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Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective – October 1st, 2009

Reform Starts With You

From "Rural Health Starts at Home" by Tim Size, RWHC Executive Director published in the May 2009 issue of Pioneer *GrowingPoint*® magazine:

"Health care in our country faces major challenges. Rural health care is no exception. All of us with an interest in rural America need to act to maintain and improve rural health."

"Most of us won't be debating health care reform in Washington. But we can make a difference at home. With or without national reform, the future of rural health is dependent on much that we can influence locally. We can help make our communities and ourselves as healthy as possible. We can help assure high value local health care."

"Eighty percent of health care spending is linked to chronic illness such as heart disease and diabetes. While not all illness is preventable, much of it is avoidable. According to the federal Agency for Healthcare Research and Quality, 'only 18 percent of American adults follow these three prevention measures: not smoking, maintaining a healthy weight and exercising regularly.' "

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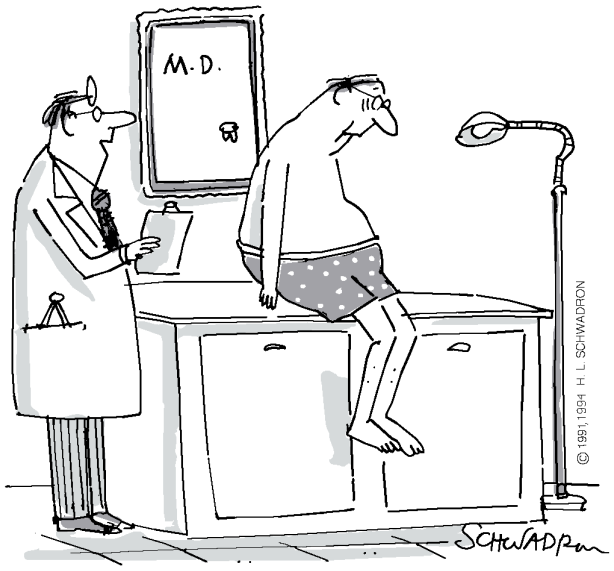

"The good news is that continuing to smoke, ignore your weight and not exercise solves your retirement problem."

"**Control your own fate**–As individuals, we can act to achieve healthier lifestyles. We need to take responsibility for our health behaviors and choices. In our communities, we can act together to help rural communities get healthier–to reverse the trend of avoidable illness. We have a long way to go but we can and must create new, healthier habits and traditions."

"What can you do to improve your health and your family's health? How can you help your schools, local health care providers, employers, churches and others to act together to help your community get healthier? No one can provide all the right answers for every situation. However, you can make a difference in many cases by talking with your doctor, hospital, public health department, or searching the Internet to find ways to get started."

"Regardless of how healthy we all can become, we also need high-value local health care. High value means receiving the quality of care that our best physicians, nurses and hospitals can provide at a cost that reflects faithful stewardship of scarce resources. It means keeping local what can be done locally and cooperation amongst regional providers."

"All hospitals are expected to demonstrate that they provide high-quality care. Researchers recently found that 'despite the challenges faced by hospitals in re-

mote small rural areas, many perform as well as or better than hospitals in urban areas.' Ask local hospitals to show you how good they are. Don't assume a hospital is better just because it is bigger."

"**Take a leading role**–What can you do personally to assure good health care locally? As a patient, do you ask questions and calmly say what you expect? Do you normally bypass local providers but expect them to be available in an emergency? Do you consider how you can work with others to assure local high-value local rural health care? Are you part of an organization that can help influence regional and state educational systems to train doctors, nurses and others to be excited about working in rural health care?"

"The Institute of Medicine is our country's highest medical authority. It understands 'community-based efforts require extensive collaboration, both within the health care sector, and between health care and other sectors.' Whether we're talking about our own health care or our community's, it's important to work for improvements. Take the time to look for ways to improve your community."

Three Barriers to Solving Our Big Problems

From "Open Your Minds, America" by Rudy Ruiz in a Special to CNN, 9/3/09.

*Rudy Ruiz founded **www.RedBrownandBlue.com**, a site featuring multicultural political commentary, hosts a nationally syndicated Spanish-language radio show; he is co-founder and president of Interlex, an advocacy marketing agency based in San Antonio.*

"As people shout over each other and tune out diverging views in town hall meetings, the health care debate is proving to be symptomatic of a major ailment threatening our nation."

"A contagious culture of closed-mindedness threatens to suffocate our progress as a society. Why has it become so difficult to even consider changing our minds about important issues? Here's my diagnosis."

