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Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective – September 1st, 2012

Farm Calls: Walking the Talk of Outreach

From the news release "AHA NOVA Award winners know that healthy farmers are vital to a healthy rural community," at **www.AHANews.com** on 7/23/12:

"Healthy farmers are vital to a healthy economy in rural Shawano County, WI. Agriculture accounts for more than 22% of the local economy and dairy farms make up the biggest part of that contribution."

"But many dairy farmers find health insurance too costly–nearly 20% lack coverage and 80% lack insurance that covers checkups and preventive care. And given their long workdays, farmers are reluctant to leave the farm to visit the local doctor or clinic for a checkup, even if it were provided at a reasonable cost."

"Community leaders decided that, if farmers were not going to leave the farms to get care, the county would bring care to the farmers. Area health care, agriculture and business leaders hired Rhonda Strebel as a rural health coordinator in 2004 to visit farm families and provide free health risk assessments, such as blood pressure, cholesterol and skin cancer screenings, and to offer information and referrals to area services."

"Called the 'Shawano County Rural Health Initiative,' the program is spearheaded by ThedaCare, a five-hospital community health system based in Appleton, and Shawano Medical Center. For helping to build a healthier farm community, the two health care organizations received a 2012 American Hospital Association (AHA) NOVA Award July 21 at the 2012 Health Forum and AHA Leadership Summit in San Francisco. The award honors hospitals and health systems that go beyond caring for the ill and injured to help people live healthier, more productive lives."

"Under the outreach program, now executive director Strebel brings primary and preventive care services to the farmers free of charge. She or one of her nurses visit more than 300 farms and make about 1,000 'farm calls' a year. Nearly 40% of those contacts result in referrals to other resources."

"With little or no health insurance coverage, Strebel says farmers are not likely to seek medical treatment for minor accidents or chronic conditions such as high blood pressure, diabetes, melanoma, hearing problems and arthritis or seek help for bruises or broken bones. And they are not likely to seek preventive care for themselves or family members. 'Farmers can work up to 16 hours a day and they are not leaving the farm to come in for a screening,' she says."

"But neither can they afford to be laid up. 'Who is going to milk the cows?' Strebel says. 'Who is going to get the work done? They know their health is important, but there also is this feeling that they can't afford to leave the farm.' "

"That's the case with dairy farmer Kay Reminger, who can't remember the last time she or her husband John visited the doctor. 'The Rural Health Initiative has been a godsend for us,' she says."

"Strebel or one of the nurses comes to the farm for free every year to give them a regular checkup–an 'invaluable' service for busy farm families, Reminger says. 'They bring the procedures to our farmhouse kitchen table,' she says. 'It's a blessing.' "

"The rural outreach program resulted from a 2002 ThedaCareled 'plunge' into the county's dairy region. Health system, community and business leaders took a bus to visit farmers and hear their problems."

"ThedaCare organizes one or two of these community plunges a year, visiting different parts of the county to gauge residents' needs. 'It's a way for us to visit with and speak to people who are living the issues,' says Paula Morgen, ThedaCare's director of community affairs. Plunges are a first step toward bringing the community together to address issues like poverty, homelessness, domestic violence, literacy, and, in this case, dairy farmers' lack of access to health care."

" 'Many stakeholders of the farming community were at the table from the beginning, discussing the issues farmers face and feeling ownership of their health situation,' says Morgen, who, like Strebel, is a member of the initiative's 19-member rural health committee. 'Farmers, bankers, veterinarians, UW Extension agents, for-profit businesses, school districts, health care providers and more all came to the table and took ownership of the problem and solution.' "

" 'When we started out, I rode with the milk truckers to meet farmers and introduce them to our program,' Strebel recalls. 'It's amazing how much we've grown.' Shawano Medical Center CEO Dorothy Erdman says the program's partnership-funding model, with money from both hospitals and community partner fundraisers and pledges, can be duplicated in other rural areas. 'This is an innovative, low-cost way to reach a large population of high-risk residents who normally fly under the radar,' she says."

