

Review & Commentary on Health Policy Issues for a Rural Perspective – April 2nd, 2011

A Strong Country Needs Arguing & Listening

The following is from “Rude Democracy in America, Can We Overcome It?” by Susan Herbst in *The Key Reporter*, Spring-2011. *Editor’s note: reprinting this commentary is definitely not intended as a partisan statement but to speak to our Country’s need for civil discourse on all sides.*

“It does not take a political scientist like me to point out just how problematic our discourse has become: Much of talk radio and television punditry is highly partisan and hysterical.”

“The thoughtful analysts are still trying their best on Sunday morning, but they are drowned out by cable news and the waves of dysfunction it spreads through the internet and into our lives.”

“It would be inaccurate to say that political dialogue has deteriorated, since we have had other extraordinarily low and worrisome periods where hatred and incivility ruled. The truth is that we have always witnessed outbreaks of incivility, of venom, and destructive talk and action in politics.”

“If we are to try and reform our political discourse—the way we treat each other, the tone we use and finding a shared standard for evidence—we must develop a new model. And that new path will need to account for a

24/7 news cycle, as well as a culture addicted to constant stimulation and novelty. To that end, I have a few observations and routes to solutions.”

“Create a Culture of Listening. We have all focused on ‘sins of commission: what is said by pundits and leaders that seems entirely out of line. But we typically fail to note ‘sins of omission’: what we fail to do, and what we forget to do, as leaders and citizens. One of the things we seem unable to do is to listen, and truly open ourselves up, with the patience it takes to process information. Everyone wants to talk at once and be heard! In this cacophony there is no reward for silence, and seemingly no benefit. Listening seems to be a lost art, and one that needs immediate resurrection.”



“Advocate for Rules of Evidence. The single most problematic aspect of the internet, and our ability to be heard without gatekeepers, is the lack of argumentation rules. It seems that anyone can say anything, and have that picked up and repeated over and over, without critical oversight. I keep hoping that one of our leading news organizations or pundits will call for a summit: How can broadcast professionals come together and agree on standards, to define what constitutes evidence? So many professional organizations do this, daily. Why can’t our media, who should be public servants while making their profits, locate their professional standard and moral center?” [Editor’s note: see www.factcheck.org for non-partisan fact checking.]

“The Answer is in Education. In many ways, the generations of citizens older than 25 have lost their way, with regard to political talk. Perhaps we can change, but it is far more likely that the high school and college students of today will navigate the new waters and develop the sort of discourse that might make America seem the humane, lively democracy envisioned so long ago. We cannot rely on standard, even if excellent, civics courses or Introduction to Political Science. We need to teach young people how to argue with vigor, intelligence and panache. We must train an educated populace, as always, but just as important, we need to create a culture of argument. And we need to do this on a mass scale through our public and private schools. **If we cannot teach our children how to reason and articulate their ideas, they will find themselves in the same dysfunctional bind their parents live in.”**

“We Need Courage. It feels old-fashioned to write, and you likely find it ridiculously 19th century to read, but being a citizen in a democracy has always demanded a sort of courage that few of us ever come to know. We want it to be easy, which is why social scientists find that most people hang out with those who share their beliefs. Few people argue or seek others who might disagree. Somehow, we think that democracy itself—rule by the people—would just involve occasional voting, when it always called for much more. Democracy theorists have written about this in so

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many ways, over hundreds of years now: Self-rule is impossible without the bravery it takes to express opinions and do so civilly. **The abilities to argue, to listen and create the nation together, are both foundational and non-negotiable.”**

“Susan Herbst, is executive vice chancellor and chief academic officer for the University System of Georgia. The image ‘Southern Chivalry—Argument Versus Clubs’ by John L. Magee expresses outrage over Preston Brooks’ attack on fellow U.S. Congressman Charles Sumner in the Senate chamber in 1856.”

Can Rs and Ds Adopt a Business Principle?

From a summary of *The 7 Habits of Highly Effective People* by Stephen Covey downloaded from www.stephencovey.com/. According to Amazon, Covey’s book “continues to be a business bestseller with more than 10 million copies sold.”

HABIT 5: SEEK FIRST TO UNDERSTAND, THEN TO BE UNDERSTOOD

“Communication is the most important skill in life. You spend years learning how to read and write, and years learning how to speak. But what about listening?

What training have you had that enables you to listen so you really, deeply understand another human being? Probably none, right?”

