nearly forty years working on Wisconsin's rural-urban divide: bridges get built from both sides of a river and for Wisconsin to succeed ALL of Wisconsin must succeed.**