Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective – December 1st, 2011

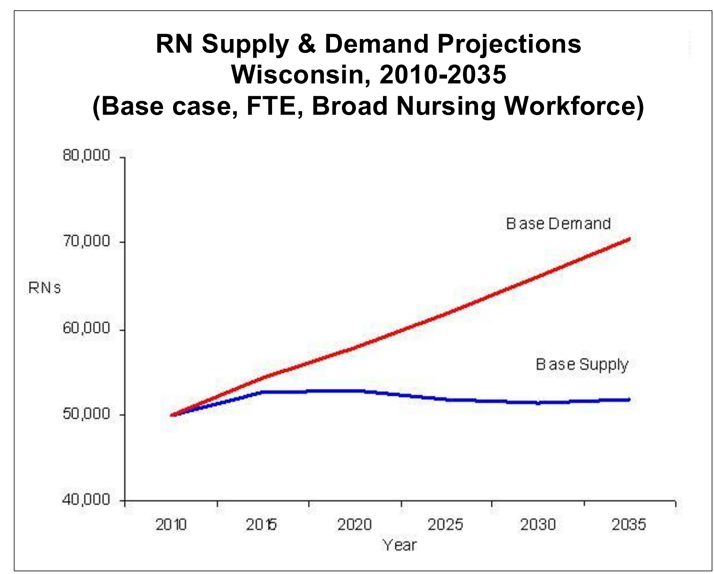
Health Workforce Forecast Model Launched

The "Wisconsin Registered Nurse Supply and Demand Forecasts: Results Report 2010-2035" produced by the Office of Economic Advisors, Wisconsin Department of Workforce Development (DWD) shows what can be done with DWD's powerfully expanded health workforce forecasting model.

Catalyzed by the availability of the 2010 RN Renewal License Survey data, DWD enhanced an existing forecasting model. Hopefully the same tool, appropriately adjusted, will soon also be applied to data acquired from the recent relicensure of physicians. The 20 page report and additional materials are available at:

http://dwd.wisconsin.gov/oea/rn_forecasting/

" 'Health workforce data analysis (including collection) and forecasting is necessary to develop an effective response to the health workforce shortage threatening our most vulnerable communities. A healthy Wisconsin requires a sufficient, diverse, competent and sustainable health workforce.' Wisconsin Health Workforce Data Collaborative, 2009"

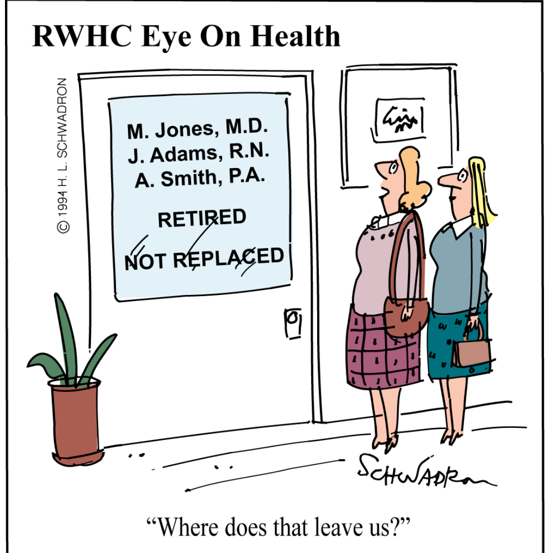


Abstract–"An aging population is creating a unique set of challenges for the Health Care Industry. To put it simply, the baby-boom population is retiring, and there are not enough RNs entering the labor force to keep up with the increasing demand of the aging population. The Wisconsin Office of Economic Advisors expanded and improved an existing forecasting tool to project the future supply and demand of Registered Nurses (RNs) in Wisconsin. The Wisconsin Supply and Demand models have the capability to run policy scenarios. The base projections show that the supply of RNs will begin to flatten while demand for RNs will grow steadily. Under the current market conditions, the gap between supply and demand is expected to reach about 35% by 2035."

Overview–"This report provides results and analysis of the Wisconsin registered nurses supply and demand forecasts. The gap between supply and demand is expected to be about 35% by 2035 under the current market conditions. This report does not attempt to recommend a final solution for closing the gap. Solving the problem is much better left in the hands of experts that are more in tune with the health care industry. The report entitled 'Wisconsin Registered Nurse Supply and Demand Forecasting Model: Technical Report' (Walsh et al., 2011) has been published as a companion to this report to provide a detailed description of the forecasting models used to prepare the results."