Majority Overweight or Obese in All 50 States

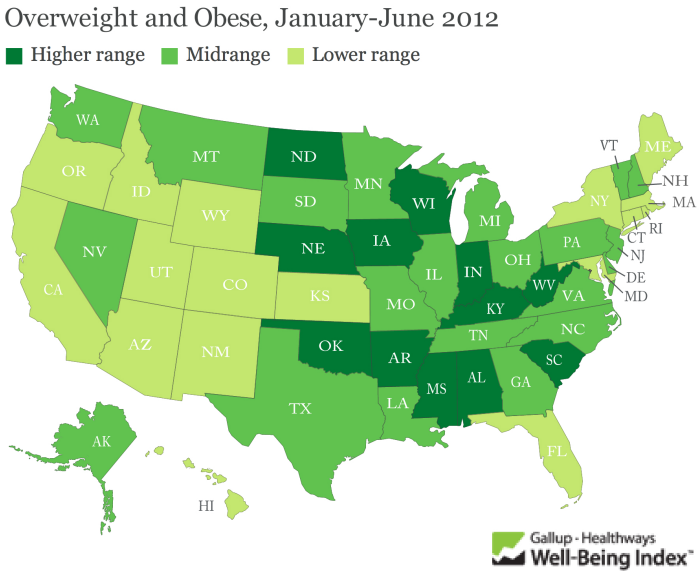
From "In U.S., Majority Overweight or Obese in All 50 States" by Elizabeth Mendes and Kyley McGeeney at **www.gallup.com** on 8/16/12:

"Nearly seven in 10 adults in West Virginia, Mississippi, and Kentucky are either overweight or obese -- more than in any other state in the first half of 2012. At the other end of the scale is Colorado, the least overweight state in the union, but even there, 55.1% of residents are overweight or obese."

"These findings are from surveys conducted with 177,663 U.S. adults from January through June 2012 for the Gallup-Healthways Well-Being Index, marking a halftime report ahead of full-year 2012 data to be reported early next year. Gallup calculates respondents' Body Mass Index using the standard formula based on their self-reported height and weight."

"The World Health Organization defines a normal BMI range as being 18.50 to 24.99. It labels BMIs of 25.00 to less than 30.00 as overweight/pre-obese, and those with BMIs of 30.00 or higher are considered obese. An average of 62.8% of all American adults were overweight or obese in the first half of 2012 -- 36.3% were overweight and 26.2% were obese, about on par with 2011."

"Residents of Southern and Midwestern states are the most likely in the country to be overweight or obese so far in 2012; 9 of 10 states with the highest overweight/obesity rates in the nation are in the South and Midwest–with six of these in the South. Those living in Western states and New England are the least likely to be overweight or obese."



Bottom Line–"The majority of the adult population in every U.S. state can be classified as overweight or

obese, based on Americans' self-reported height and weight. This means millions of people are at a high risk for developing–if they haven't already–costly and deadly chronic illnesses such as diabetes and high blood pressure."

"For states dealing with the very worst rates of being overweight and obese–where nearly seven in 10 adults fall into one of those categories–the consequences include lower quality of life, greater financial strain, being less attractive to employers, and a higher probability of raising another generation that faces equally serious weight problems. Leaders at all levels must continue to develop new and better ways of addressing the overweight and obesity problem in the United States."

Medical Science is Not "He Said/She Said"

From "Uncertainty in Science: It's a Feature, Not a Bug." by Julia Galef in the Jan./Feb. 2010 *Humanist*:

"For all that Americans don't know about science, one thing we do know is that we're in favor of it. At least, we think we are. Public opinion polls rank science as more worthy of respect than every other profession except teachers and the military; and the majority of Americans agree that science is a beneficent force in society and that scientists are trustworthy and non-partisan."

"So if we put that much trust in science, what accounts for the traction of beliefs that scientists have refuted with conclusive amounts of evidence? The first annual Northeast Conference on Science and Skepticism (NECSS) met in New York this September to discuss, among other things, why so many Americans are convinced that a link between vaccines and autism exists, despite extensive studies showing none; and that evolution and global warming are unproven theories, despite the overwhelming evidence supporting them."

"Polls show that only 39 percent of Americans accept the theory of evolution; 38 percent believe no link exists between vaccines and autism; and just 57 percent say there is solid evidence for global warming."

"The media drew plenty of censure at the conference for their role in fueling these opinions by giving a platform to the anti-science voices and playing up conflicts over what are essentially uncontested points among scientists. But insights from speakers at the NECSS and other experts on science journalism also point to a deeper root cause: a tangle of misconceptions about the nature of science itself, how it progresses, and what we mean when we say that scientists 'know' something. Perhaps even more than ignorance of specific facts, these fundamental misconceptions make the public vulnerable to the arguments of global warming deniers, anti-evolutionists, and anti-vaccination groups alike."

