

Review & Commentary on Health Policy Issues for a Rural Perspective – August & September, 2008

Mental Illness: a Conspiracy of Silence?

by Tim Size, RWHC Executive Director

This is an update of "Would John Wayne Ask for Prozac?" from Rural Health FYI, March/April, 1998 by the National Rural Health Association:

We are our own barrier to effective mental health care. As I think about rural mental health and the particular challenges of rural access to services, a lifetime of remembered images come unsolicited into view: the empty but still hanging noose of a failed suicide, a gun locked away during a downward spiral of clinical depression, the involuntary but horrific reaction to a medically prescribed treatment of steroids, and a parent's decline into dementia.

I've been blessed with few days that could even be called blue, but preparing this column raised an unsettling issue. A reasonably random sample of family, friends, colleagues and acquaintances have experienced heart disease, cancer and other illnesses but it seems that only a much closer circle of immediate friends and relations have had an illness of the "mind." People in my wider community but close enough to know and personally care about—colleagues, neighbors and folks at church—seem somehow immune to this type of affliction, presenting the perfect picture of mental health.

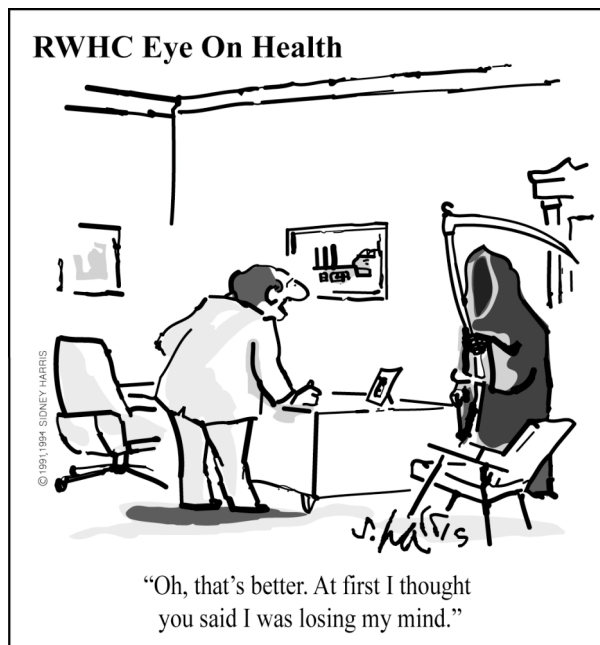
Then came the obvious suggestion that so strong is our collective fear/stigma of mental illness that most of the time we participate in a conspiracy of silence about its very existence. We are left with an unsettling sense that mental illness is a private burden to bear or in the opposite extreme, fed by the tabloids, that it only affects the rich, famous and/or criminal.

The dynamic in rural communities of "neighbors helping neighbors," so often effective in addressing other common challenges, is immobilized. The tradition becomes largely inoperative if your neighbor's need is hidden, or worse yet, if the problem causes your neighbor to no longer be considered a neighbor.

It is real hard for a community to advocate for and organize resources for a challenge that is not seen or accepted.

The structure of this column, initially unintended, reflects the pervasive challenge of mental illness. I couldn't and still can't imagine writing this without offering you an assurance, as I did in the second paragraph, that there can be no question of my own personal mental soundness.

We understandably have a great fear of any illness that attacks our basic sense of self and our most fundamental means of connecting with others. But this fear limits our ability to identify, discuss or intervene at the local level, most especially in rural communities without the benefit of urban-like anonymity. May be rural neighborliness in this case is a barrier to care.



We need to integrate care while recognizing special needs—According to Peter Beeson, Past President of the National Association for Rural Mental Health, “there is every reason for us to be concerned about how well the general health care system and the behavioral health care system are working together. This becomes critically important in rural areas where inefficient and ineffective use of limited resources can put both systems, and their patients, at risk.”

“We have had only limited success in building true collaborative relationships between general health care professionals and behavioral health care professionals. There is great benefit to be had for both patients and providers in better integrating general health care and behavioral health care. In rural areas, because we often know each other personally, we have a good chance to bring general health care and behavioral health care together for the benefit of our patients and ourselves and our communities. This is hard work, but it is both necessary and important. We can no longer pretend that compartmentalization of disorders or care makes good sense either clinically or economically.”