"The expected shortage of RNs should come as no surprise since Wisconsin's labor force is facing a great change as the baby boom population begins to retire. The changes are inevitable,

and economists at the Office of Economic Advisors (OEA) within the Wisconsin Department of Workforce Development (DWD) have already examined their effects in a paper entitled, 'The Impact of Aging Population on Wisconsin's Labor Force' (Winters et al., 2009). As stated in the paper, the effects of the shifting demographics on Wisconsin's workforce cannot be overstated. However, **health care faces a unique set of challenges due to the nature of this industry. Along with a decreasing labor supply, the aging population will increase the demand for health care.** In other words, there are not enough RNs entering the labor force to keep up with the steadily retiring baby boom population and increasing demand as the aging population will require more health care. Steps need to be taken to ensure high quality health care in the future."



"Where does that leave us?"

"The Office of Economic Advisors is working with other Wisconsin Health Workforce Data Collaborative (Data Collaborative) members as part of the 'Collaborative Response to the Growing Wisconsin Health Workforce Crisis' project. One of this project's goals called for the expansion of the existing forecasting tool for registered nurses (RNs) in Wisconsin."

Conclusion–"The future cannot be predicted with absolute accuracy, and the Wisconsin Model, like any other model, is not without limitations. However, decision makers were essentially in the dark in regards to the future of the RN workforce prior to the RN license renewal survey and the forecasting model. The model does not completely illuminate the future outlook of the RN workforce, but it does provide decision makers with the equivalent of a flashlight to look at the future of the workforce."

Rural & Med School Partnerships Can Work

From "Medical School Program Sparks Rural Residencies" by Alexandra Wilson Pecci, for *HealthLeaders Media*, 11/9/11:

"When medical students shadow the doctors at Hermann Area District Hospital in Hermann, Missouri, the experience not only teaches them the ins and outs of patient care; they also get a taste of what rural medicine is really like."

" 'It lets them see that rural medicine's not that much different than urban medicine,' Dan McKinney, administrator of Hermann Area District Hospital tells *HealthLeaders*. 'From what they get exposed to at school to what they get exposed to out in a clinic setting are a little bit different.' "

"Hermann Area District Hospital is among the Missouri hospitals that participate in the University of Missouri School of Medicine's Rural Track Pipeline, which prepares college and medical students for practicing medicine in rural areas. More than 450 medical students have participated in the program, funded by the University of Missouri School of Medicine; by local, rural health care systems; and by a Federal grant."

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.

Tim Size, RWHC Executive Director & EOH Editor
880 Independence Lane, Sauk City, WI 53583

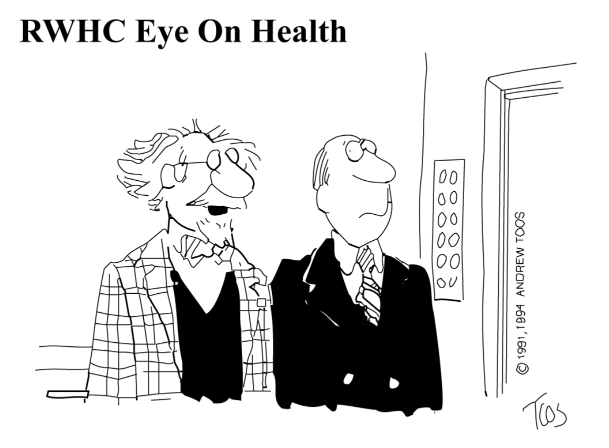
Website: **www.RWHC.com** : **RWHC** : **RWHC**
Blogs: **www.ruraladvocate.org/ www.worh.org/hit/**

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

"The program, which began in 1995, just published its first outcomes paper in the November issue of Academic Medicine. The study finds that 65% percent of students who participated in the program practice in Missouri, and 43% practice in rural areas of the state. In and outside of Missouri, more than 57% of participating students practice in rural areas."

