

Review & Commentary on Health Policy Issues for a Rural Perspective – March 1st, 2010

Workplace Wellness—from Slogan to Reality

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

When I used Google to search on the Internet for the word “wellness,” the first response was Wellness® - Healthy Dog and Cat Food. “See what our customers say about our quality healthy dog and cat food and discover the difference **WELLNESS®** all natural pet food makes.”

I don’t believe that most of us care more about our pets than ourselves. If we could buy human wellness in a can once a week, we’d clean out the stores. But aging houses and bodies share the need for sweat equity. I know from experience, easier said than done.

I also am pretty sure that none of us gets out of here alive. And sooner or later all of us will face tough challenges to our health that diet and exercise and attitude will do little to change. But what we do, for most of us most of the time, makes a huge difference in how well we enjoy the trip.

There are numerous carefully crafted definitions of “wellness.” For me, it simply means feeling healthy. The challenge is how do we each make it happen? What incentives at work and home are most effective in helping us to engage in our own health over the long run? I don’t know the answers for you, just that

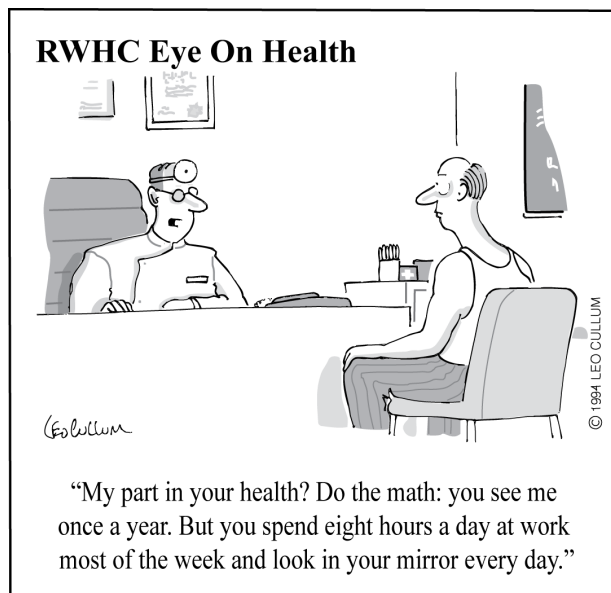
these are the right questions. Google “wellness tips” and you’ll bypass pet food to many organizations with practical advice.

Every year there is an endless series of National This or That Week or Month for every body part and cause. The “skip over ads” button on my remote protects my quality couch time so I am not much distracted. But as an early baby boomer, the “joys” of an aging body continue to remind me I can’t take health for granted. My only regret is that I wish I had figured it out twenty years earlier.

Hopefully fewer people will make my mistake. Something is changing in our country. Wellness the slogan is starting to become a mainstream reality. Or at least it is something more of us are trying for and with more support. Employers are beginning to think about employee wellness. For those of us fortunate to have

a job, too much time is spent at work to restrict wellness to after hours.

More of us now know that our health is too important to expect some one else to fix it after we run it down. And we all know we have less money to pay for repairs. Most employers care about the people they work with, day after day. But they also are beginning to understand that an investment in wellness can have a real payback to the organization, whether for profit or non-profit.



Employers are changing because the benefits are becoming clearer, according to a recent study release by the American Hospital Association, "A Call to Action: Creating a Culture of Health."

- "Overall, U.S. businesses could save \$1 trillion in health benefits over the next decade through employee health and wellness programs.
- Employer costs fall about \$3.27 for every dollar spent on wellness programs.
- Employees are 8 times more likely to be engaged when wellness is a priority in the workplace and 1.5 times more likely to stay with their organization if health and wellness are actively promoted."

This year, join me in dropping the donut at work and getting off the couch at home.