We fear “losing our mind” more than the Grim Reaper. For now, I don’t believe there is a class of illnesses with a greater stigma than those affecting the brain. Rural communities due to their size and social structures are particularly subject to the stigma that accompanies mental illness, limiting the development of needed services. If we as rural health providers and advocates lay claim to community-based care, we must speak out more openly and widely on behalf of patients with a mental illness.

Rural Wisconsin Health Cooperative, begun in 1979, has as its **Mission** that rural Wisconsin communities will be the healthiest in America. Our **Vision** is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the “rural advocate of choice” for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost effective healthcare... assists Members to partner with others to make their communities healthier... generates additional revenue by services to non-Members... actively uses strategic alliances in pursuit of its Vision.

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Health Workforce: Out of Order, Out of Time

The following is from the Association of Academic Health Centers regarding their new report, “Out of Order, Out of Time: The State of the Nation’s Health Workforce”; available at <http://www.aahcdc.org> :

“*Out of Order, Out of Time: The State of the Nation’s Health Workforce* is a report undertaken by the Association of Academic Health Centers (AAHC) to focus attention on the critical need for a new, collaborative, coordinated, national health workforce planning initiative. The report’s seven chapters include more than 40 findings that document what is ‘out of order’ with respect to the nation’s health workforce, as well as the looming social and economic forces that leave no time for further delay before the problems get dramatically worse.”

“The report draws several broad conclusions from the detailed findings including:

- A broader, more integrated national strategic vision than our historic approach to health workforce policymaking and planning is needed if complex and urgent health workforce issues are to be addressed effectively.
- A new mechanism is needed to serve the currently unfilled integrative role that existing health workforce policymaking and planning processes are not designed, and are ill-equipped, to serve.
- It is critically important to act immediately to develop and implement an integrated, comprehensive national health workforce policy before intensifying health workforce needs outpace available resources, putting the U.S. at risk of losing its status as the global health care leader.”

“The report’s findings and conclusions offer compelling arguments that we are *out of time* to address what is *out of order* in our health workforce. Therefore, the report recommends that all public and private stakeholders work together to:

- Make the U.S. health workforce a priority domestic policy issue;

- Begin addressing national health workforce issues immediately to avert crises in national workforce capacity and infrastructure;
- Develop an integrated, comprehensive national health workforce policy that recognizes and compensates for the inherent weaknesses and vulnerabilities of current decentralized multi-stakeholder decision-making; and
- Create a national health workforce planning body that engages diverse federal, state, public and private stakeholders with a mission to:

- a. Articulate a national workforce agenda;
- b. Promote harmonization in public and private standards, requirements and prevailing practices across jurisdictions;
- c. Address access to the health professions and the ability of educational institutions to respond to economic, social, and environmental factors that impact the workforce; and
- d. Identify and address unintended adverse interactions among public and private policies, standards, and requirements.”

Wisconsin Organizes to Get Workforce Data

by Tim Size, Chair of the Wisconsin Health Workforce Data Collaborative:

The Wisconsin Health Workforce Data Collaborative is an initiative of the Select Committee on Healthcare Workforce Development convened by Wisconsin Department of Workforce Development Secretary Roberta Gassman. The Collaborative grew out of the Select Committee’s “Stronger Data Sub-Group,” charged with developing a proposal to address the serious limitation in our state’s (both public and private sectors) collective ability to forecast the supply and demand for health workforce.

“Assuring Healthcare ‘Reform’ Doesn’t Bypass Rural America”

Testimony was given on behalf of the Rural Wisconsin Health Cooperative by Tim Size, RWHC Executive Director, at the hearing “Growing Old in Rural America” on July 31st, 2008, before the U.S. Senate Special Committee on Aging, chaired by Senator Herb Kohl.

A case was presented for three issues that must have significantly greater attention if healthcare reform isn’t to bypass rural America:

1. Rural at Risk with an Aging Healthcare Workforce
2. Medicare Advantage Impact on Rural Beneficiaries & Providers
3. Seniors Need Healthy Communities

Rural health’s many successes are a testament to the endurance and creativity of rural communities. Reform needs to build on that strength, not weaken it. The complete written testimony is available at <http://www.rwhc.com/> under “What’s New.”