" 'That's huge because in comparison, 9% of physicians practice in rural areas nationwide, and only 3% of medical school matriculants plan to practice in a rural area,' Kathleen Quinn, Ph.D., lead author of the article and director of the program, tells *HealthLeaders*. 'So when you say 57% of our students end up in rural, that's a pretty big deal.' "

RWHC Eye On Health



"The 'rurals' have a point. We should just call ourselves a Med school for suburban specialists."

"The Rural Track Pipeline consists of several components, including medical school preadmissions for undergraduate college students who have a rural background and an interest in becoming a physician in a rural area."

"According to the study, 90% of preadmissions students are now physicians in Missouri. The rest of the pipeline includes a summer community program for second-year medical students; a six-month rural track clerkship for third-year medical students; and a rural track elective program for fourth-year medical students."

20th Annual $2,500 Monato Essay

A $2,500 Prize for the Best Rural Health Paper by a University of Wisconsin student. Write on a rural health topic for a regular class and submit by April 15th. Submission info available at **www.RWHC.com**

"According to Quinn, the study finds that providing these multiple rural clinical experiences is associated with higher rates of students entering family medicine, which is important because that's the most common specialty in rural practice."

" 'If you just have one experience during your third year you're going to be less likely to enter family medicine in rural areas,' she says. 'We offer them so many opportunities.' "

"Although the study contained few real surprises for Quinn, she says she hopes the paper can boost local and national focus on training rural physicians, especially since the Affordable Care Act will increase the number of people with health insurance. One goal is for other medical schools to replicate their program."

" 'If there were 10 more students in each class in each medical school nationwide, we would double the amount of rural physicians,' she says."

"Quinn also hopes that policymakers will see that funding these relatively inexpensive programs not only provides good healthcare to their constituents but could also create jobs; she adds that having a physician in a rural area brings about $1.3 million into the community annually."

"Quinn adds that there will be an increased focus on filling all of the program's preadmission slots 'now that we know the preadmissions piece of the pipeline is definitely an added benefit because the highest percentage of those students end up in Missouri.' "

"Although scholarships are a small aspect of the program, Quinn believes that financial incentives are less important to rural physician retention than making sure those physicians become part of the community in which they work."

" 'I think the only way for physicians to stay long term is to train them and get them integrated into communities so they can actually influence health behaviors and outcomes,' she says. McKinney agrees. 'As a hospital administrator, you want to see them stay,' he says. 'It helps build that part of the community.' "

Subscribe to HealthLeader's free Community & Rural e-Newsletter at: ***www.healthleadersmedia.com/***

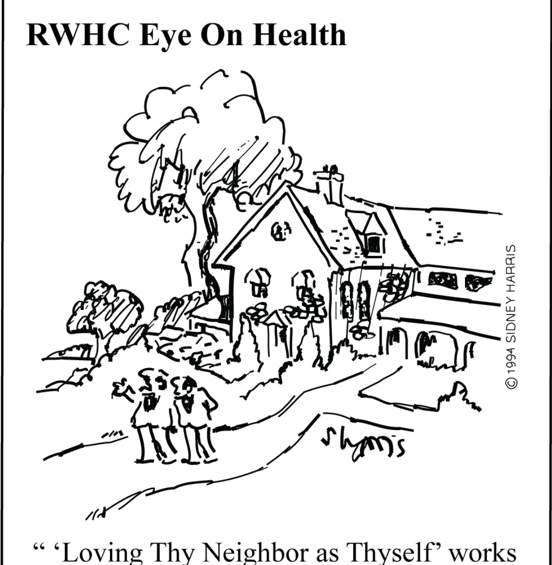
Place Major Driver of Health

From “Community Development Efforts Offer A Major Opportunity to Advance Americans’ Health” by David R. Williams and James Marks in *Health Affairs*, 11/11:

Abstract–“Large differences in the opportunities and resources that Americans have to be healthy have led to sizable variations in health by geography, race and ethnicity, income level, and education. By enhancing the opportunities for good health in the places where we live, learn, work, play, and worship, community development initiatives can be important drivers of improved health.”

“There is growing recognition in research and policy circles that good health begins with, and is nurtured and preserved by, the opportunities and resources in the places where we Americans spend most of our time–our homes, schools, communities, workplaces, and other social institutions. Accordingly, community development policies and initiatives, although not traditionally viewed as health policy, can have powerful influences on health.”

RWHC Eye On Health



“ ‘Loving Thy Neighbor as Thyself’ works best when you live in a gated community.”