"Increasingly, the willingness to change one's position on political issues has been misread as a mark of weakness rather than a product of attentive listening and careful deliberation. During the 2004 Presidential campaign, the successful branding of John Kerry as a flip-flopper doomed his bid. Fear of 'flip-flopper syndrome' is apparently catching like the flu, because today politicians are not alone in their determination to adhere to partisan positions despite the changing needs of our nation."

"Nearly everyone's so reluctant to appear wishy-washy that they stand firm even when the evidence is against their views. Three factors exacerbate this paralysis by lack of analysis: labels, lifestyles and listening."

"First, the labels ascribed to many potential policy tools render sensible options taboo, loading what could be rational, economic or social measures with moral baggage. This narrows our choices, hemming in policy makers."

"Any proposal including the words 'government-run' elicits cries of 'socialism' and 'communism.' Any argument invoking the words 'God' or 'moral' sparks accusations of 'right-wing extremism,' 'fascism,' or 'Bible-thumping.' Instead of listening to each other's ideas, we spot the warning label and run the other way."

"Second, our lifestyles favor knee-jerk reactions. The way we think, work and live in the Digital Age de-

RWHC Eye On Health is the monthly newsletter of the Rural Wisconsin Health Cooperative, begun in 1979, 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 to partner with others to make their communities healthier… generates additional revenue by services to non-Members… actively uses strategic alliances in pursuit of its Vision.

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Email **office@rwhc.com** with *subscribe* on the Subject line for a free e-subscription.

mands we quickly categorize information without investing time into rich interaction, research and understanding."

"We're hesitant to ask questions because we don't have time to listen to the long, complicated answers that might follow. And we lack the time to fact-check competing claims. In our haste, it's easier to echo our party's position than drill down, questioning whether party leaders are motivated by our best interests or the best interests of their biggest contributors."

"Third, we tend to listen only to like-minded opinions as media fragmentation encourages us to filter out varying perspectives. If you're a liberal, you avoid FOX News. If you're a conservative you revile MSNBC. The dynamic is even more pronounced online, where a niche media source can be found for any outlook."

"This silences the opportunity for meaningful dialogue and deliberation that might lead to reformulating positions, forging sustainable compromises, and developing consensus crucial to moving our nation forward on complex issues."

"So how can we overcome this challenge, starting with the health care debate? How do we open our minds to the possibility that we could actually learn from somebody else? Here's my prescription."

"For starters, we should eschew the notion that changing our minds is a character flaw. To the contrary, experts believe it's a manifestation of higher intelligence. Renowned psychologist Stuart Sutherland wrote in 'Irrationality,' his seminal 1992 book: 'The willingness to change one's mind in the light of new evidence is a sign of rationality not weakness.' "

"To further free our minds, we should aggressively treat the three Ls. Let's lose the labels: from 'flip-flopper' to 'commie,' from 'fear-monger' to 'right-wing nut job.' Trash the diatribe; mull the ideas."

"Let's engage in some constructive lifestyle management, slowing down to ponder–and make independent decisions–as enlightened people. We cannot allow the technological evolution to rob us of the intellectual strides of the American Revolution."

"We must value the art of listening, reflection, comparative analysis, and civil discourse if we're to make the most of our democracy. In the process, we should signal to leaders that we're willing to expand our horizons beyond party lines. Maybe they'll get in front of our parade, collaborating for a change."

"Let's request a second opinion and listen to each other. Switch channels. Visit different Web sites. Read a newspaper, while we can still find one. How about stepping into a town hall with an open mind, prepared to converse with people hailing from diverse circumstances? A range of perspectives enriches our viewpoint, empowering us to craft nuanced responses to complex situations."

"Ultimately, we must stop thinking that the only thing to think is what we've thought all along. As we learn more about multifaceted matters, our positions should evolve accordingly. Let's accept that it's OK to change your minds. In the end, opening our minds can only enhance the prognosis for our most cherished patient: America."

What Do We Want When Our Time Comes?

This editorial is by Tim Size, Executive Director, Rural Wisconsin Health Cooperative, Sauk City:

The shouting heads on the talk shows recently sunk to a new low in their ongoing mission to misdirect the American people. One of the national health reform bills proposed encouraging doctors to discuss end-of-life options with patients and families. Radicals with their own agendas twisted this into a Government plot to set up "death panels." But it is lemonade out of lemon time. We now have the long overdue opportunity to talk about what it means to our health care when we joke "none of us gets out of here alive."

Martians may land here tomorrow. Congress may start listening to the larger number of us who don't shout for a living. So yes, trying to help patients and families deal with tough end-of-life questions can be twisted into something sinister. But when each of our time comes, most of us don't want end-of-life heroics. We want to be treated with respect, to be embraced

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"Okay Doc, very cute, but you can get back to work now."

and to die free of pain.