“If you’re like most people, you probably seek first to be understood; you want to get your point across. And in doing so, you may ignore the other person completely, pretend that you’re listening, selectively hear only certain parts of the conversation or attentively focus on only the words being said, but miss the meaning entirely. So why does this happen? Because most people listen with the intent to reply, not to understand.”

“You listen to yourself as you prepare in your mind what you are going to say, the questions you are going to ask, etc. You filter everything you hear through your life experiences, your frame of reference. You check what you hear against your autobi-

ography and see how it measures up. And consequently, you decide prematurely what the other person means before he/she finishes communicating.”

“Because you so often listen autobiographically, you tend to respond in one of four ways:

Evaluating: Judge and either agree or disagree.

Probing: Ask questions from own frame of reference.

Advising: Give advice and solutions to problems.

Interpreting: Analyze others’ motives and behaviors based on your own experiences.”

“Seek first to understand.”

Doctor Shortage Time Bomb

From “What Health Reform Missed: The Doctor Shortage” by Elizabeth MacDonald published February 15, 2011, on <<http://www.foxbusiness.com/>>:

“Health reform seeks to provide coverage for all Americans, adding to the system an estimated 30 million to 47 million, depending on how they are counted, who don’t have coverage today.”

“The demand side of the reform advocates’ story goes like this: Health reform will pay for itself because of a new mandate penalty slapped on those who refuse coverage. That will ensure a massive influx of new insurance entrants, including healthy strapping young people who don’t have coverage today, which means more revenue for the insurance industry.”

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country’s biggest doctor groups, the American College of Physicians and the Association of American Medical Colleges. And the missing doctor-shortage supply side of DC’s argument is worse than realized.”

“Because of this looming doctor shortage, health reform essentially will create market forces that will enact rationing of care, as more insured individuals flood into a system that sees a dwindling number of doctors to care for them. Picking up where insurers left off when it comes to rationing.”

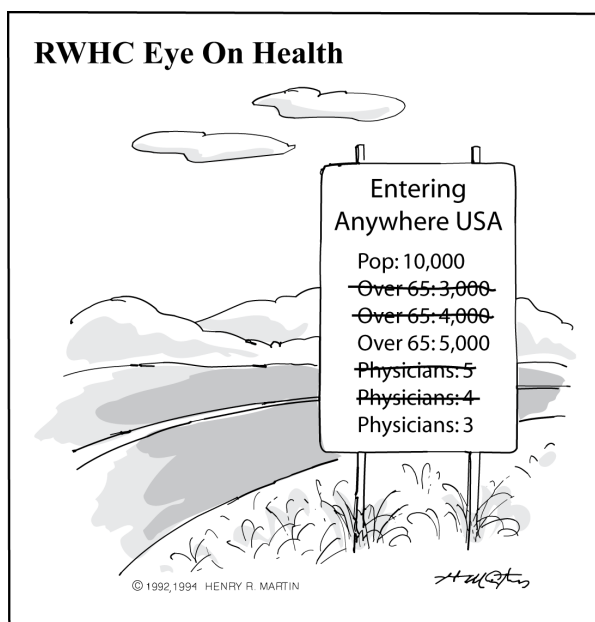
“And that shortage in supply of doctors becomes even more crucial, as health reform seeks to stop the insurance industry’s insidious practice of knocking out people from coverage if they have pre-existing conditions, which most everyone applauds. The doctor shortage becomes exponentially more serious as 71 million baby boomers approach retirement age, and as the creaky Medicare program faces serious strains to deal with a host of new beneficiaries with chronic diseases and fewer doctors to treat them.”

“The American College of Physicians [ACP], the nation’s top group of doctors notes that a recent peer-reviewed study estimates that there will be a shortage of 35,000 to 44,000 primary care physicians for adults by 2025.”

“Notably missing will be doctors in key specialties, in general internal medicine and family medicine—the specialties that provide primary care to most adult and adolescent patients, says ACP.”

“And ACP says in a statement that’s ‘even before the increased demand for health care services that will result from near universal coverage

RWHC Eye On Health



is taken into account.’ Primary care physicians number about 352,900 in the U.S. Already, the Association of American Medical Colleges says the country could face a shortage of as many as 150,000 doctors by 2025. The number of U.S. doctors now totals around 954,000.”

“The Association says about 45,000 more primary care doctors, who will face the brunt of the new health reform law, will be needed by 2020. It also projects a shortage of 33,100 doctors in specialties such as cardiology, oncology and emergency medicine by 2015.”