The critical nature of this problem becomes all the more clear when you recognize that a disproportionately large number of health professionals and workers are baby boomers who are beginning to retire and at the same time entering the stage of life which unfortunately creates more demand for health care.

We cannot prepare for these diverging trends without data and forecasting that is simply not available. Due to limited resources and the need for collaboration to be substantially improved, our current approach to healthcare workforce planning falls far short.

Regarding job vacancies, we don’t know where we are or where we are going. This leaves us with an approach not too different than the phenomena in Congress where research dollars seem to flow mostly due to whose friends and family had what medical misfortune; infrastructure allocation by anecdote.

The Collaborative is organized around a Vision that access to healthcare and prevention services not be limited by gaps in workforce supply and demand and that Wisconsin’s workforce planning be data driven.

Its purpose is “to collect and analyze supply, demand, and distribution data for targeted health occupations in order to help ensure that in the future, Wisconsin has a diverse health care workforce that is appropriate and sufficient in number for addressing the health care needs of the public.” It is explicitly not the group to develop policy but to be the folks who provide health workforce data to the policy community.

The Collaborative is applying for an implementation grant from both the Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health and the Healthier Wisconsin Partnership Program at the Medical College of Wisconsin. Both applications will have the same goals but different objectives. The two proposals are being written so that each can stand on its own merits but that significantly faster progress will be made if both are funded.

The Letter of Intent to the UW states that the Collaborative “will provide the health care workforce data and utilization analysis called for in Healthy Wisconsin 2010, through a carefully structured, collaborative approach with state agencies, provider organizations and academic partners.”

“Efforts in Wisconsin to do even rudimentary healthcare workforce planning have been hampered by 1) inadequate systems for gathering data regularly and consistently with attention to local labor markets and distribution issues, 2) lack of suitable models for forecasting labor market supply and demand that can be applied on the local level, and 3) no system for regularly updating supply and demand projections.”

“This project will build on the collaboration developed through the Governor’s Select Committee on Healthcare Workforce. It will increase synergy and reduce duplication in data gathering efforts, create a system for accessing workforce data resources for research and evaluation, and produce a regular series of reports to facilitate planning efforts.”

For both UW and MCW grants, the Select Committee will be the Community Partner, the Wisconsin Center for Nursing, the Project Manager and the Wisconsin Medical Society, the Fiscal Agent. Our Academic Partners at the UW will be Byron J. Crouse, MD, Associate Dean for Rural and Community Health, as well as David Mott, PhD, Hammel/Sanders Distinguished Chair in Pharmacy Administration. Both of our UW Academic Partners have a distinguished track record in workforce planning and are enthusiastically engaged with this initiative. The MCW Partners are pending.

In addition to those noted above, significant volunteer time has already been contributed by many of the

organizations on and off of the Select Committee. Information on the Select Committee can be found at:

<http://www.dwd.state.wi.us/healthcare/>

Notwithstanding the complexity of this initiative, it is and will remain the intent of our process to be as inclusive as possible. The Collaborative cannot address every workforce data need “first” but it is their goal to be as comprehensive as time and resources allow.

Some Neighbors Easier to Love Than Others

From an editorial “The Big Sort” in The Economist print edition, 6/19/08:

“Americans are increasingly choosing to live among like-minded neighbors. This makes the culture war more bitter and politics harder. Some folks in Texas recently decided to start a new community ‘containing 100% Ron Paul supporters’. Mr Paul is a staunch libertarian and, until recently, a Republican presidential candidate. His most ardent fans are invited to build homesteads in ‘Paulville’, an empty patch of west Texas. Here, they will be free. Free not to pay ‘for other people’s lifestyles [they] may not agree with’. And free from the irksome society of those who do not share their love of liberty.”

“Cynics chuckle, and even Mr. Paul sounds unenthusiastic about the Paulville project, in which he had no hand. But his followers’ desire to segregate themselves is not unusual. Americans are increasingly forming like-minded clusters. Conservatives are choosing to live near conservatives, and liberals near liberals.”