"The practice of advance-care directives is widespread and accepted. It includes living wills with explicit instructions about what should be done for individuals in final illnesses, and what should not be done. It allows people to make ethical, legal, moral choices about treatments, prolonging life, and when additional treatment should not be pursued." (AARP website)

"The questions are critical, even if some people find them difficult to contemplate. Should a feeding tube be installed when the patient can no longer be nourished by mouth? Should a ventilator be attached when breathing independently becomes difficult? If the patient has severe dementia, should antibiotics be used if pneumonia develops? Should cardiopulmonary resuscitation be attempted if the heart stops beating?" (*The New York Times,* 8/17/09)

The National Institute on Aging offers a comprehensive 68-page booklet produced under President George Bush's Administration. *End-of-Life: Helping With Comfort and Care* provides "an overview of issues commonly facing people caring for someone nearing the end of life. It can help you to work with health care providers to complement their medical and care giving efforts." Individual free copies can be obtained through the institute's web site, www.nia.nih.gov, or by calling 800-222-2225.

While such resources are extremely helpful, I suspect most of us would also appreciate our physician or practitioner's guidance regarding our end-of-life options. And in America, we tend to get what we pay for.

In the meantime, I hope the Government's end-of-life booklet won't be silenced as well. Most of us understand the wisdom in Ecclesiastes: "For everything there is a season, a time for every activity under heaven. A time to be born and a time to die. A time to plant and a time to harvest.…"

BlueCross vs. Big Mac

From an editorial "Big Food vs. Big Insurance" by Michael Pollan in *The New York Times*, 9/10/09:

"To listen to President Obama's speech on Wednesday night, or to just about anyone else in the health care debate, you would think that the biggest problem with health care in America is the system itself–perverse incentives, inefficiencies, unnecessary tests and procedures, lack of competition, and greed."

"No one disputes that the $2.3 trillion we devote to the health care industry is often spent unwisely, but the fact that the United States spends twice as much per person as most European countries on health care can be substantially explained, as a study released last month says, by our being fatter. Even the most efficient health care system that the administration could hope to devise would still confront a rising tide of chronic disease linked to diet."

"That's why our success in bringing health care costs under control ultimately depends on whether Washington can summon the political will to take on and reform a second, even more powerful industry: the food industry."

"According to the Centers for Disease Control and Prevention, three-quarters of health care spending now goes to treat 'preventable chronic diseases.' Not all of these diseases are linked to diet–there's smoking, for instance–but many, if not most, of them are."

"We're spending $147 billion to treat obesity, $116 billion to treat diabetes, and hundreds of billions more to treat cardiovascular disease and the many types of cancer that have been linked to the so-called Western diet. One recent study estimated that 30 percent of the increase in health care spending over the past 20 years could be attributed to the soaring rate of obesity, a condition that now accounts for nearly a tenth of all spending on health care."

"But so far, food system reform has not figured in the national conversation about health care reform. And so the government is poised to go on encouraging America's fast-food diet with its farm policies even as it takes on added responsibilities for covering the medical costs of that diet. To put it more bluntly, the government is putting itself in the uncomfortable position of subsidizing both the costs of treating Type 2 diabetes and the consumption of high-fructose corn syrup."

"Why the disconnect? Probably because reforming the food system is politically even more difficult than reforming the health care system. Cheap food is going to be popular as long as the social and environmental costs of that food are charged to the future. There's lots of money to be made selling fast food and then treating the diseases that fast food causes. One of the leading products of the American food industry has become patients for the American health care industry."

"But these rules may well be about to change–and, when it comes to reforming the American diet and food system, that step alone could be a game changer. Even under the weaker versions of health care reform now on offer, health insurers would be required to take everyone at the same rates, provide a standard level of coverage and keep people on their rolls regardless of their health. Terms like 'pre-existing conditions' and 'underwriting' would vanish from the health insurance rulebook–and, when they do, the relationship between the health insurance industry and the food industry will undergo a sea change."

Grow Your Own with the Club Scrub Toolkit

…brought to you by the Wisconsin Office of Rural Health and the Rural Wisconsin Health Cooperative.

Club Scrub is a program designed to expose 7th and 8th grade students to health care careers in a way that engages them and opens their minds to possibilities in career choices that they may not have considered, and to do so at an early age.

