

Review & Commentary on Health Policy Issues for a Rural Perspective – and for an Early April, 2013

Spring Will Follow a Lousy Winter

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

Winter has been long this year. It feels all the more so, given how mild the last two were. It reminds me that blizzards, along with tornadoes and droughts, are part of life in the upper Midwest.

In a similar way, this season of gridlock in Washington is a major threat to rural hospitals' and physicians' ability to provide local care and jobs. While the uncertainty may be unprecedented, the threat to rural health is not.

We have been through this before. We will be changed by it; unnecessary damage will be done. But we will adapt and we will survive, stronger for the challenge. Rural health will continue to be provided locally. Rural health will continue to be a major part of the rural economy.

In the late 1970's, a federally licensed regional health planning council promoted the closure or consolidation of most rural hospitals in southern Wisconsin. The plan was stopped and gave birth to the empowerment of rural communities advocating together through RWHC that continues to this day.

In the mid 1980's there was an explosion of HMOs (health maintenance organizations) with closed pro-

vider networks throughout Wisconsin. They were widely seen as a threat to rural health care. Those health insurance plans have continued to evolve. Rural providers have evolved along with them. RWHC received a "business advisory letter" from the Federal Department of Justice that allows rural hospitals to work, within limits, with health plans as a cooperative. We have learned that it is not just about the price of a particular service but the insurer's cost "per member per month."

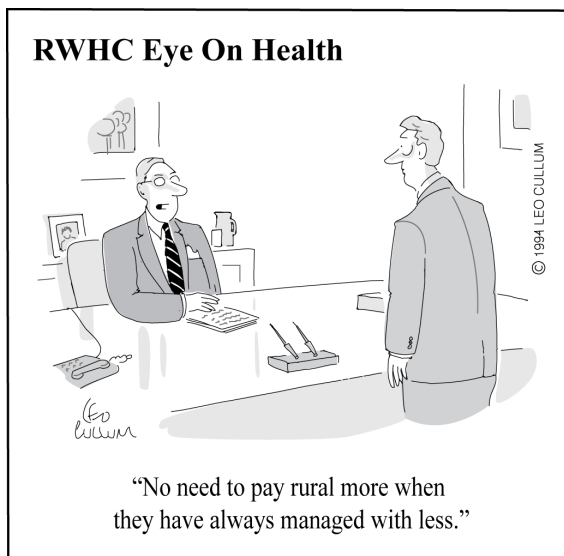
Medicare's prospective payment system for hospitals, introduced in the late '80s and early '90s, was designed for large urban hospitals. It led to hundreds of rural hospital closures. It also led to the birth of Critical Access Hospitals in 1997 and other federal policies recognizing that urban-based payment methods don't always work to support local access to health care in rural communities.

At the turn of the century, the American health care system was brought to task for poor quality by one of the nation's top scientific authorities, the Institute of Medicine. The image widely perpetuated was of two 747s'

worth of patients crashing daily. This painful process of becoming more aware of our need to radically improve the quality of American health care led to the now widespread commitment to the triple aim of better health, better care and a lower per capita cost.

It would be foolish to sugar coat the challenges rural providers face today. Deep cuts in federal payments to hospitals and doctors are on the table. A broad ar-

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ray of basic programs that support rural health may be eliminated. While hospitals and clinics are being starved of resources, purchasers of health care are demanding that we invest heavily to change how we deliver that care.

The editor of *HealthLeaders* sums up the situation pretty well: “Urban hospitals will lose more overall dollars but rural providers will be disproportionately affected because of their thinner operating margins, negligible economies of scale, and a reliance on Medicare funding to provide care for an older, sicker, poorer population.”

With advocacy, like with the weather, bad years eventually follow good ones. During the last ten good years we have unlearned the lesson that rural health advocacy has never been easy. Rural health has always been as much a “cause” or “movement” as a profession. Maintaining the federal support needed to provide quality, affordable care locally is not a job for wimps. It has to be believed in and fought for.

We must fight for fair Medicare and Medicaid payments. Rural must be seen as a priority for the investments government makes in training the next generation of the healthcare workforce.

