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Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective – July 1st, 2013

Community Drives Health

by Tim Size, RWHC Executive Director

We hear a lot about the need to make communities healthy. Healthcare providers are increasingly partnering with schools, employers, community organizations and public health knowing none succeed without the others. This is good, but misses half of the picture.

As I sat down to write this piece, I learned of the passing, at age 89, of an old colleague and friend. Ken Creswick was a long time leader of the Southwest Health Center in Platteville, Wisconsin. Ken saw the opportunity for rural hospitals to work together, long before most others. He was fully engaged with his community, well outside the walls of the hospital and nursing home.

But knowing Ken, I believe he would have been the first to say that he received much more than he ever gave. The fact that he lived a long active life may not have been totally good fortune.

I am a card-carrying member of the "I can fix anything" healthcare guild. But I often forget about the positive impacts community can have on us. A growing body of research tells us that strong social ties with community help each of us to live healthier and longer. It isn't just about what we can do for our communities but how community affects our health.

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"Keep sitting there and die young, or get off your butt and make a few friends. "

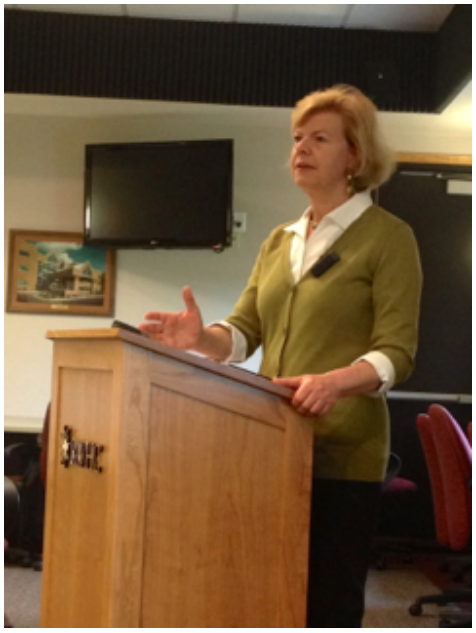
We talk a lot about the health risks of smoking, alcohol abuse, too much weight and too little exercise. But researchers at Brigham Young University have found that people who have strong ties to family, friends or co-workers have a 50 percent lower risk of dying over a given period than those with fewer social connections, according to the journal *Plos Medicine*. The influence of social relationships on the risk of death are "comparable with well-established risk factors for mortality such as smoking and alcohol consumption and exceed the influence of other risk factors such as physical inactivity and obesity."

Sheldon Cohen at Carnegie Mellon University has found that "the immune systems of people with lots of friends simply worked better, fighting off the cold virus often without symptoms. Studies suggest that the immune response may be affected by stress hormones so that a strong social life thus affects immune function by helping people keep physiological stress in check."

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute have been early advocates of health care providers taking a larger picture of health. Their *County Health Rankings & Roadmaps* program is driven by the knowledge "that much of what influences our health happens outside of the doctor's office–in our schools, workplaces and neighborhoods."

The Blue Zones Project, sponsored by Wellmark Blue Cross Blue Shield, is a community improvement initiative designed to make healthy choices easier through

permanent changes to environment, policy and social networks. "The world's longest-lived people are either born into or choose to create social circles that support healthy behaviors. Ikarians enjoy tight-knit communities that socialize frequently, while Okinawans build 'moai' groups of five friends that commit to each other for life."



Unlike my own ongoing challenge to eat right and exercise enough, I think I may have this social connections thing nailed. A monthly men's book group, biweekly poker game, and weekly Bible study don't have much in common. But they are islands of friendship and useful information on endless topics beyond my day job. And now I know the research says they are good for my health. And for the record, there is no smoking and any alcohol use (in 2 of the 3) does little to support Wisconsin's title for binge drinking.

Can the healthcare community address this risk factor? Julianne Holt-Lunstad, associate professor of psychology at Brigham Young, said the research suggests that medical checkups and screenings should also include measures of social well-being. "Medical care could recommend if not outright promote enhanced social connections." We do crazier things in Medicine.

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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Senator Tammy Baldwin Visits With RWHC

RWHC was honored to visit with Senator Tammy Baldwin on June 7th. This event was part of an ongoing series of conversations between the Members and major policymakers. It was also the first ever visit by a U.S. Senator to the RWHC Office and Training Center in Sauk City.