The first week in April is National Workplace Wellness Week, sponsored by the American Heart Association. AHA believes worksite wellness programs are critical to addressing our nation's soaring healthcare costs, rising obesity rates and increasing prevalence of chronic disease. A comprehensive program should include tobacco cessation and prevention, physical activity, stress management/reduction, early detection/screening, nutrition education, weight management, training in CPR, AED, First Aid and cardiovascular disease prevention. For more information please visit:

www.americanheart.org/workplacewellness.org

Green Bay Cheeseheads & Collaboration

Note from the Editor: You know there was going to be a reference to the Super Bowl for anyone living in a cave for the last month. I love blizzards in Wisconsin because they are a concrete reminder of why we need rural hospitals. And I love it when the Packers are in the Super Bowl because it reminds us of how successful a cooperative business model can be. The following is from "Learn a lesson in collaboration from Green Bay's 'Cheeseheads' " by

John D. Donahue and Richard J. Zeckhauser, Special to CNN downloaded from www.cnn.com on 2/6/11:

"Like any decent Chicagoan, President Barack Obama supported 'Da Bears' in last month's National Football Conference championship game against the Green Bay Packers. But in Sunday's Super Bowl, the president should root all-out for the Packers."

"Not just because Green Bay is closer than Pittsburgh to the Windy City. And not just to get in practice for the marathon of shifting alliances that is sure to mark the rest of his term. The main reason is that the Packers exemplify a model of public-private collaboration that represents the best hope for the nation, and for his presidency."

"The Packers are an anomaly in America's famously mercenary sports world -- a nonprofit with unabashedly public purposes. Nearly 90 years ago the people of Green Bay hard-wired into the team's charter some key provisions that survive to this day: The team must be community-owned, with no single owner holding more than a sliver of the shares. (There were some 111,000 owners with skin in the game.)"

"The stock cannot pay dividends, nor increase in price. Spare funds, and the entire proceeds if the team is ever dissolved (fat chance) go to charity."

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 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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“The dynasty this oddball organization has produced has racked up a record number of championships. It has inspired a vast, rabidly loyal fan base. And, if it were created today, it would be flagrantly in violation of National Football League rules. Green Bay was grandfathered, grudgingly, when today’s rules were set. But every other team, present and future, is bound to a more conventional private ownership structure.”

“The NFL rulebook reflects America’s preference, in principle, for clean boundaries between the sectors. Public is public, private is private, and charity fills in the gaps. We want to know whether the ballot box or the marketplace is calling the signals. Too much interaction between business and government—let alone interbreeding—invites inefficiency, unaccountability, every manner of scary-ism, and distressing conceptual untidiness.”

“In practice, however, public-private collaboration is a big and growing part of how America operates. In the President’s hometown of Chicago, city government made common cause with corporations, wealthy families and nonprofits to create the glorious new Millennium Park.”

“In Washington the Prescription Drug User Fee Act lays out a complex, periodically updated, and largely successful script for the Food and Drug Administration and pharmaceutical firms to jointly shepherd new drugs—safely and speedily—to the patients awaiting them. Across the country, charter schools—representing just about every imaginable hybrid of public and private organization—expand our collective K-12 repertoire.”

“Collaborative governance is growing because many crucial missions cannot be accomplished by any sector acting on its own—not government, not business, not nonprofits. And as we face daunting new challenges—finding ways to power the economy without fouling the planet; fulfilling the pledge of health care for all; shoring up eroding infrastructure and struggling

schools—it’s even more important to be open to any approach that can deliver the goods.”

“When government’s will is divided and its wallet is depleted, the appeal of collaboration with the private sector expands.”

“Collaborative governance is nothing new. Lewis and Clark’s Voyage of Discovery was a textbook case—a private expedition, with a loosely defined mission and multiple performance incentives. From de Toqueville to the present, observers have noted how Americans’ knack for cobbling together pragmatic alliances offsets our weak suit of formal government.”