“Meanwhile, medical universities have seen a decline in the number of med school students signing up for family medicine courses, dropping more than 25% between 2002 and 2007, the Association says. Medicare pays about \$9.1 billion annually to teaching hospitals in order to maintain residency programs and treatment of Medicare patients, but medical schools fear those subsidies could get cut back.”

“ACP says ‘the demand for primary care in the United States is expected to grow at a rapid rate while the nation’s supply of primary care physicians for adults is dwindling and interest by U.S. medical school graduates in pursuing careers in primary care specialties is steadily declining.’ ”

“ACP says the shortage of primary care doctors presents a crisis situation. Primary care doctors provide more than half of ‘all ambulatory care visits, 80% of patient visits for hypertension, and 69% of visits for both chronic obstructive pulmonary disease and diabetes,’ ACP says, ‘yet they comprise only one-third of the U.S. physician workforce.’ It adds: ‘If current trends continue, fewer than one out of five physicians will be in an adult primary care specialty.’ ”

“ACP cites a way out. It says: a ‘new report by the Council on Graduate Medical Education recommends that compensation to primary care physicians be increased to 70 percent of the average payment for other physician specialties in order to train and retain a sufficient supply of primary care physicians.’ Question is, will that work? And will it be enough?”

Rural Remains Less Healthy Than Metro

From “Large Metro Areas Top Small Towns, Rural Areas in Wellbeing: Life evaluation, physical health much better in bigger metro areas” by Dan Witters at www.gallup.com downloaded on 3/11/11:

“Adult residents living in large metropolitan areas enjoy better wellbeing than do residents living in small towns and rural areas according to the Gallup-Healthways Well-Being Index. Across six domains of wellbeing, only in the Work Environment domain do inhabitants living in small towns and rural areas have superior scores to their counterparts living in big metro areas.”

Gallup Poll: Well-Being Index 2009 Scores Strengths of Large Metro vs. Small Towns/Rural

	Large metro areas	Rural areas	Large metro vs. rural
LARGE METRO STRENGTHS	%	%	%
"Thriving"	51.7	45.3	+6.4
Obese	24.3	30.2	-5.9
Smoke	19.1	24.5	-5.4
High blood pressure	28.2	35.2	-7.0
Easy access to fruits and veggies	93.4	87.9	+5.5
Visited dentist in last year	67.9	58.0	+9.9
Have health insurance	84.8	81.0	+3.8
RURAL STRENGTHS			
Feel safe walking alone at night	69.5	74.1	-4.6
Satisfied with job	87.0	89.3	-2.3
With daily stress	40.4	38.5	+1.9

“The Gallup-Healthways Well-Being Index score measures six sub-indexes, which individually examine life evaluation, emotional health, work environment, physical health, healthy behaviors, and access to basic necessities. Large metro areas have at least 1 million residents and rural areas are non-MSA areas.”

“Residents living in large metro areas enjoy decided advantages over residents living in small towns and rural areas on several individual wellbeing metrics, including obesity, smoking habits, regular use of a dentist, and having health insurance. While folks living in small towns and rural areas feel safer walking alone at night and have lower daily stress, people living in big metro areas have lower rates of diabetes, high cholesterol, cancer, and health issues that prevent normal activities. Job satisfaction, however, is somewhat higher in small towns and rural areas.”

“Leaders of large metro areas should take notice that well-being is not only as attainable in big cities as it is in small towns; it is in fact higher on average. With this realization comes greater urgency for low-performing cities to address head-on deficiencies in wellbeing among the citizenry of their municipalities.”

“Residents living in small towns and rural areas, in turn, should recognize that quieter, calmer settings do not necessarily translate to better wellbeing, and they should make more aggressive efforts to overcome lower overall performance.”

“Some problems are simply too complex to solve with any single approach. Consider the fact that in the United States, a million students drop out of high school each year. To begin to turn back that trend, we need to work on several fronts—assist vulnerable families when children are infants, improve classrooms from preschool through high school, provide after-school supports and college access assistance, tackle the issue of summer-learning loss and get much smarter about addressing students’ social and emotional needs at every stage. In the words of Clay Shirky: ‘Nothing will work, but everything might.’ ”