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, Editor, 880 Independence Lane, Sauk City, WI 53583

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We rightly complain about a less than perfect and sometimes overly intrusive government, but the alternative—a “free market” distribution of health care—will lead to the demise of small hospitals and clinics in favor of an overly centralized system. We need a functioning government to work with us, not to ignore us, or blindly cut us.

We have many challenges before us. But we can and will prevail. We have done it before, over and over again. Call me naive, but I have yet to see a winter that doesn’t in time lead to yet another beautiful Midwestern spring.

Female Death Rates Up in Rural Counties

From “Women’s mortality rates worsen in parts of north, central Wisconsin, UW study says” by Karen Herzog, *Journal Sentinel*, 3/4/13:

“While death rates have fallen in the United States over the past two decades, a deeper, county-by-county analysis by two University of Wisconsin-Madison researchers reveals a surprisingly different outcome for women, both in Wisconsin and elsewhere.”

“Female death rates before age 75 actually rose in 43% of U.S. counties—including a forested swath of west-central and northern Wisconsin—between 1992 and 2006, according to a UW-Madison Population Health Institute study published Monday in the journal *Health Affairs*.”

“Meanwhile, death rates among men declined in every Wisconsin county, and throughout much of the country. Female mortality rates increased in 1,224 counties nationwide, compared with an increase in 108 counties for men.”

“The study raises more questions than it answers, but it's the first to examine the relationship between socioeconomic and behavioral factors and mortality at a county level.”

“A college degree, higher median household income, Hispanic ethnicity, not smoking, and living in a higher population density area were among the factors the study associated with lower mortality rates for both men and women.”

“Which part of the country you live in may matter, too. For women, living in counties in the South and West was associated with a 6% higher mortality rate than living in the Northeast, according to the study.”

“Focusing broadly on death rates tied to cancer and heart disease doesn't address other underlying issues driving mortality rates among men and women, said study author David Kindig, professor emeritus of population health sciences and founder of the Population Health Institute at the UW-Madison School of Medicine and Public Health.”

“ ‘In general, we assume people are getting healthier and living longer, but that's not necessarily true for women,’ added study co-author Erika Cheng, a doctoral candidate and research assistant in the Department of Population Health Sciences.”

“ ‘We were shocked,’ Kindig said of their findings of increased mortality among women. ‘We think mortality rates gradually are getting better, but that's largely because we look at state and national data. We were surprised at the extent of the worsening when you look at it by county for females.’ ”

“Lower education levels, higher adult smoking rates, motor vehicle crash death rates and excessive drinking may be among the factors, though the County Health Rankings does not break out those rates by sex.”