“As the playwright Arthur Miller put it (in 2004): ‘How can the polls be neck and neck when I don’t know one Bush supporter?’ Clustering is how. County-level data understate the degree of ideological segregation, reckons Bill Bishop, the author of a gripping new book called ‘The Big Sort: Why the Clustering of Like-Minded America is Tearing Us Apart’. The neighborhoods people care about are much smaller.”

“Americans move houses often, usually for practical reasons. Before choosing a new neighborhood, they drive around it. They notice whether it has gun shops, evangelical churches and ‘W’ bumper stickers, or yoga classes and organic fruit shops. Perhaps unconsciously, they are drawn to places where they expect to fit in.”

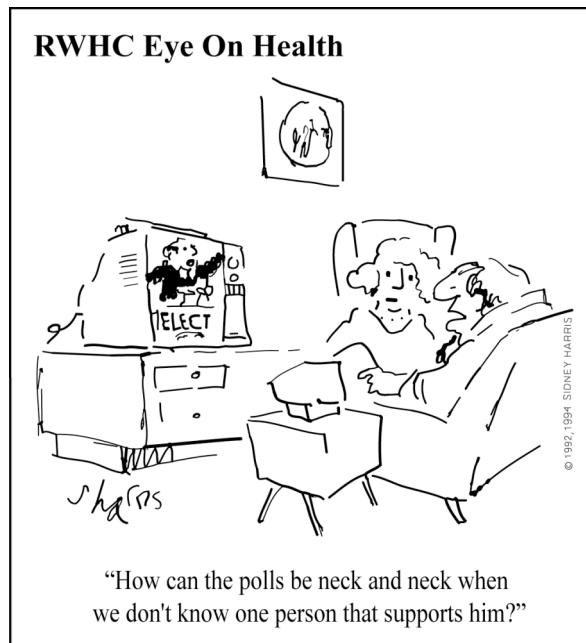
“Where you live is partly determined by where you can afford to live. But the ‘Big Sort’ does not seem to be driven by economic factors. Income is a poor predictor of party preference in America; cultural factors matter more. For Americans who move to a new city, the choice is often not between a posh neighborhood and a run-down one, but between several different neighborhoods that are economically similar but culturally distinct.”

“For example, someone who works in Washington, DC, but wants to live in a suburb can commute either from Maryland or northern Virginia. Both states have equally leafy streets and good schools. But Virginia has plenty of conservative neighborhoods with megachurches and Bushites you’ve heard of living on your block. In the posh suburbs of Maryland, by contrast, Republicans are as rare as unkempt lawns and yard signs proclaim that war is not the answer but Barack Obama might be.”

“**Groupthink**—Because Americans are so mobile, even a mild preference for living with like-minded neighbors leads over time to severe segregation. An accountant in Texas, for example, can live anywhere she wants, so the liberal ones move to the funky bits of Austin while the more conservative ones prefer the exurbs of Dallas. Conservative Californians can find refuge in Orange County or the Central Valley.”

“Over time, this means Americans are ever less exposed to contrary views. Intriguingly, the more educated Americans become, the more insular they are. (Hence Mr Miller’s confusion.) Better-educated people tend to be richer, so they have more choice about where they live. And they are more mobile. One

study that covered most of the 1980s and 1990s found that 45% of young Americans with a college degree moved state within five years of graduating, whereas only 19% of those with only a high-school education did.”



“There is a danger in this. Studies suggest that when a group is ideologically homogeneous, its members tend to grow more extreme. Even clever, fair-minded people are not immune. Cass Sunstein and David Schkade, two academics, found that Republican appointed judges vote more conservatively when sitting on a panel with other Republicans than when sitting with Democrats. Democratic judges become more liberal when on the bench with fellow Democrats.”

“Residential segregation is not the only force Balkanising American politics, frets Mr. Bishop. Multiple cable channels allow viewers to watch only news that reinforces their prejudices. The internet offers an even finer filter as websites help Americans find ideologically predictable mates.”