Senator Baldwin, less than six months into her role in Washington, announced that she had recently joined the Senate Rural Health Care Caucus, the first special caucus that she has joined since becoming a senator. She was firm in demonstrating her commitment that she sees rural health care as vitally important to Wisconsin's health and economy.

Senator Baldwin highlighted her support for a Congressional letter to the Senate Finance Committee "to express concerns regarding cuts in the President's Fiscal Year 2014 budget aimed at critical access hospitals (CAHs)."

In particular, Senator Baldwin emphasized her opposition to the elimination of CAH status for those within 10 miles of another hospital. She called the implementation of a ten mile rule arbitrary, not unlike the across the board cuts so widely criticized in the Sequester.

She was clear in her conviction that the "potential savings were marginal relative to the devastating impact the change would have on the communities served."

Senator Baldwin then engaged in an extensive Q & A with RWHC Board members over Health Care Reform, Graduate Medical Education and pending Workforce shortages, to name just a few issues discussed.

RWHC Board members were very appreciative of the visit made by Senator Baldwin and definitely felt that they had a strong advocate for rural health care working for them in Washington, DC.

*Contact Jeremy Levin, RWHC Directory of Advocacy at **jeremylevin@rwhc.com** or 608-643-2343 with any questions or suggestions about this series.*

GME Fails Due to a Lack of Rural Focus

From "Fifteen-Year Outcomes of a Rural Residency: Aligning Policy With National Needs" by Robert Ross, MD, MScEd in *Family Medicine*, 3/13:

"Rural areas of the United States have a shortage of physicians relative to urban areas. Despite 30 years of policy initiatives, the number of physicians in rural practice remains virtually unchanged and insufficient."

"Cascades East Family Medicine Residency Program (CEFMR) administered by Oregon Health & Science University (OHSU), is situated in Klamath Falls, OR (population ~42,000), at a 96-bed, not-for-profit community hospital, Sky Lakes Medical Center (SLMC). CEFMR remains the only Oregon residency program outside the metropolitan Portland area. According to our investigations through the American Academy of Family Physicians (AAFP), Accreditation Council for Graduate Medical Education (ACGME), and other organizations, CEFMR is the most rural and remote 3-year residency training site in the nation, and SLMC is the smallest institution supporting a 3-year residency. The program's main goal is to produce full scope of practice family physicians to enter rural practice. In both OHSU and SLMC, family physicians have full admitting privileges and perform many procedures (C- sections, endoscopy) that are confined to subspecialists in most other locales."

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Albert Einstein said "Insanity is doing the same thing over and over again and expecting different results."

"Is this a successful model for rural family medicine training? Where do the graduates of the program practice? How often do they relocate? This study aimed to answer these questions using data gathered from a detailed postgraduate survey instrument mailed to all graduates of the program, with follow-up electronic, written, and phone reminders."

"**Family medicine residency programs of 3 years duration, located in small community hospitals, would seem to be ideal settings for training future rural physicians. The outcomes demonstrated by this study substantiate this conclusion and show that rural residency graduates tend to serve small communities, often the one where they first enter practice, for an extended period.** Although the study results presented are overwhelmingly supportive of current rural residency program design, these outcomes have been obtained with decreasing financial support. These economic realities, accompanied by a paucity of formal programs supporting medical education, puts residencies such as CEFMR at risk of closing. Additionally, the ACGME regulations implemented in 2011 are likely to decrease the current overwhelming resident support for our educational environment and structure and are antagonistic to the production of professional, well-trained family medicine graduates."

"Our survey included many questions designed to measure the preparation for practice and satisfaction of our graduates with the residency pro- gram curriculum. The overall graduate rating of our residency program's 'preparation for practice' was an enviable 6.2/7 on a Likert scale. There were no comments or concerns regarding fatigue or desire to extensively modify the residency curriculum. Unfortunately, new ACGME work hour requirements will decrease by at least one third the total inpatient experience of our residents, often a vital component of rural practice. It is clear from this study that rural residency programs such as CEFMR can successfully prepare family physicians to provide medical care to rural communities. However, **unless a comprehensive review of postgraduate training and funding is undertaken, with modifications of requirements**

based on the unique attributes of individual programs, there is imminent danger that the needs of rural America for primary care physicians will remain unfulfilled."

Becoming the "Necessary Condition"

By Kristen Audet, University of Wisconsin Population Health Service Fellow

In my two years with the Southern Wisconsin Immunization Consortium and the Rural Wisconsin Health Cooperative I have met a heartening amount of individuals dedicated to the end goal of creating healthy communities. Some individuals support rural hospitals in achieving Meaningful Use. Others push legislators for more Medicaid funding. Others work to vaccinate, and thus protect, some of our most vulnerable individuals, our children. While all admirable, the individuals I have had the most contact with are the latter.