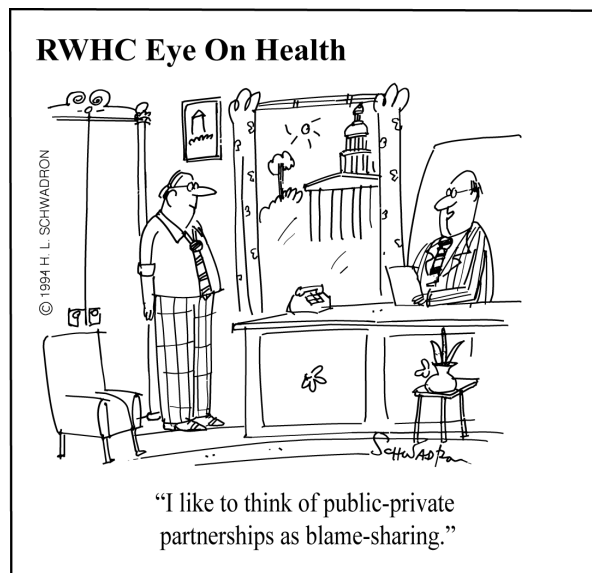
“Nor does public-private collaboration always benefit the public at large. Our research has unveiled triumphs

aplenty, but no shortage of crack-ups and catastrophes. Indeed, professional sports is also the domain of one of the least appealing forms of collaboration—localities ladling subsidies into stadium projects that swell profits for the super-wealthy, justified by iffy promises of public benefits.”

“And collaboration means a different—not a diminished—role for government itself. The public leaders responsible for orchestrating collaboration must be both open-minded and

tough-minded, steadfast about goals but flexible on means, at once pragmatic and principled. Like a certain president we could name, on a good day.”

“Collaborative governance harnesses all of America’s capacity—public and private, for-profit and nonprofit, employee and volunteer—to the pursuit of the common good. It unleashes the unpredictable resourcefulness of an entrepreneurial people. It reflects optimism—but not naïvete—about the potential for sharing responsibility while ensuring accountability. And it’s our best hope for accomplishing many of the goals laid out in Obama’s State of the Union amid the fierce constraints binding today’s federal government.”



“Sometimes your team is a surprise, Mr. President. Game on.”

Social Entrepreneurship & Population Health

The most recent issue of *Preventing Chronic Disease* showcases a set of fresh perspectives on partnerships for population health improvement commissioned through the Robert Wood Johnson Foundation MATCH grant to the University of Wisconsin-Madison. The following is from a white paper, “Networks as a type of social entrepreneurship to advance population health” by Jane Wei-Skillern accessed at www.cdc.gov/pcd/issues/2010/nov/toc.htm on 2/17/11:

“Although the term *social entrepreneurship* has emerged recently in the field of public health, the concept itself is nothing new in public health practice. Partnerships are becoming more common between the medical and public health communities to coordinate vaccination, case reporting, and education on such issues as childhood diseases and sexually transmitted diseases, among others. In addition, a joint medical and public health professional association was created.”

“The notion that involvement of communities is necessary for developing effective and sustainable public health interventions has become widely accepted. Research documents the effectiveness of approaches that draw on local, national, and global knowledge-sharing and support across issues such as reducing cesarean rates, hospital delays and wait times, and hospital admissions for asthma. Research on patient safety has documented the importance of system-level approaches to improving population health.”

“The emergence of the field of population health, which emphasizes a holistic and system-level understanding of ‘health outcomes, patterns of health determinants, and policies and interventions that link these two,’ tempers the rising dominance of the perception that health care is the primary determinant of health outcomes. Many other nonmedical determinants, such as the social and physical environment, individual behavior, and genetics, are factors in population health.”

“Just as pay-for-performance might improve the quality of medical care, similar pay-for-population health performance systems should be developed. Financial and nonfinancial incentives are a positive and necessary step to motivate system-level thinking and action toward population health goals. However, achieving the objectives of any pay-for-population health system also requires a fundamental change in the culture and mindset of the leaders and actors in the health fields, both medical and nonmedical.”

“Leaders must let go of traditional notions of their organizations and agencies as hubs and potential partners as mere spokes.”