The Toolkit has everything you will need–forms, letters, and lesson plans. You are encouraged to customize these materials. The Toolkit is available for a free download, in Word and PDF formats at:

http://www.worh.org/ClubScrub

"Agribusiness dominates the agriculture committees of Congress, and has swatted away most efforts at reform. But what happens when the health insurance industry realizes that our system of farm subsidies makes junk food cheap, and fresh produce dear, and thus contributes to obesity and Type 2 diabetes? It will promptly get involved in the fight over the farm bill–which is to say, the industry will begin buying seats on those agriculture committees and demanding that the next bill be written with the interests of the public health more firmly in mind."

"In the same way much of the health insurance industry threw its weight behind the campaign against smoking, we can expect it to support, and perhaps even help pay for, public education efforts like New York City's bold new ad campaign against drinking soda. At the moment, a federal campaign to discourage the consumption of sweetened soft drinks is a political nonstarter, but few things could do more to slow the rise of Type 2 diabetes among adolescents than to reduce their soda consumption, which represents 15 percent of their caloric intake."

"All of which suggests that passing a health care reform bill, no matter how ambitious, is only the first step in solving our health care crisis. To keep from bankrupting ourselves, we will then have to get to work on improving our health–which means going to work on the American way of eating."

"But even if we get a health care bill that does little more than require insurers to cover everyone on the same basis, it could put us on that course. For it will force the industry, and the government, to take a good hard look at the elephant in the room and galvanize a movement to slim it down."

"**H1N1: The Impending Epidemic: How Clinics, Hospitals, Schools & Communities Should Prepare**" is a MediaSite video of George Mejicano, MD, MS, School of Medicine & Public Health at **www.RWHC.com** under "Presentations."

Rural Entrepreneurs Born and Made

From "The Towns That Build Entrepreneurs" by Brian Whitacre and Lara Brooks at **www.dailyyonder.com** on 9/10/09:

"By focusing on local amenities they share (like beautiful Turner Falls), rival towns Sulphur and Davis have fostered small business development in both communities. Several recent Yonder articles have highlighted the virtues of rural entrepreneurs: we've had stories of Alabama residents adapting their textile skills to provide customized clothing, heard about the resiliency of flea markets to the recession, and listened to some policy ideas about promoting individual entrepreneurs. Timothy Collins even shared a brief history of entrepreneurial development in rural areas, indicating that entrepreneurship has been a 'bootstrap approach' to income and jobs for residents with few other alternatives. Collins also suggests that a strong entrepreneurial base is a precursor to attracting larger firms or businesses."

"There is no doubt that entrepreneurs are important for rural areas. But there is more to successful entrepreneurship than just a person with a good idea and a sound work ethic. An encouraging and understanding community is also crucial. Without some type of support system or help to get them started, many potential business owners would not even consider the entrepreneurial path."

"So what can communities do to help entrepreneurs succeed? Taking a look at some case studies from a relatively rural state like Oklahoma is a good place to start searching for the answer. Here are a variety of approaches these communities have taken to foster entrepreneurship."

A Heavy Emphasis on Main Street–"Cordell, in southwest Oklahoma, has historically been an agricultural community that was dependent on oil and gas. However, the oil industry decline of the 1980s took a heavy toll. Cordell also lost a large curtain manufacturing plant and all three of its three family-owned banks during that decade."

"The emergence of a strong Main Street Program in the 1990s had an impact on the downtown business scene, as many building fronts were restored and sidewalks revitalized. The Main Street Program, which focuses on designing, promoting, and reinvigorating downtown areas, is organized by the Oklahoma Department of Commerce and typically involves both businesses and interested citizens. Communities are selected on a year-to-year basis based on their need, a work plan and the establishment of a paid position for a local program manager. Although Cordell is not still a Main Street member, the impact of this program has been lasting."

"Dennis Krueger and Debbie Wede, who both live and work in Cordell, point out, 'Main Street was a catalyst after the oil bust, bank closures and business loss.' The results of the Main Street Program are still evident today, as members continue to complete training and offer words of wisdom for those interested in starting their own businesses. Cordell has emphasized its history and proudly promotes its unique courthouse, while also looking to the future; now there are high-speed fiber optic lines in place for businesses requiring them. There are now seven banks in the community that are actively financing local small business projects. There's neither a Wal-Mart nor a McDonalds in all of Washita County, but Cordell, the county seat, has managed to grow during the 2000s while most of western Oklahoma has been losing population."

Putting Aside Your Differences–"Sulphur and Davis, located only five miles apart in southern Oklahoma, have historically been competitors, suffering from the 'Friday Night Football' rivalry that plague many rural neighbors. However, the communities have recently pushed past these differences and are now working together as a county to promote their advantages. The turning point came when key individuals from both communities applied for and received an 'Initiative for the Future of Rural Oklahoma' grant that helped them think about their shared goals and walk through the issues they had."