"People tend to think of scientific progress as always advancing in a straight line, with new facts being added permanently to our body of knowledge as they are discovered. 'They do not understand that, instead, research is an ungainly mechanism that moves in fits and starts and that its ever-expanding path of knowledge is complicated by blind alleys and fruitless detours,' writes *New York Times* science reporter Cordelia Dean in her book, *Am I Making Myself Clear? A Scientist's Guide to Talking to the Public* (2009). As a result, Dean says, revisions to a scientific consensus make people think that scientists don't know what they're talking about. Yet this is its strength; science adjusts its claims in response to new information."

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

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Infant Immunizations FAQs

Are vaccines safe?

Yes. Vaccines are very safe. The United States' long-standing vaccine safety system ensures that vaccines are as safe as possible. Currently, the United States has the safest, most effective vaccine supply in its history. Millions of children are safely vaccinated each year. The most common side effects are typically very mild, such as pain or swelling at the injection site.

What are the side effects of the vaccines? How do I treat them?

Vaccines, like any medication, may cause some side effects. **Most of these side effects are very minor, like soreness where the shot was given, fussiness, or a low-grade fever.** These side effects typically only last a couple of days and are treatable. For example, you can apply a clean, cool, wet washcloth on the sore area to ease discomfort.

Serious reactions are very rare. However, if your child experiences any reactions that concern you, call the doctor's office.

What are the risks and benefits of vaccines?

Vaccines can prevent infectious diseases that once killed or harmed many infants, children, and adults. Without vaccines, your child is at risk for getting seriously ill and suffering pain, disability, and even death from diseases like measles and whooping cough. The main risks associated with getting vaccines are side effects, which are almost always mild (redness and swelling at the injection site) and go away within a few days. Serious side effects following vaccination, such as severe allergic reaction, are very rare and doctors and clinic staff are trained to deal with them. **The disease-prevention benefits of getting vaccines are much greater than the possible side effects for almost all children.**

Is there a link between vaccines and autism?

No. Scientific studies and reviews continue to show no relationship between vaccines and autism.

Some people have suggested that thimerosal (a compound that contains mercury) in vaccines given to infants and young children might be a cause of autism, and others have suggested that the MMR (measles-mumps-rubella) vaccine may be linked to autism. However, numerous scientists and researchers have studied and continue to study the MMR vaccine and thimerosal, and reach the same conclusion: that there is no link between them and autism.

Can vaccines overload my baby's immune system?

Vaccines do not overload the immune system. Every day, a healthy baby's immune system successfully fights off millions of germs. Antigens are parts of germs that cause the body's immune system to go to work.

The antigens in vaccines come from the germs themselves, but the germs are weakened or killed so they cannot cause serious illness. **Even if they receive several vaccinations in one day, vaccines contain only a tiny fraction of the antigens that babies encounter every day in their environment.** Vaccines provide your child with the antibodies they need to fight off the serious illnesses for which they have been vaccinated.

Why are so many doses needed for each vaccine?

Getting every recommended dose of each vaccine provides your child with the best protection possible. Depending on the vaccine, more than one dose is needed to build high enough immunity to prevent disease, boost immunity that fades over time, make sure people who did not get immunity from a first dose are protected, or protect against germs that change over time, like flu. Every dose of a vaccine is important because they all protect against infectious diseases that are threats today and can be especially serious for infants and very young children.

Why do vaccines start so early?

The recommended schedule is designed to protect infants and children by providing immunity early in life, before they are exposed to life-threatening diseases. Children are immunized early because they are susceptible to diseases at a young age, and the consequences of these diseases can be very serious, and even life-threatening, for infants and young children.

What do you think of delaying some vaccines or following an alternative schedule?

Children do not receive any known benefits from following schedules that delay vaccines. Infants and young children who follow immunization schedules that spread out shots-or leave out shots-are at risk of developing diseases during the time that shots are delayed. Some vaccine-preventable diseases remain common in the United States, and children may be exposed to these diseases during the time they are not protected by vaccines, placing them at risk for a serious case of the disease that might cause hospitalization or death.

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Haven't we gotten rid of most of these diseases in this country?

Some vaccine-preventable diseases, like pertussis (whooping cough) and chickenpox, remain common in the United States. On the other hand, other diseases prevented by vaccines are no longer common in this country because of vaccines. **However, if we stopped vaccinating, even the few cases we have in the United States could very quickly become tens or hundreds of thousands of cases.** Even though many serious vaccine-preventable diseases are uncommon in the United States, some are common in other parts of the world. Even if your family does not travel internationally, you could come into contact with international travelers anywhere in your community. Kids that are not fully vaccinated and are exposed to a disease can become seriously sick and spread it through a community.