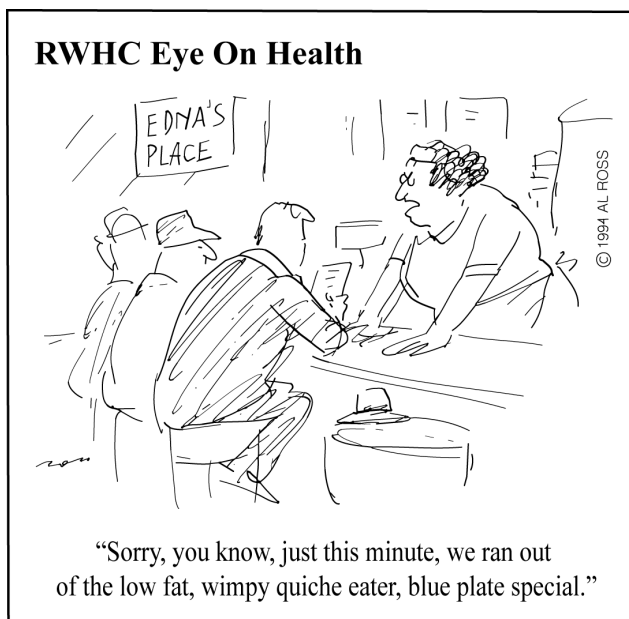
“But doing ‘everything’ in piecemeal fashion won’t work. We need not only to do all of these things better than we have in the past; we need to link them in smarter and more effective ways.”

“I previously wrote in this column about an effort in the social sector that is gaining momentum called ‘collective impact,’ a disciplined effort to bring together dozens or even hundreds of organizations in a city (or field) to establish a common vision, adopt a shared set of measurable goals and pursue evidence-based actions that reinforce one another’s work and further those goals. Collaboration isn’t new by any

means, but this kind of directed coordination across many groups, and spanning different sectors, is novel. In fact, one of the best examples of this approach, the Strive Together partnership in Cincinnati and Northern Kentucky, is only four years old.”

“I also pointed out that this approach is centered around the use of data to make improvements, but some readers were concerned that this focus on data was too much.”

“Readers also wanted to know more about the mechanics of the partnerships. Gail B, from Indiana, inquired: ‘Who’s paying for this wonderful effort? It sounds like in order to make this work, you need to get



Healthy Places Need Community Tables

From a blog post “The Power of Partnerships” by David Bornstein, downloaded 3/11/10 from:

<http://opinionator.blogs.nytimes.com/>

the private sector involved, in terms of both volunteering the C.E.O.s' time and volunteering the personnel and resources necessary to do the research and crunch the numbers. **This would be great if it could be done in every city in the country—but how do we make that happen?’ ”**

“The answer: By getting the right people together. Strive is a subsidiary of KnowledgeWorks, an operating foundation that focuses on improving the education system and remains its core funder. But there are many others, as well. The United Way of Greater Cincinnati has supported its work on early childhood issues; Procter & Gamble, and others, have supported the data management and reporting; the Greater Cincinnati Foundation funds the college access piece; Living Cities finances efforts to spread the framework; and General Electric has provided Six Sigma ‘Black Belt’ analysts to help partners work with data, develop action plans and learn how to improve their management processes.”

“Most of the examples of collective impact today are in the field of education... (but) collective impact is not only about education... Promise Neighborhoods ‘are also coming together to tackle the environmental and social factors that influence health. For example, Lutheran Family Health Centers—the grantee for the Brooklyn Promise Neighborhood in Sunset Park—is working with the community service and child welfare agency, the community board, providers of early childhood services, and academic institutions to improve children’s education and development.’ ”

“None of this is easy to pull together. One difficulty is that most foundations and governments like to target their support to individual programs or organizations. They are used to thinking about impact through scale and replication, not integration of effort. **Very few funders invest in the connective tissue that is necessary to foster meaningful collaborations.**”

Last year, one of the three initial conveners of the Strive partnership, Nancy Zimpher, formerly the president of the University of Cincinnati, took over as chancellor of the State University of New York (SUNY). With 64 campuses and a presence in every

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

one of the state’s 62 counties, SUNY is the largest state university system in the country, and one of Zimpher’s major goals is to bring the collective impact framework to New York in a big way. Working with a wide range of civic leaders and groups, Zimpher and her colleagues have already helped catalyze partnerships in Albany, Buffalo and Rochester, as well as in Harlem and Brooklyn. Others are in the works.”

“Zimpher has found that **the first step in this process is to identify a few credible leaders within a community—or in the case of fisheries, within an industry—who can serve as conveners and who genuinely ‘understand that every community needs a common table.’** Their job is to catalyze the process and set the right tone, helping people to understand that it’s got to be a group effort, that nobody will be running the show. It will take time to build trust—not months, but years. ‘You cannot short circuit this process,’ Zimpher added. But it was necessary to build that common table. ‘Without it,’ she added, ‘we are like atoms bouncing off one another.’ ”

Leadership Development: Quotes & Questions

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

www.rwhc.com/News/RWHCLeadershipNewsletter.aspx

“Words live on when what they ring true for many. Following each quote below are some questions for you to work with to see what these leadership ‘pearls’ might look like in you.”