The Southern Wisconsin Immunization Consortium was put together by a group of individuals who were not directed by statute or supervisor, but by their own convictions to do "more" to help Wisconsin youth. On April 24, 2012, 50-some of these individuals met, and in some cases traveled over an hour, on their own time, to pledge their dedication to this Consortium and to improving the health of Wisconsin. These individuals willingly accepted more work, more off-hours time, and more responsibility. These individuals are a strong start to a fully vaccinated community.

The Southern Wisconsin Immunization Consortium is still a new coalition compared to some others in the state. SWIC has great potential to continue growing and developing and spur change. One way SWIC intends to do this is to partner with other coalitions in the state to share best practices, resources, and initiatives. Public health has long realized that "it takes a village," and no one sector or agency can achieve a goal singularly. It is for this reason that we fight for "health in all policies" legislation, reach out to non-traditional public health partners and sectors, and increasingly reach across the aisle to engage in shared visions.

Vaccination rates in rural southern Wisconsin are "not bad." But if there is one mantra ingrained in my head from my time at RWHC, it is that "not bad" is "not good enough." Vaccination rates are "not bad," because our strong public health dedication to providing this service is not the "necessary" condition for a fully vaccinated community. Vaccination rates are "not good enough" because we do not have a *total community approach* to ensure our children are immunized. A whole community approach: public health, healthcare, businesses, government, and individuals is the necessary and sufficient condition to a 100% vaccination rate. It is my hope that SWIC and the rest of the immunization coalitions in Wisconsin can continue on to engage whole communities to improve the immunization rates of Wisconsin's children. Whole communities must come together to make the community healthy.

Some may claim that vaccinated children is merely a sufficient condition for a healthy community, that a community can be a healthy community understood through other indicators. But vaccinations are at the heart of, and indeed the beginning of, healthy communities. Vaccinated children is in fact the *necessary* condition for a healthy community; we *cannot* have a healthy community if our next generation is not protected from deadly infectious diseases.

Let's reach for these necessary conditions.

Sincere thanks to Kristen Audet as she concludes her UW Fellowship and work at RWHC. For more information or to get involved with SWIC, contact Ann Lewandowski, RWHC's new Coordinator for SWIC at: ***alewandowski@rwhc.com*** *or 608-543-2343.*

Transforming Practice One Nurse at a Time

The following is from a post by Cella Janisch-Hartline, RWHC Nurse Consultant, on the Robert Wood Johnson and AARP Future of Nursing Campaign for Action website at **www.campaignforaction.org** :

"I remember my first two weeks as a graduate nurse like it was yesterday: the pain, the tears, the disbelief,

questioning everything without supportive colleagues and being thrown into situations with a sink or swim attitude by the experienced RNs. The phrase, 'you are a RN, you should know that,' still rings loudly in my ears to this day. Through the blood, sweat and tears I remember thinking, is this what I worked so hard for… is this what it's like to be a RN? In those early moments of reflection and much soul searching, I decided it was up to me to influence and change this profession one nurse at a time. With great conviction and a ton of courage, I marched into my boss's office and said "I know I don't have much experience, but I want to help new nurses when they come on board. I want to be the person that makes their transition easier and more supported.' To my amazement she said, 'yes, let's do it.' That was only the beginning of a profound, intense, evolutionary journey which continues today. *'Making a difference one nurse at a time'* has been my motto in the profession for years now."

"Today, I am blessed to have a large forum to impact nurses as the coordinator/lead educator for the Wisconsin Nurse Residency Program at Rural Wisconsin Health Cooperative. Through Year 9, I have touched, influenced and supported 320 rural nurses within their first couple years of practice. Time and time again, I have witnessed their journeys unfold, like a flower blossoming one petal at a time, over the year that I get to spend with each of them. Throughout the program, each one of them is reminded regularly that each day, many times a day, they have to choose what kind of nurse they want to be. For me, not only do I get to impact them, they continue to transform me both personally and professionally. Their stories, their vulnerabilities, their willingness to allow me to be a part of their experiences, has been so spiritually moving. Now I understand why I had a rough start, because it was part of the preparation for my journey of impacting and transforming practice one nurse at a time."