“Instead, leaders must view their organizations and their work as nodes among many others in a larger constellation of actors that must coordinate their efforts to achieve a shared vision. To lead their organizations to greater efficiency, effectiveness, and sustainability, they need to creatively mobilize resources beyond their control in the name of improved population health outcomes. The work of any single agency or organization, while important, can contribute in substantial ways to population health improvements only to the extent that it is linked and supported by other system-level efforts.”

“The sector of population health shares many of the characteristics of other social sectors, which makes it amenable to social entrepreneurship and, specifically, to network approaches:

- Organizations seek to address large, complex issues that cannot be addressed by any single entity.
- Organizations seek to create social impact, not just organizational impact.
- Organizations often have dispersed governance and accountability.
- Organizations create value that is not readily measured.
- Organizations rely heavily on tacit knowledge and expertise as well as trust and relationships to achieve social impact.”

“Although large-scale health challenges require solutions that no single agency or institution can tackle, virtually all incentive systems in public health preclude such system-level solutions. Funders, governing boards, donors, and organizational and institutional leaders often seek organizational growth and revenue increases rather than impact as primary goals.”

“Board members of various public health agencies are accountable only for their organizations, not how effectively their organization’s work is integrated with the system on which population health outcomes depend. Many donors encourage collaboration among grantees, but they often assume that because they bring the financial resources they can also dictate solutions when in fact the keys to solving the problem are dispersed across individuals and entities throughout the community. Furthermore, donors often restrict funding to specific programs rather than granting discretion to the grantees.”

“Dictating programs and how they should be delivered severely limits the creativity and flexibility that local experts and leaders need to build network solutions. Given this state of affairs, one would not expect health care and health institution leaders to be focused on anything but their own organization’s well-being. Yet, recent research in the field of social entrepreneurship suggests that a network mindset may offer a promising tool to overcome the barriers to achieving population health.”

Childhood Vaccination—The Tough Questions

As reported last month, “In cooperation with Dean Health Plan (DHP) and Unity Health Insurance, the Rural Wisconsin Health Cooperative (RWHC) has identified a considerable discrepancy between the childhood immunization rates in rural and urban communities. A task force of RWHC members and the health plans has vetted both the measures and numbers and found them to be credible. We all know that completely and timely immunizing every child is important for the health of our communities. RWHC is

RWHC Social Networking:
The Rural Health Advocate: www.ruraladvocate.org/
Rural Health IT: www.worh.org/hit/

asking primary care physicians, clinics, schools and public health departments for their

assistance in closing the gap.” The following is from “Childhood vaccines: Tough questions, straight answers” accessed at www.mayoclinic.com/ on 2/18/11:

“Childhood vaccines protect children from a variety of serious or potentially fatal diseases, including diphtheria, measles, meningitis, polio, tetanus and whooping cough. If these diseases seem uncommon—or even unheard of—it simply means that vaccines are doing their job. Still, you may wonder about the benefits and risks of childhood vaccines. Here are straight answers to common questions about childhood vaccines.”

Is natural immunity better than vaccination? “A natural infection often provides more complete immunity than a series of vaccinations—but there’s a price to pay for natural immunity. For example, a natural chickenpox (varicella) infection could lead to pneumonia. A natural polio infection could cause permanent paralysis. A natural mumps infection could lead to deafness. A natural Hib infection could result in permanent brain damage. Vaccination can help prevent these diseases and their potentially serious complications.”

Do vaccines cause autism? “Vaccines do not cause autism. Despite much controversy on the topic, researchers haven’t found a connection between autism and childhood vaccines. In fact, the original study that ignited the debate years ago has been retracted. Although signs of autism may appear at about the same time children receive certain vaccines—such as the measles, mumps and rubella (MMR) vaccine—this is simply a coincidence.”

Are vaccine side effects dangerous? “Any vaccine can cause side effects. Usually, these side effects are minor—low-grade fever, and soreness, redness or swelling at the injection site. Some vaccines cause a temporary headache, dizziness, fatigue or loss of appetite. Rarely, a child may experience a severe allergic reaction or a neurological side effect, such as a seizure. Although these rare side effects are a concern, vaccines are much safer than the diseases they prevent. Of

course, vaccines aren't given to children who have known allergies to specific vaccine components. Likewise, if your child develops a life-threatening reaction to a particular vaccine, further doses of that vaccine won't be given."