“The influence of place on health is related to other major influences on health and life expectancy, such as income and education. There are large differences in health by income and education, with health improving in a stepwise manner as these resources increase. Although we have historically focused much attention on racial differences in health, the differences in health by income and education, within each racial group, are typically larger than those by race. Income and education make a substantial contribution to observed racial and ethnic differences in health.”

More attention to place–“Improving America’s health will require new emphases on and attention to enhancing the opportunities and resources for good health in places where we live, learn, work, play, and worship. Within homes, exposure to lead, poor ventilation, pest infestation, and extreme high or low temperatures, as well as the lack of safety devices such as smoke alarms, can contribute to illness and death. In addition to the hazards within homes, neighborhood conditions can also affect physical and mental health.”

“Neighborhood features can either enhance or impair people’s ability to make healthy choices. Characteristics of the physical environment such as parks, traffic conditions, the existence of small farmers’ markets, the proximity to supermarkets, and the density of billboards advertising tobacco and alcohol can all affect smoking, exercise, dietary patterns, and obesity.”

“The health of a community can also be shaped by a neighborhood’s social environment, including the existence and frequency of formal and informal social ties and the degree of trust and cooperation among neighbors. Research has linked these features of the social environment to better physical and mental health. Community circumstances can even affect those who are already ill. For example, people with diabetes are counseled to modify their diets to include more fruit and vegetables and to exercise through such activities as walking. If there is no supermarket in a neighborhood, or if it is unsafe or unsavory, residents with diabetes will be much less likely to follow those recommendations, and their diabetes is likely to worsen.”

“The complex, multifactorial pathways that link the social environment to health clearly suggest that no single sector of society has the necessary leverage to improve the health of the nation or a community. Similarly, a new culture of health requires introducing a focus on improving health into all areas of policy making. It also requires a recognition that areas seemingly unrelated to health and health care, such as education, can have a major impact on health.”

Initiatives with a dual focus–"Reaching America's full health potential will require that targeted initiatives have a dual focus to address the severe challenges of the most disadvantaged, along with concerted efforts to improve the health of all. State-by-state analyses of child and adult health status reveal that in almost every state, even the best-off Americans (the college educated and whites) fall below an achievable national benchmark of good health."

"Thus, although some Americans have much larger shortfalls in health than others, all of us–even those with the best health profiles–are not as healthy as we could or should be. Prior research suggests that the strategies that are likely to have the greatest impact in improving overall health are likely to widen gaps in health for the most vulnerable because of higher initial take-up rates among the more advantaged."

"Interventions are needed to increase both the opportunities that individuals and communities have for healthier living and their ability to make healthy choices. Research is needed to identify how to optimally improve the health of all, while also improving the health of more vulnerable groups more rapidly than that of the rest of the population."

"Community development initiatives are likely to be an indispensable part of a comprehensive and effective solution to America's health challenges. Because our current knowledge is limited with regard to which aspects of community development could have the greatest impact, it is essential to rigorously evaluate various interventions to guide policy makers in maximizing the impact of scarce financial resources."

"The growing body of work on health impact assessments suggests an awareness of the need to assess the health effects of actions that are outside traditional medical or public health responsibilities. Health impact assessments are evidence-driven tools designed to factor health consequences into the process of considering new laws and regulations, planning infrastructure and development projects, urban planning, or developing new educational programs."

"These assessments can enable policy makers to maximize often unrecognized opportunities to improve health, save on health-related costs, and optimize the use of scarce resources. Health impact assessments are flexible and do not require the time and resources that are typical of environmental assessment studies."

Economic impacts–"The economic benefits of improving the nation's health are substantial. A recent analysis concluded that the economic value forgone by the differences in health if everyone with less than a college degree had the health status of those with a degree was about $1 trillion annually. About half of this amount was due to the effects of early deaths and half from the effects of poorer health during the life span. This was considered a conservative estimate by the authors, in part because it reflected only the economic value to the individuals and not the value to their families."

Conclusion–"We can find solutions to avoidable levels of ill health, but to fix the problem, we will need to look beyond medical care to community development. The social patterning of health emphasizes that potentially modifiable differences in living circumstances play a critical role in overall health and group variations in health. Adding the lens of health to community development offers an important opportunity to bring these disciplines together to help people in ways that neither field is likely to succeed in on its own."