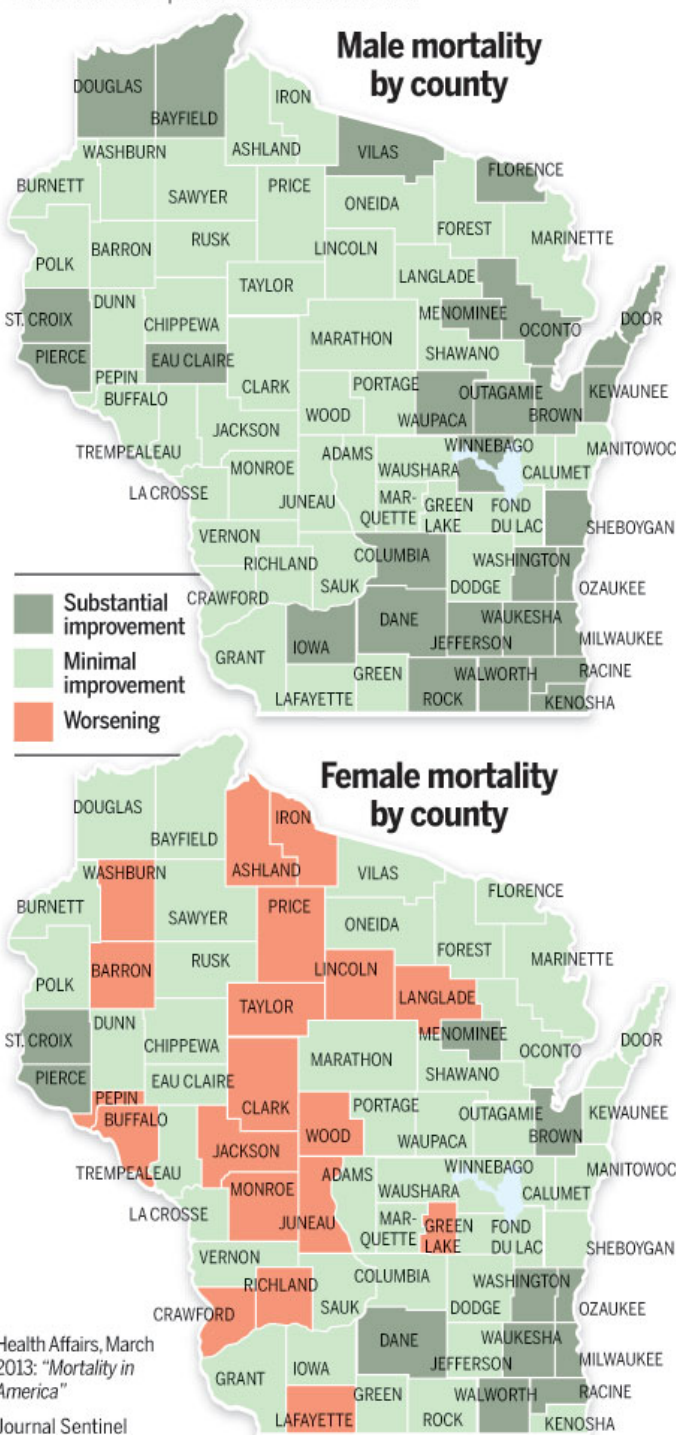
“Investments in all determinants of health—including health care, public health, health behaviors, and social and physical environment—will be required to improve mortality rates, the researchers concluded. ‘Every county is different,’ they wrote. ‘Each one needs to examine its outcomes to determine what set of cross-sectional policies would address its own situation most effectively and quickly.’ ”

“A county's health may affect its economy, Kindig said, if businesses decide where to locate or relocate

based on the county's health outcomes. The county-by-county study found that medical care variables, such as proportions of primary care providers, were not associated with lower death rates.”

Mapping state mortality by county

Between 1992 and 2006, women's death rates before age 75 rose in a forested swath of west-central and northern Wisconsin, while mortality rates for men only improved, according to a study by the UW-Madison Population Health Institute.



Medical Care Aside—What Influences Health?

From the press release “New Roundtable to Explore Factors Beyond Medical Care That Influence Health” by the Institute of Medicine, 2/24/13:

“Building on previous studies that show many factors beyond medical care affect people's health, the Institute of Medicine has established the Roundtable on Population Health Improvement to explore the interactions of these influences. The new roundtable will provide opportunities for experts on education, urban planning, medicine, public health, social sciences, and other fields to interact and share their knowledge and perspectives with the goal of catalyzing joint action.”

“ ‘The evidence is now clear that broader social and environmental factors play major roles in a person's likelihood to have a low birth weight baby—a risk for many serious health problems—or die of a heart attack or complications from diabetes,’ said roundtable co-chair David Kindig, Emeritus Professor of Population Health Sciences, School of Medicine and Public Health, University of Wisconsin, Madison. ‘That's why it's essential to engage all these sectors—education, housing, transportation, community organizations, and business among others—in efforts to improve health outcomes.’ ”

“The roundtable aims to focus greater attention on shoring up the nonmedical factors that influence a population's well-being. ‘While we are seeing enormous attention to the quality of health care and efforts to improve all aspects of the services delivered in our nation's hospitals, health centers, and doctor's offices, that won't be enough,’ said roundtable co-chair George Isham, senior adviser, HealthPartners, Minneapolis. ‘Health care providers cannot prescribe walkable streets and good bus systems, accessible grocery stores, healthier housing, or more support for early

childhood development. Such changes depend on decisions made by an array of stakeholders in the public and private sectors and in our communities.’ ”

“The broad issues to be tackled by the roundtable will include balancing the nation's health investments by expanding reimbursement to include more nonclinical, population-based interventions, reorienting the relationship between clinical medicine and public health in ways that will benefit population health outcomes, and engaging professionals from non-health fields in health improvement efforts.”

“Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides objective, evidence-based advice to policymakers, health professionals, the private sector, and the public.” For more information, visit <http://iom.edu>

Community Health Improvement Honored

From the Robert Wood Johnson Foundation website at: <http://ow.ly/inynm>

RWHC Eye On Health



“The *RWJF Roadmaps to Health Prize* honors outstanding community partnerships that are helping people live healthier lives. Prize winners were chosen because of their innovative strategies for population-level changes: policy and environmental improvements that enable people to make healthier choices. Each of these communities won \$25,000 to continue their journeys toward better health.”

“ ‘These prize winners represent leadership as its finest—trailblazers creating a culture of

health,’ commented Risa Lavizzo-Mourey, president and CEO of the Robert Wood Johnson Foundation.”

“The *Roadmaps to Health Prize* was launched this year to further the work of the County Healthy Rankings &

Roadmaps program, which aims to educate the public and policy-makers on the multiple factors that influence community health—such as education, economic conditions, and the physical environment—and to provide solutions that will improve community health.”

The Roadmaps to Health Prize 2013 Winners

“Cambridge, Massachusetts: Improving Health Equity—Cambridge—best known for its world-renowned universities—is improving health equity by addressing public health challenges like obesity and school readiness.”

“Fall River, Massachusetts: Cross-Sector Partnerships—Fall River is tackling pressing health problems through a public, private, and non-profit partnership.”

“Manistique, Michigan: Encouraging Healthy Choices—The small rural town of Manistique, in Michigan’s Upper Peninsula, is empowering everyone to play a role in the community’s health by enabling residents to make healthier choices.”

“Minneapolis, Minnesota: More Than 40 Community Organizations, Working Together—In Minneapolis, community organizations are joining forces on initiatives that promote healthy living and help create job opportunities for high-risk youths.”

“New Orleans, Louisiana: Prevention-Based Change—A cross-sector partnership in New Orleans is making public health and prevention a major component of the ongoing recovery effort.”

Farmer's Market—“The community is hosting a Farmer’s Market which serves many low-income families and also benefits local farmers. The market creates access to fresh, locally grown fruits and vegetables at affordable prices and allows low-income participants to use coupons. In order to create a successful Farmer’s Market, Manistique conducted extensive research and has shared this information with other rural communities.”

“Santa Cruz County, California: A Focus on Youth—Santa Cruz County is investing in the health of its young people by expanding insurance coverage, creating an ordinance around healthy restaurant options, and curbing youth drinking.”

The call for applications for year two of the prize will be released on March 20, 2013, in tandem with the release of the 2013 County Health Rankings at www.countyhealthrankings.org

Rural Town Wins Roadmaps to Health Prize

From the report “Manistique, Michigan: Empowering People and Inspiring Change” downloaded from <http://ow.ly/inH3R> on 3/5/13:

“Manistique is a winner of the inaugural *RWJF Roadmaps to Health Prize*. The prize honors outstanding community partnerships, which are helping people live healthier lives.”

Empowering People and Inspiring Change—“In just the last four years, Manistique has made great progress toward improving the health of the entire community, with a targeted focus on increasing access to physical activity and healthier foods. This effort was powered initially by funding from a Centers for Disease Control and Prevention (CDC) grant to the Sault (pronounced Sioux) tribe, who have members living on a reservation in the area, as well as integrated within the greater community.”

Improving the Health of the Entire Community—“Other recent health-oriented changes in Manistique include ‘Walk Manistique’ signs throughout the region to encourage walking instead of driving, a partnership arrangement that allows veterans to get vision services

at the Manistique Tribal Health Center, and the beautiful, and aptly named, Central Park, a new 40-acre haven that includes walking and nature trails, a baseball field and swimming, beach and fishing piers, all on the prior site of a dumping ground.”