“ ‘We now live in a giant feedback loop,’ says Mr. Bishop, ‘hearing our own thoughts about what’s right and wrong bounced back to us by the television shows we watch, the newspapers and books we read, the blogs we visit online, the sermons we hear and the neighbourhoods we live in.’ ”

“**Shouting at each other**—One might ask: so what? If people are happier living with like-minded neighbors, why shouldn’t they? No one is obviously harmed. Mr. Bishop does not, of course, suggest curbing Americans’ right to freedom of association. But he worries about some of its consequences.”

RWHC Seeks an Associate Director of Advocacy

Applicants are encouraged to submit their resume to RWHC c/o Monica Seiler at <mailto:mseiler@rwhc.com> no later than the end of August. Those individuals who will be invited for an interview will be contacted in September or October. The position description is available at <http://www.rwhc.com/>

“Voters in landslide districts tend to elect more extreme members of Congress. Moderates who might otherwise run for office decide not to. Debates turn into shouting matches. Bitterly partisan lawmakers cannot reach the necessary consensus to fix long-term problems such as the tottering pensions and health-care systems.”

“America, says Mr. Bishop, is splitting into ‘balkanised communities whose inhabitants find other Americans to be culturally incomprehensible.’ He has a point. Republicans who never meet Democrats tend to assume that Democrats believe more extreme things than they really do, and vice versa.”

Place Matters

The following is from “Place Matters” by the Carsey Institute at the University of New Hampshire. The complete survey and report is available at:

<http://www.carseyinstitute.unh.edu/>

“Policy must become more ‘place-based,’ not simply in terms of geographic location, but also with awareness of social, cultural, economic, environmental, and political characteristics. Each of the study regions is struggling with its own place specific issues and problems, which call for different policies and solutions. However, some needs appear common across all regions, such as advanced telecommunications technology, access to good education at all levels, affordable and accessible healthcare, and forward-looking transportation systems.” Key recommendations include:

- “Amenity-rich regions need to manage growth and develop inclusive policies that enable long time residents and workers to find affordable housing and living wage jobs in their communities.
- Declining resource dependent regions must work to reverse their out-migration patterns.
- Chronic poverty regions need strategies to develop sustainable communities and strengthen the middle class. Improved education should be the first priority.

- Amenity/decline regions are on a socio-economic divide, struggling to staunch the continued out-migration of young adults while managing the in-migration of older residents and turning communities toward prosperity.”

“Effective development and change requires research, analysis, and creative thinking. The more divided a community or region is along lines of income, race, or ideology, the more difficult it will be to get things done. Careful and measured planning, plus consultation with community representatives from all walks of life, will result in a greater likelihood of successful programs.”

Club Scrub “Grows Your Own”

Rural Wisconsin Health Cooperative members are championing Club Scrub, an innovative, experiential program designed to increase middle and high school students’ awareness of health care career opportunities and the associated education requirements.

Recruiting and retaining an adequate workforce is *critical* to enhancing local health care delivery in rural areas. Numerous studies have shown that early, direct exposure to health careers (i.e., awareness campaigns targeting middle school students) has a positive impact on a rural hospital’s ability to provide quality services and improve access to care.

Club Scrub for middle school students was started with local member hospital support and external funding from the the Rural Hospital Flex Program through the Wisconsin Office of Rural Health in 2006-07. Advanced Club Scrub, an expansion for high school students, received startup funds in 2007-08 from the Southwest Area Health Education Center.

Club Scrub and Advanced Club Scrub are local community partnership involving the local hospital and school system. The primary goal of the program is to increase awareness of health related professions through hands-on activities. There is no cost to those students who take part. Participants work/learn side-by-side with hospital employees representing a broad spectrum of disciplines, including: emergency serv-



Moundview Memorial Hospital & Clinics' Advanced Club Scrub in Friendship, Wisconsin

ices, dietary, rehabilitation, respiratory therapy, nursing, radiology, laboratory, and more. Prizes and snacks are provided to the students at each session.