The Hard Work of Finding America's Middle

From "Five Habits of the Heart that Help Make Democracy Possible" by Parker J. Palmer, in his new book, *Healing the Heart of Democracy* (2011) at **www.couragerenewal.org/**:

" 'Habits of the heart' are deeply ingrained ways of seeing, being and responding to life that involve our minds, our emotions, our self-images, our concepts of meaning and purpose in life. I believe that these five taken together are critical to sustaining a democracy."

1. "An understanding that we are all in this together. Ecologists, economists, ethicists, philosophers of science, and religious and secular leaders have all given voice to this theme. Despite our illusions of individualism and national superiority, we humans are a pro-

foundly interconnected species–entwined with one another and with all forms of life, as the global economic and ecological crises reveal in vivid and frightening detail. We must embrace the simple fact that we are dependent on and accountable to one another, and that includes the stranger, the 'alien other.' "

"At the same time, we must save this notion of interdependence from the idealistic excesses that make it an impossible dream. Exhorting people to hold a continual awareness of global or national interconnectedness is a counsel of perfection, achievable (if at all) only by the rare saint, that can only result in self-delusion or defeat. Which leads to a second key habit of the heart...."

2. "An appreciation of the value of 'otherness.' It is true that we are all in this together. It is equally true that we spend most of our lives in 'tribes' or lifestyle enclaves–and that thinking of the world in terms of 'us' and 'them' is one of the many limitations of the human mind. The good news is that 'us and them' does not need to mean 'us versus them.' Instead, it can remind us of the ancient tradition of hospitality to the stranger and give us a chance to translate it into twenty-first-century terms. Hospitality rightly understood is premised on the notion that the stranger has much to teach us. It actively invites 'otherness' into our lives to make them more expansive, including forms of otherness that seem utterly alien to our way of life. Of course, we will not practice deep hospitality if we do not embrace the creative possibilities inherent in our differences. Which leads to a third key habit of the heart...."

3. "An ability to hold tension in life-giving ways. Our lives are filled with contradictions–from the gap between our aspirations and our behavior to observations and insights we cannot abide because they run counter to our convictions. If we fail to hold them creatively, these contradictions will shut us down and take us out of the action. But when we allow their tensions to expand our hearts, they can open us to new understandings of ourselves and our world, enhancing our lives and allowing us to enhance the lives of others. We are imperfect and broken beings who inhabit an imperfect and broken world. The genius of the human heart lies in its capacity to use these tensions to generate insight, energy, and new life. Making the most of those gifts requires a fourth key habit of the heart...."

rhcw.org
RURAL HEALTH CAREERS
WISCONSIN

4. "A sense of personal voice and agency. Insight and energy give rise to new life as we speak and act, expressing our version of truth while checking and correcting it against the truths of others. But many of us lack confidence in our own voices and in our power to make a difference. We grow up in educational and religious institutions that treat us as members of an audience instead of actors in a drama, and as a result we become adults who treat politics as a spectator sport. And yet it remains possible for us, young and old alike, to find our voices, learn how to use them, and know the satisfaction that comes from contributing to positive change–if we have the support of a community. Which leads to a fifth and final habit of the heart...."

5. "A capacity to create community. Without a community, it is nearly impossible to achieve voice: it takes a village to raise a Rosa Parks. Without a community, it is nearly impossible to exercise the 'power of one' in a manner that multiplies: it took a village to translate Parks's act of personal integrity into social change. In a mass society like ours, community rarely comes ready-made. But creating community in the places where we live and work does not mean abandoning other parts of our lives to become full-time organizers. The steady companionship of two or three kindred spirits can kindle the courage we need to speak and act as citizens."

Listen…

The following is from the June Issue of RWHC's Leadership Insights newsletter by Jo Anne Preston. Back issues are available at:

www.RWHC.com/News/RWHCLeadershipNewsletter.aspx

"Could you improve your listening skills? Most of us could. It's hard work-they don't call it 'active listening' for nothing! Practice one of these actions each day for the next five days and see what happens."

Day 1: "Make a list. Make a list of the top 10 people you interact with every week. It can include home and work. Now, rate yourself on how well you listen to each of them on a 1-5 scale (1 indicates 'I actually tune them out most of the time,' and 5 is 'I am listening completely, understanding clearly and can reflect back to them this understanding.') What scores are worth improving? Circle those names to practice your 'rigorous listening' with."