“Passion and Collaboration Fuel Change—Neither the Sault tribe leaders nor the greater community fully imagined the size and sizzle of the changes now in place when the tribe hired health educator Kerry Ott, MA, CHES, now the Community Coordinator for the Sault Tribes Strategic Alliance for Health Project. But there’s no doubt, says Ott, that the passion and zeal that helped find a new buyer to keep one of the area’s largest employers—the Manistique Papers, Inc. paper mill—from closing is also fueling the success of so many recent projects.”

“Ott says Manistique, which ranked 60 out of 82 counties in Michigan in last year’s County Health Rankings, battles many of the same chronic conditions that plague towns and cities across the rest of the nation. ‘We’re struggling with diabetes and obesity and an aging population, but the tribal and community leaders had been trying to address those issues for years, so they were so ready for broader community-based efforts.’ ”

“A Community Approach to Health—Change takes time, but Ott says the city is slowly but surely making environmental changes and systems changes that give people access to healthier foods and physical activity without having to really change their daily routines very much.”

“We have a lot of people from a lot of different agencies and just plain old residents of Manistique who are excited about this work. They would take the ideas we stressed and bring them back to their agencies—the hospital, the senior center—and that helped the ideas spread so much faster through the community.”

“In 2009, soon after Ott arrived, the city brought in the legendary walkability expert, Dan Burden, who took leaders and residents on a ‘walking audit’ in Manistique and pointed out barriers such as sidewalks that stop in the grass and pose a problem for everyone—someone in a wheelchair, or an able bodied person trying to walk that street when it’s muddy or full of snow.

“Ott says the city started from the walking audit and ‘jumped from there’ to implementing a safe routes to school project with the Manistique area schools, and says ‘that started more people talking.’ Next on the list was a non-motorized transportation plan with an engineering firm and a focus group in Manistique. Ott says, ‘we made sure we had all levels of users as part of that focus group to tell us what’s wrong with the non-motorized transportation access in Manistique and

what their greatest dreams are.’ The city council adopted the non-motorized transportation plan last year.”

A Plan for Healthier Schools—“The CDC grant also included a provision for working in the local schools. Missing a coordinated school health team, the community put one together and for the last three years they have been working on the same goals as they have for the greater community—easier access to physical activity and healthier foods. ‘We’ve worked on improving the school breakfast and getting more kids to school for breakfast and we’re making some changes in the school lunch program as well as buying local produce for school meals.’ ”

Coordinated School Health Plan—“Through the plan, Manistique schools provide kids with healthy breakfasts and quality physical education. School faculty say the changes have empowered the kids to be healthy. The Exemplary Physical Education Curriculum is geared toward teaching kids skills that are exciting to them, such as archery and snowshoeing. Efforts also include a farm-to-school program using local farmers to bring fresh produce into schools.”

“Chris Marana, Physical Education Teacher at Emerald Elementary School, says the changes have empowered the kids. ‘We want them excited because we want them to be able to take that home and share that excitement with their parents and their families and then be able to sustain their enthusiasm and that level of

activity, as they get older,’ said Marana.”

Better Health for Better Business—“Critical to Manistique’s current redevelopment has been the partnerships among all the sectors of the community. It’s clear that sidewalks are really good for the health of the community. But what cemented the deal to get them built for many area partners, says Sheila Aldrich, Manistique City Manager, is that it was also good for the economic health of the community. ‘Great looking sidewalks and beautiful streets entice businesses and families to move here.’ ”

Complete Streets—“Manistique has a non-motorized transportation plan to get everyone in the community out walking and biking safely. In 2009, the city brought in a walkability expert to conduct a ‘walking audit’ to help identify and eliminate barriers to walking through the town safely. Manistique also implemented a safe routes to school project to help make walking to school safe and routine.”

“ ‘The other thing we’re doing when we talk to local businesses is letting them know that a healthier population means a healthier workforce. They’re stronger; they have less sick days that are more productive, and

there are fewer health care costs to the employer. So all of these things are beneficial in both directions. A strong economy, a strong population, they go hand in hand,’ said Ott.”