Why are vaccines given so early? "The diseases that childhood vaccines are meant to prevent are most likely to occur when a child is very young and the risk of complications is greatest. That makes early vaccination—sometimes beginning shortly after birth—essential. If you postpone vaccines until a child is older, it may be too late."

Is it OK to pick and choose vaccines? "In general, skipping vaccines isn't a good idea. This can leave your child vulnerable to potentially serious diseases that could otherwise be avoided. And consider this: For some children—including those who can't receive certain vaccines for medical reasons—the only protection from vaccine-preventable diseases is the immunity of the people around them. If immunization rates drop, vaccine-preventable diseases may once again become common threats."

"If you have reservations about particular vaccines, discuss your concerns with your child's doctor. If your child falls behind the standard vaccines schedule, ask the doctor about catch-up immunizations."

Leadership Lessons from a Cranberry Grower

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

"We use the word accountability frequently. I think it means, 'How do we get other people to do what they are supposed to do?' If a leader's job is to nurture others' achievement, how do we 'hold' people accountable?"

\$2,000 for Best Rural Health Essay at UW

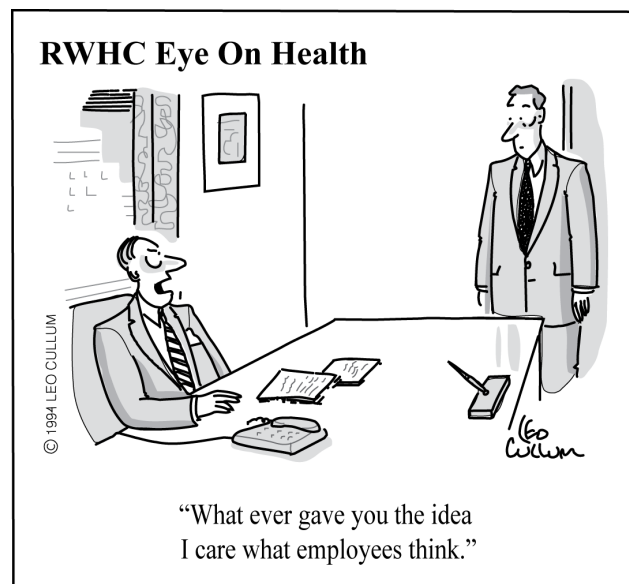
Earn a \$2,000 Prize by writing the Best Rural Health Paper by a University of Wisconsin student. Write on a rural health topic for a regular class and by April 15th submit a copy. Info re submission is available at www.rwhc.com

"In a central WI cranberry plant (where they have experienced financial success and growth during the recession) **all employees have a goal for each day**—each day they decide what would be a 'perfect day', one in which they are totally successful at reaching their targets."

"There is a **red and green light system** that employees can look to at any time to see if they are on track to reach their goal (*green light*) or not (*red light*). At the end of every day, they do a brief review of what worked, what got in the way, what they learned and how they are fixing any problems. Individual employee goals flow from the company goals: if there are 10,000 pounds of cranberries to move, every employee knows their individual contribution to that larger goal."

"In health care we don't have a green/red light system for us *or* our employees to know if we are on track with our daily goals...*but wouldn't it be cool if we did?* As I listened to this plant manager talk recently, I wondered if there were accountability lessons from manufacturing that we could make use of in a health care environment."

1. "Help employees define their '**perfect day**'. Consider implementing a 10 minute meeting with employees at the beginning of the day (or once a



week) and ask everyone to write down what they hope to accomplish-quick list, go, write!"