"Known for their natural resources (including falls and springs) and a national park, both towns have set up beautification committees that cross over between munici-

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www.ruraladvocate.org/

palities to ensure that visitors want to return to the area. The chambers of commerce in both towns combine events such as banquets and auctions, and actively promote businesses within both communities. As residents in both communities note, 'What's good for Sulphur is good for Davis, and what's good for Davis is good for Sulphur.' "

Focus on Your Assets–"Pryor, in northeast Oklahoma, is home to the Mid America Industrial Park, the largest rural industrial park in the United States. Established in the 1960s, the park has been continuously updated with renovations and improvements over the years. With over 4,800 employees in 78 industries, the industrial park includes several small and medium-sized businesses and also supports numerous mom-and-pop establishments across the community that cater to industry-specific needs. The park houses several ready-to-go buildings and electricity costs are quite low: an inviting setting for potential entrepreneurs. A business incubator is available within the industrial park. A workforce development program at the high school level provides different types of certifications that the local businesses require and focuses on service-oriented careers that accommodate those industries."

Diversify yourself–"In northwest Oklahoma, Woodward takes advantage of its central location to attract shoppers from Kansas and Texas. The arrival of Wal-Mart has prompted small business owners to find niche markets that complement the big-box retailer, such as creating customized versions of clothing or materials, or specializing in older, vintage retail. Numerous restaurants in the area cater to the needs of hungry shoppers."

"Woodward is much more than just a shopping destination. Local leaders recognized the need to diversify as far back as the mid 1980s, when they gathered regularly to talk about business opportunities in their town. As Lavern Phillips of the Woodward Industrial Foundation recalls, 'Bankers, business owners, and concerned individuals in Woodward met in the hospital cafeteria every Wednesday evening and Saturday to discuss diversification of our economy.' "

"Today, the local High Plains Technology Center offers courses in many service-oriented careers such as horticulture, child care, or automotive repair, as well as training in welding and construction. Many graduates go on to work in small businesses or start their own. Trends towards alternative energy sources have been taken to heart in Woodward. Powerful winds that blow year round have stimulated the building of windmills for energy production. Several active wind farms now exist in the area, along with small firms specializing in servicing them."

"The four approaches listed here are not the only reasons these communities have been successful entrepreneurially. Many other factors are important in each case, including the personalities involved, historical industries, and nearby natural amenities. There is no single 'best' approach that any rural community can simply take that will automatically encourage entrepreneurship. As any economist will tell you, the answers will vary based on the comparative advantage that an area can put forth. The ability to recognize and build on that advantage is crucial both for the individual entrepreneur and for the community where business minded people live. Economic development committees and interested citizens who understand how existing resources (amenities, proximity to highways, infrastructure, etc.) strengthen or weaken potential strategies can best foster entrepreneurship."

Brian Whitacre is an assistant professor in the department of Agricultural Economics at Oklahoma State University. Lara Brooks is an Extension State

Specialist focusing on rural health care, rural entrepreneurship, and retail sales analysis.

Local Dialysis Maintains Independence

We regularly showcase a RWHC member from the Wisconsin Hospital Associations' annual Community Benefits Report. Wisconsin hospitals provide over $1.6 billion in community benefits; twice that if you include Medicare shortfalls and bad debt. This story is from Memorial Hospital of Lafayette County:

"A long-standing family history of type 2 diabetes has plagued Verlene McGowan, a vibrant, active lifetime resident of Darlington. In 2006, she was diagnosed with chronic kidney failure and Verlene knew what this all meant–she would require dialysis services. At the age of 74, Verlene began dialysis treatments at the newly opened 'Access Dialysis Unit' in Memorial Hospital of Lafayette County (MHLC) in Darlington."

"This six-chair unit provides life saving dialysis treatments to patients three days every week, and for Verlene, a treatment takes approximately 3 1/2 hours. 'I am so thankful for the dialysis unit here at Memorial Hospital. I can drive myself to and from my own appointments and not have the worry of how I would get there. At this point, I would not be able to drive out of town because I am just too weak after my treatments. Having this service available to me so close to home is absolutely wonderful!' "

"With revitalizing dialysis treatments, Verlene continues to be very involved in her community and is also a long time volunteer for MHLC. She enjoys playing cards and spending lots of time with friends and family. 'My health is at the forefront of me continuing to stay active and independent. I cannot say enough about what this service means to me...it means life for me and my family!' "

"MHLC opened the Access Dialysis Unit in October of 2005, which operates at a loss, in order to provide quality health care close to home with approximately 2,140 treatments performed annually."

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