Chris DeLapp, Staff & Community Education Coordinator, Columbus Community Hospital, describes their experience, "Club Scrub has been phenomenal in our community. We will begin our third year of our Club Scrub after school program in the fall of 2008 and next week we will have our second summer day camp for kids outside of Columbus. We have had 31 kids go through our program and to see their smiles and the excitement when they report to Club Scrub makes it so worthwhile, not to mention the smiles on our staff members' faces as they interact with the kids. Club Scrub has been a huge success and a program we will continue for many years to come."

Currently, Club Scrub for middle school students is sponsored by hospitals in Columbus, Friendship, Portage, Richland, Prairie du Sac and Stoughton. Four RWHC hospitals—Sauk Prairie Memorial Hospital & Clinics, Moundview Memorial Hospital & Clinics (Friendship), the Monroe Clinic and Stoughton Hospital—participate in the "Advanced Club Scrub" program. Each facility offers sessions that include: hands-on activities for students (e.g., casting and suturing), hospital tours, and department descriptions.

Club Scrub and Advanced Club Scrub can be easily replicated at other hospitals and is a low cost way to "grow your own" by prompting an early interest in health care careers. Participating students gave it unanimously positive evaluations. To learn more about either the Club Scrub or Advanced Club Scrub

programs, please contact Jo Anne Preston, RWHC Workforce Development Coordinator at 608-643-2343.

School Sports Supported by Rural Hospital

Monthly, Eye On Health showcases a RWHC member story from the Wisconsin Hospital Associations' annual Community Benefits Report. Wisconsin hospitals provide over \$1.6 billion in community benefits; twice that if you include Medicare shortfalls and bad debt. This month's feature is about the Southwest Health Center in Platteville: "Athletic Trainers Provide Vital Services to High School Sports Teams":

"They're not wearing the uniform but they can be found close to the field at the home football games in Platteville. Their 3-point shot isn't too sharp but they rarely miss a home basketball game at Cuba City High School. They are not coaches but the team looks to them for expert advice on how to maximize their playing potential—particularly when someone has a health concern or injury. They are Certified Athletic Trainers and for the past two years, these Southwest Health Center professionals have been providing a vital service to the sports teams at both the Platteville and Cuba City High Schools."

"Abby Thibadeau and Julie Grabandt have been key partners of the school's teams and are familiar faces to their fans. The assigned athletic trainer attends practice sessions and home games for football, basketball, soccer, volleyball, wrestling, track and field in addition to baseball and softball for both Cuba City and Platteville. In their role as Certified Athletic Trainers, they evaluate, advise and treat these athletes to assist them in recovering from and preventing injuries."

"According to Scott Statz, Platteville High School's Football Coach, the service that these athletic trainers provide is invaluable. 'Abby's real honest with the kids. There's a difference between a kid having a minor injury and one who has an injury serious enough to keep him or her out of the game. The student athlete and I don't necessarily know the difference but she does... and we trust her judgment 100%.' "

“Prior to January 2005, these athletic training services were provided by an area medical clinic but a re-organization led to their discontinuation of that service. Both Cuba City and Platteville High Schools appealed to Southwest Health Center to fill the gap. Southwest Health Center provides these training services at no charge and the schools pick up the related cost of supplies and equipment. Recognized by the American Medical Association as allied health professionals, athletic trainers specialize in the prevention, assessment, treatment, and rehabilitation of musculoskeletal injuries.”

“They also may be involved in the rehabilitation and reconditioning of injuries. They help prevent injuries by advising athletes on the proper use of equipment and applying protective or injury preventive devices such as tape, bandages, and braces. Injury prevention often includes educating people on what they should do to minimize their risk for injuries.”



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“Southwest Health Center’s athletic trainers work under the supervision of Dr. Kevin Carr, a local Dean Care physician, and in cooperation with other local health care providers. For athletes, athletic trainers also provide

a vital communication link between the injured athlete, the physician, the coach, and sometimes the athlete’s family, to determine when it’s right to return to practice and play.”

“Providing these athletic training services is a true example of a community partnership. It is just one of the many ways in which Southwest Health Center supports the health of our communities. The program has had a positive influence on hundreds of student-athletes in our communities. ‘Our support of the athletic training at our local schools is a vital step toward promoting good health to our young community members. We see this program as a wise investment in the future health and wellness of our young people,’ said Anne Klawiter, President and CEO.”

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