One for All and All for One—“None of the changes would have been possible, though, if the Sault tribe hadn’t seen their role in the larger community. ‘We have our own distinct community, but we are very much a part of the larger community,’ said Aaron Payment, Chairperson for the Sault Ste. Marie Tribe of Chippewa Indians. ‘A lot of our members are inter-married with non-tribal people, and so we are the community and we’re integrated in the community. Anything that benefits us benefits the larger community and vice versa.’”



RURAL HEALTH CAREERS
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describe her. Even if ‘I’m sorry’ is not your greeting, **do you tend to over-apologize?**”

“‘I’m sorry, but I am going to have to ask you to be at work on time.’ Are we truly regretful that we have a policy of being on time for work? Are we at fault for someone else’s lack of self-management? If not, then it is not honest to say that YOU are sorry. *I’m so sorry, but I am going to have to put this disciplinary note in your personnel file.*’ Did you commit the infraction? If not, then you don’t have something to apologize for.”

Leadership Insights: “Sorry”

The following is from the February issue of RWHC’s *Leadership Insights* newsletter by Jo Anne Preston. Back issues are available at:

www.RWHC.com/News/RWHCLeadershipNewsletter.aspx

“It seems the way most of us use the phrase ‘I’m sorry’ is a bit like the childhood story, *The Three Bears*: **too much, too little, or just about right.** It is worth the effort to get it right. People perceive a lot about our self confidence and integrity when we do—or do not—apologize and mean it.”

“Too Much: I knew a manager once who actually said ‘I’m sorry’ instead of ‘Hello’ when she entered a room. While she brought wonderful creativity to plans, she was nearly always late, disorganized and disheveled. People began to *expect* her to say she was sorry... and to be late, disorganized and disheveled. Her apology came to have no meaning whatsoever, and it was so unfortunate for this talented woman that *sorry* became a word that people used to

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TICE delivering the tough message assertively and without apology. Use a mirror, write it out or rehearse with your manager.”

“Too Little: Most of us also know individuals who *never* utter those two words, even when doing so would truly begin to repair what is broken. Old school management advises, ‘Never let them see you sweat, or make a mistake, or be unsure of yourself.’ *Just who is that person who never sweats, is always correct, always certain?* Right. No one.”

“Politics is a perfect example of where apologizing is seen as a

sign of weakness, like last year when the Deputy Prime Minister of the UK faced ridicule for apologizing for broken promises on tuition fees. So strong is

this political rule, his headline response was, ‘What, you want me to apologize for apologizing?’ ”

“If we never show that we make mistakes, then it is disingenuous to say ‘let’s learn from our mistakes.’ What employees see is that perfection is really the expectation, and that kind of pressure leads to an environment of **increased errors** because people are fearful of speaking up. **Do you hesitate to say you are sorry in front of your team?** *Are there opportunities to improve the openness of your department culture if you used one of your ‘mistakes’ to own up and create dialogue about improvements?*”

“**Just About Right:** *‘I’m sorry. I thought this new process was going to work, but it looks like there are some things that I didn’t think about in advance of putting it into play.’* Genuine. You made a decision that did not turn out so well, and it shows honesty when you can tell people that you are human too. It says that mistakes can truly be learning opportunities for everyone.”

“ ‘I’m sorry that I was not clearer about my directive.’ Be careful with this one. If you made as-

sumptions in your communication with someone that led to a misunderstanding, then it is fair to take some ownership. **Then take steps to improve your message clarity for the next time.** *Try asking after giving an assignment, ‘Tell me how you understand what I am looking for in this project.’ Don’t let your ‘I’m sorry’ become a back-up plan for not following through or communicating clearly.”*

Contact Jo Anne Preston for individual or group coaching at jpreston@rwhc.com or 608-644-3261. For Info re the RWHC Leadership Series 2012-2013 go to www.rwhc.com and click on “Services” or contact RWHC Education Coordinator Carrie Ballweg at cballweg@rwhc.com or 608-643-2343.”

Support NRHA Rural Leadership Development

The National Rural Health Association has launched a permanent endowment **for programs that identify emerging leaders from and for rural communities.** The mission is to provide training and resources to help them play a lead role in ensuring access to quality health care for rural Americans.

Go to <http://ow.ly/ejmLf> to learn more.

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