“ ‘Effective leaders don’t have to be passionate, charming, brilliant speakers. What they must be is CLEAR’ ” (Marcus Buckingham).

- “Is there an employee you struggle with in making your expectations clear? Try wrapping up a discussion with them by asking, ‘Before you go, I’d like

you to recap to me how *you* understand what we have agreed to.’ ”

- “In speaking to a group, practice summarizing your desired *end result* into one sentence; start with that before getting into the details.”
- “ ‘Join me in the quest to simplify! Sometimes we make things so complicated. Think about the message you want to deliver and how you would explain it to someone who knows nothing about it.’ ”

“ ‘Something special must leave the room when you leave the room’ ” (Peter Drucker).

- “What is your ‘something special’ (be honest, everyone has something to bring to the table or you wouldn’t have been chosen as a leader). Do you bring humor? A balanced perspective? An eye for the down side of ideas? An awareness of the effect of actions on morale? A historical view? Fresh eyes? Decisiveness? Optimism? Attention to detail?”
- “Whatever your gift, make it your goal to bring it to the table-don’t hide your talents. Even if what you bring creates some conflict, diversity on a team makes it richer.”
- “Not sure what it is that you uniquely bring to the mix? Ask your manager or peers what would be missing on the team if you weren’t there.”

“ ‘It is better to lead from behind and to put others in front, especially when you celebrate victory, when nice things occur. You take the front line when there is danger. Then people will appreciate your leadership’ ” (Nelson Mandela).

- “How do you elevate others? Take opportunities to recognize your employees’ contributions to someone in a senior role at your organization or in your community.”
- “When you are given recognition, remember to mention those who helped you be successful and the specific things they did.”
- “People like to know that someone is keeping the alligators at bay. Work on getting a reputation for

‘being there,’ going the extra mile, anticipating and addressing problems.”

“ ‘The greatest mistake you can make in life is to be continually fearing you will make one’ ” (Elbert Hubbard).

- “To borrow from another quote, what would you do or try if you knew you could not fail?”
- “Then go ahead, do or try it! Then talk about what you learned, *especially* if it did not go as planned (aka, mistake). It is a true gift to focus on what we learn from mistakes, (*which makes us better*) and stop the guilt and shame (*which zaps energy and produces nothing*).”
- “Consider that it undermines our integrity to tell others that it is ok to make mistakes if we then beat ourselves up for doing so (*Ugh, I had to face my own music just minutes after typing this. A mistake I made was brought to my attention; I wanted to wallow in feeling bad, but I decided to go for integrity, so I made myself stop and think, what can I learn from this mistake, and how can I prevent it from happening again?*)”

“ ‘A leader leads by example, whether he intends to or not’ ” (Unknown).

- “Write down 3 adjectives that you hope others would say 5 years from now about your leadership.”
- “What do you need to do now to make sure those will be the words they choose? Connect your actions *every day* to those adjectives. Remember your 3rd grade teacher? Bet you could write a few adjectives...good or bad, our actions leave a very lasting impression.”

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.

Fort Atkinson's Community Dental Clinic

The Wisconsin Hospital Association (WHA) annually surveys its 131 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. WHA has an excellent web site, www.wiServePoint.org, designed to familiarize the user with the services, programs and assistance that hospitals offer at or below cost. One such story is "Access to dental care for uninsured and under-insured" from Fort Healthcare in Fort Atkinson:

"When health needs exist that cannot be directly met by Fort HealthCare medical and professional staff, the



organization supports the efforts of others better able to meet those needs. The Community Dental Clinic in Fort Atkinson came to life through the generous contributions of many, including the volunteer services of 14 area dentists and numerous volunteer dental assistants and hygienists. Fort HealthCare offers technical support, lab services and rental of the 1,200-square-foot medical office to the clinic for one dollar per year."

"Since the program began in 2007, the number of patients served by the free dental clinic has almost doubled. In 2009, 1,650 patients received care. Thirty-one percent had no insurance and 69 percent were covered by Medicaid. Patients must be residents of Jefferson County."

"This six-chair clinic has new equipment, on-site digital x-rays, and computerized patient records. Patients are provided standard evaluations and exams, x-rays, cleanings for adults and children ages three and older, fluoride treatments, sealants, fillings, extractions, smoking-cessation information, and oral health and dietary counseling."

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