Day 2: "Forget about remembering what you were going to say. That's one of our excuses for not listening well. We chomp at the bit to spill what is in our mind before the overcrowded thing forgets it. Will the world end if we do forget? Sometimes, it is more important that we seek to understand another person than it is to spill. If it is important enough, you will remember it later. Spend a day letting go of trying to remember what you were going to say while someone else is talking and just focus on them and understanding their message."

Day 3: "Stop what you are doing. Turn toward the important person speaking to you–(this will help them feel important). Use good eye contact, lay your hands in your lap and open your ears. Spend a day turning directly towards people who speak to you and do nothing else but listen. No typing, texting, reading, doodling, Google searching, looking at email and any other form of multi-distracting."

Day 4: "Close your mouth. No kidding. Can you wait until the other speaker is completely finished speaking their words-and even a couple of extra seconds before you respond? This takes conscious effort. For one day, work at leaving a few seconds of space between another's words and when you start to speak. Becoming conscious of how often we interrupt can be an enlightening thing–it is amazing what we hear when we let people finish!"

Day 5: "Reflect first what you heard. In quality dialogue, both parties share their thoughts. Before you launch into what you think, respond to the other person's comments with something like, 'So you would like to… and it sounds like that would lead to… as you see it, is that right?' Then allow the other person to say 'Yes, that's correct,' or 'No, that's not quite what I meant' and then let them clarify."

"It may feel like practicing these listening skills will slow you down but there are payoffs: improved relationships, less conflict and increased trust-the opposite of which is the real slow down."

Contact Jo Anne Preston for individual or group coaching at 608-644-3261 or ***jpreston@rwhc.com.*** *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 608-643-2343 or* ***cballweg@rwhc.com****.*

Fail Fast, Early & Often

From "FAIL FAST" at the blog *{ NEUROGRAPHS }* at **www.WordPress.com**:"

"Everybody knows about Wright Brothers… right? They invented the flying machine that gave birth to the aviation industry. Air travel would not be possible without their invention. It is an incredible 20th century achievement and a success story. Wouldn't it be great if we could learn something from their experience in solving difficult problems that we face at work, business and in our lives?"

"I would like to tell you one interesting idea from their life that can guide you on your track to success."

"When Wright Brothers were busy building Wright Flyer in 1901-03, they were not alone. The idea of creating a flying machine was really hot at the time. Wright Brothers were not the only ones trying to invent the airplane, there were other teams trying to achieve the same thing, the first sustainable human flight. They were not at all 'original thinkers' (they were more like tinkerers). So why the Wright Brothers became successful in inventing the flying machine and not others? They were just bicycle mechanics with much more limited budget than other teams in the race. Here is what happened..."

"The key problem in inventing the flying-machine at the time was the correct wing design. If you could design a wing such that it created high air pressure at the

bottom and low air pressure at the top it would help lift the plane."

"All teams were busy trying alterations to their wing design and testing them in the field. The whole cycle of idea to testing and back to the drawing board (modifications to the wing design, building the new wings and testing) would take weeks and months and a lot of time and money was spent for each iteration."

"Wright Brothers thought differently about this key bottleneck of the development cycle. Instead of spending months in the traditional design process, they used the wind-tunnel for the first time in the world to design the wings."

"Wind-Tunnels provided a huge advantage compared to traditional methods:

- Easily accessible test site (right under their garage).

- Small Scale: No need to create life size wings, you could just create few centimeter size wings and test it in a wind-tunnel.

- Low Cost: No need to hire test pilots and workers to go fly your prototype."

"The wind-tunnel allowed them to reduce their time/money/effort cost in design-develop-test cycles. That means, they could try orders of magnitude more iterations than other teams. This way they were able to try 100s of alterations per day for the wing before they got the desired results. This way they were able to do 10 years of work in a week compared to other teams with the fraction of the cost. Shorter trial and error cycle helped them get ahead of other teams and stumble upon a great solution."

"This technique is called Fail-Fast. It is a very important factor in deciding the outcome of your work when you are trying to work on something new and unknown."

"Make sure you fail more,
fail fast and fail cheaply."

Space Intentionally Left Blank For Mailing