2. "In place of **red and green lights**, ask people to identify where they should be half way through the day (or week) if they remain on track (their own internal green light)."
3. "Get the kind of reputation as a manager who **re-caps at the end of the day/week** by asking: *Did you achieve what you set out to achieve today/this week? What got in the way if you didn't? What helped if you did? What did you learn that you can apply tomorrow?* Ask these questions in the spirit of mutual learning-we're aiming at the target together-rather than looking over someone's shoulder. Like the plant manager, sometimes we learn that employees miss their targets because of obstacles that could have been moved out of the way if we had known."
4. "This plant manager also said he does everything based on metrics-there has to be a **reason to do something** and it has to be **measurable**. How often do employees struggle to achieve because they really just are not clear WHAT to do or WHY they are doing it? More often than we might think. Help them see what success is, define it, describe it, quantify it however possible. Break complex projects down into chunks."

"This plant manager also talked about a desire to 'lift the entire community' through the work at the plant, meaning he believes it is important to **develop employees** so that they spend their off-work time as better people (in the community in which they *all* live-a larger scope of accountability). Whether people are loading cranberries, cleaning hospital rooms, answering call lights-whatever-an employee who knows their employer is invested in them as a person is one who delivers, and one who sticks around. Whether it's getting out on the plant floor or what we have come to know as 'rounding', employees want a connection with their manager. They want to know that what they do matters."

"Few things help an individual more than to place responsibility on him, and to let him know that you trust him...Every individual responds to confidence."

(Up From Slavery, an Autobiography, Booker T. Washington, 1856-1915)

"Easy opportunities to develop employees:

- Ask them for their ideas-and listen thoughtfully.
- Use the phrase, 'I could really use your help with something.' It makes most people want to rise to the occasion.
- Ask them to help you brainstorm or problem solve.
- Invite them to participate in community events to represent the organization.
- Delegate the fun stuff.
- Investigate their goals and support them.
- Look for and take advantage of coachable moments.
- Have them work with others on a project to learn what others do and how all our work is connected.
- Formalize mentoring opportunities."

"At the end of the day, no one else holds us accountable-we hold ourselves so. But a trusting work environment with clear goals and open communication clears the path."

The plant manager was Kirk Willard from Ocean Spray in Wisconsin Rapids who spoke at the Wisconsin Industry Partnerships Academy, sponsored by the Department of Workforce Development and the Center on Wisconsin Strategy, December, 2010.

Contact Jo Anne Preston for individual or group coaching at 608-644-3261 or jpreston@rwhc.com.

For Info re the RWHC Leadership Series 2010-2011 go to www.rwhc.com and click on "Services" or contact RWHC Education Coordinator, Carrie Ballweg at 608-643-2343 or cballweg@rwhc.com.

Community Care—Viroqua, WI

The Wisconsin Hospital Association (WHA) annually surveys its member hospitals and asks them to describe and quantify the programs, services and activities that they provide at or below cost, solely because those programs fulfill a health need in the community. The hospitals reported that in 2009 they provided nearly \$1.18 billion in community benefits and more than 735 patients per day received their hospital care free of charge. Altogether, Wisconsin hospitals provided nearly \$226 million in charity care to 268,568 individuals last year. For more information go to www.wiServePoint.org.

This month's story is "Compassionate Community Care" from Vernon Memorial Healthcare in Viroqua:

"Shawn has had several medical problems over the past couple of years. Her health insurance has a large deductible. She has no disability insurance to help off-

set everyday bills when not working. With her last illness, she has been off work since March with no income and a daughter graduating from high school. Finances are very tight. The community held a fundraiser to help assist her. She also has medical bills at other health care facilities. Shawn is appreciative of Vernon Memorial Healthcare's Community Care program, which ensures that patients are treated with compassion in regard to payment of their bills regardless of their financial circumstances. It also provides various levels of financial assistance to those who are unable to pay for health care services."



"Paul and Erin have health insurance but no maternity coverage. Paul is self-employed and tough economic times have meant a slowdown in business. The couple had saved up for their special delivery but like everything, it always costs more than planned. Erin is the type of person who likes to see that her bills are paid. She was thankful to have qualified for Vernon Memorial Healthcare's Community Care program. It provided financial assistance to her and her husband in their time of need."

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