Cella Janisch-Hartline can be reached at 608-643-2343 or ***CHartline@rwhc.com****. The Rural Wisconsin Health Cooperative is co-lead with the Wisconsin Center for Nursing as the Wisconsin Action Coalition.*

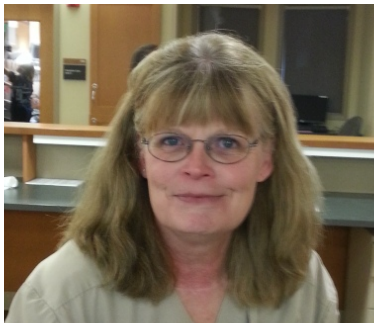
2013 Kristi Hund Award Winners

Tim Size, Executive Director of the Rural Wisconsin Health Cooperative (RWHC), recently announced the recipients of the 2013 Kristi Hund Awards. In 2012 the "Nurse Excellence Awards" honored Kristi Hund (former DON of Stoughton Hospital) posthumously for her contributions to nursing practice. Going forward, at the request of her peers from the RWHC Nurse Executive Roundtable, those awards will be known as the Kristi Hund Awards. **Nancy Zangl** from Stoughton Hospital in Stoughton, WI received the Kristi Hund Award for Excellence in Nursing Leadership. **Anna Anderson** from Monroe Clinic in Monroe, WI received the Kristi Hund Award for Nurse Excellence.

From Nancy's nomination… "Nancy Zangl has been an integral part of the Stoughton Hospital nursing team for over 25 years. Throughout her years of service, she has held a variety of roles in our nursing departments. Nancy has worked as a staff nurse on the Medical/Surgical Unit, as a House Supervisor and the Medical/Surgical Coordinator. This past year, Nancy was promoted to the role of the Medical/Surgical Manager. Nancy's strong clinical and critical thinking skills coupled with her leadership abilities have proven to be a valuable asset to our nursing leadership team."

"In her role as the Medical/Surgical Coordinator and now in her role as the Manager, Nancy is viewed as a leader by both the staff she works with and her peers. She is often the first person staff from other departments turn to when they need help with problem-solving. They know that Nancy will have the answer or connect them with someone that does. Nancy participates in regular Forum meetings and Patient Services Management Council. In those venues, she works with other department leaders, clinical and non-clinical, to foster positive working relationships and approaches to patient care."

From Anna's nomination…. "Anna has demonstrated excellence in clinical nursing practice in many ways. One way is that she is always willing to teach others. Since Anna has seniority in the department by 30+ years, she has a lot to share. She has established and revised a unit specific orientation process including checklists and scheduled meetings that involve the preceptor, new employee, and coach or manager. She is also actively involved as a primary preceptor to new hires. When she is not precepting, she is helping others on the unit so that no one gets behind on their work. Anna demonstrates high teamwork skills in everything that she does."



"Besides her rounding on staff, Anna also rounds on the patients in the unit even when they are not patients she is actively caring for. She will visit patients that she had earlier in the week to see how they are doing, or she will meet new admissions and help the nurses get them settled and hooked up to the appropriate machines. If there is a broken process, she is letting the managers know and offers up suggestions for change. She will then assist with the process change if able in order to have a smooth transition for the staff. Finally, Anna has volunteered to assist with education on various new disease processes or equipment that some of the nurses may have never been exposed to."

These Awards were initiated to recognize high quality nursing practice provided by the hospitals serving rural communities. Nurses in community hospital settings must be well educated, well rounded at clinical practice, and have the ability to respond to a variety of age groups, diagnoses, and patient emergencies. Establishment of this award is public recognition that excellence in nursing practice is a valuable asset to rural communities and the state of Wisconsin.

WI CEO NRHA Volunteer of the Year

Bill Sexton, CEO, Prairie du Chien Memorial Hospital was named Volunteer of the Year by the National Rural Health Association at its annual meeting in Louisville.

A tradition at the annual meeting of the National Rural Health Association is that the staff honor **one member who has gone consistently above and beyond duty, often behind the scenes, on behalf of NRHA.**

Bill Sexton was surprised by the announcement which came when a video started to play before the nearly one thousand attendees describing his work on behalf of NRHA and rural health: **http://ow.ly/lS4Sz**

A few comments from those weighing in to support Bill receiving this honor:

"Bill Sexton is a major, long-time leader for rural health in Wisconsin and nation-wide. He doesn't talk as much as some of us but he walks the talk better than anyone I know."

"He understands that leadership is for the long haul. He was a great President for NRHA in 2006, but as a model for all association presidents, he has continued in both formal and informal roles in support of NRHA and its mission."

"Bill was key to launching and developing the Services Corporation and its key role in providing financial support to NRHA. Informally, I know his counsel is valued and sought by elected leaders and staff at NRHA."

And as one fan said, **"Bill is an exemplar of the volunteers that make NRHA NRHA."**

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.*

Leadership Insights: "Coordination"

The following is from RWHC's *Leadership Insights* newsletter by Jo Anne Preston. Back issues are available at: **www.RWHC.com/** :

"I just got a call from a colleague asking why a posting she had made to our website was now posted twice. After a brief discussion, we figured out that one person had asked her to do the posting, and a different person had asked me to do the same thing. This is a tiny example of what happens when projects aren't well coordinated. When the stakes are higher, lack of coordination can create havoc. The toll on patients can be life threatening. *'Nobody is responsible for coordinating care; that's the dirty little secret about health care,'* says Dr. Lucian Leape, Harvard health policy analyst and nationally recognized patient safety leader."

"Everyone is a coordinator. This term is not title protected any more than customer service is only the job of your customer service representative."

"The mindset to start coordinating more effectively: **what we think we shouldn't *have* to communicate is often exactly what we need to communicate**. *How do we do that without sounding redundant or belittling?* We are encouraged to be transparent. *But what does this invisible thing look like?* Following are some ideas for strengthening your coordination skills.

"**It's human nature to think, *'If I know something, everyone else probably knows it too.'*** Not always so!"

"Try these starters:

- 'Here is what I am thinking…'
- 'Let's recap our decisions for today…'
- 'Can someone here summarize our plans at this point?'
- 'Let's go around the table and everyone identify the actions you are responsible for as a result of our discussion today.'
- 'We've talked about a lot of ideas today; now let's put on paper exactly what we will do and who will be responsible for each piece.'
- 'This is the direction things are going. Can you think of anyone that might be affected by this that I might not have thought of?' "

"**Take 100% of the responsibility for the communication**. It's easy to take someone else's inventory and see their communication shortcomings. It's more useful, though, to ask ourselves or a mentor, *'How could I have communicated more clearly?'* And remember, 'But I TOLD them' is not evidence that people understood."

"**Put a cease fire to the turf wars**. Turf wars often originate in a fear that we won't be treated fairly when resources ($, recognition, capital, etc.) are divvied up. Even if it actually is true, your best bet is to find your source of connectedness and capitalize on it: *'Here is where (our needs, concerns, resources, etc.) intersect; let's help each other be successful.' "*

"**Top 2**. Meet with your team at the beginning of the week and have each person state their top 2 priorities for the week. It's brief and keeps people informed about what might impact others in their work."

"**Don't make assumptions**. Good advice on MANY counts, but when it comes to coordinating, assumptions are the cracks that details fall into which jam up our work efforts. In project management, a critical question is asked at the beginning of a project: *What are my resource assumptions about this project?* Answering this one question can prevent a lot of misunderstandings."

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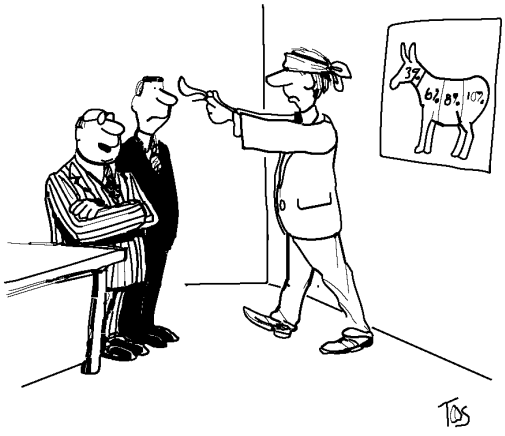

"Maybe time we take off the blindfold."

"**Replace 'department updates' with an intentional question**. For example, include a regular team meeting agenda item of: 'What work might be common between our departments that we should discuss to make the most out of our efforts?' Or 'is there anything you are working on in your area that might affect the work of others?' "

*Contact Jo Anne Preston for individual or group coaching at **jpreston@RWHC.com** or 608-644-3261. For Info re the RWHC Leadership Series 2011-2012 go to **www.RWHC.com** and click on "Services" or contact RWHC Education Coordinator Carrie Ballweg at **cballweg@RWHC.com** or 608-643-2343*."

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