What are combination vaccines? Why are they used?

Combination vaccines protect your child against more than one disease with a single shot. They reduce the number of shots and office visits your child would need, which not only saves you time and money, but also is easier on your child.

Some common combination vaccines that are currently used are: DTaP (diphtheria-tetanus-pertussis) and MMR (measles-mumps-rubella).

Can't I just wait until my child goes to school to catch up on immunizations?

Before entering school, young children can be exposed to vaccine-preventable diseases from parents and other adults, brothers and sisters, on a plane, at child care, or even at the grocery store. Children under age 5 are especially susceptible to diseases because their immune systems have not built up the necessary defenses to fight infection. **Don't wait to protect your baby and risk getting these diseases when he or she needs protection now.**

Why does my child need a chickenpox shot? Isn't it a mild disease?

Your child needs a chickenpox vaccine because chickenpox can actually be a serious disease. In many cases, children experience a mild case of chickenpox, but other kids may have blisters that become infected. Others may develop pneumonia. There is no way to tell in advance the severity of the symptoms your child will experience.

Before vaccine was available, about 50 kids died every year from chickenpox, and about 1 in 500 kids who got chickenpox was hospitalized.

My child is sick right now. Is it okay for her to still get shots?

Talk with the doctor, but children can usually get vaccinated even if they have a mild illness like a cold, earache, mild fever, or diarrhea. If the doctor says it is okay, your child can still get vaccinated.

What are the ingredients in vaccines and what do they do?

Vaccines contain ingredients that cause the body to develop immunity. Vaccines also contain very small amounts of other ingredients—**all of which play necessary roles either in making the vaccine, or in ensuring that the final product is safe and effective**.

Don't infants have natural immunity? Isn't natural immunity better than the kind from vaccines?

Babies may get some temporary immunity (protection) from mom during the last few weeks of pregnancy—but only for the diseases to which mom is immune. Breastfeeding may also protect your baby temporarily from minor infections, like colds. **These antibodies do not last long, leaving the infant vulnerable to disease.**

Natural immunity occurs when your child is exposed to a disease and becomes infected. It is true that natural immunity usually results in better immunity than vaccination, but the risks are much greater. A natural chickenpox infection may result in pneumonia, whereas the vaccine might only cause a sore arm for a couple of days.

800-CDC-INFO (800-232-4636) • www.cdc.gov/vaccines

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continued from page 3: "The anti-climate change, anti-vaccine, and anti-evolution cases also rely on the mistaken belief that gaps in a scientific theory represent fatal flaws. Through that lens, missing parts of the fossil record are 'holes' in the theory of evolution that weaken its credibility. So is science's uncertainty over why we seem to find sporadic bursts of rapid evolutionary change throughout history. 'There are missing parts in the fossil record. It'll never be one hundred percent clear what the intermediate steps are between certain animals,' emphasizes NPR science correspondent Joe Palca. '**The idea that there's uncertainty and gaps in the theory doesn't mean it's wrong—it just means the theory hasn't been fully explained yet.**' "

"Experts can and do disagree about the amount of evidence we need to be confident in a particular theory. But laypeople often adopt the position that, unless you can disprove a theory, you have to take it seriously. The existence of a possibility that global warming is not caused by human industry doesn't imply that we should assume it isn't. In fact, the argument quickly appears absurd in other contexts. During the Cold War, Petit notes, we never thought a Soviet attack was one hundred percent certain, but we still thought that the possibility of catastrophe warranted trillions of dollars in defense spending."

"Not to mention that disproving the other side's claim isn't always even conceivably possible. The link between vaccines and autism may be a scientific claim, but it's not one that science can ever disprove, at least not according to the standards of proof demanded by the anti-vaccine voices. After all, absence of evidence can never be evidence of absence. 'They dismiss scientific studies by saying either not enough have been done, or they aren't sensitive enough,' says Paul Offit, MD, panelist at NECSS and the author of *Autism's False Prophets* (2008). It's true that if a vaccine causes only a small number of cases of autism, then a study of hundreds of thousands of children won't be able to distinguish that signal from the noise. Offit compared the anti-vaccination case to Bertrand Russell's celestial teapot: what if someone claims a teapot is orbiting the sun, but is too small to be detected by any of our instruments? The claim can't be disproven—but that doesn't entitle it to be taken seriously."

"**Dubious scientific claims get a boost from an attitude that scientific theories merit the same pluralistic treatment as personal beliefs. America's respect for diverse opinions and value systems is one of our core democratic principles. But science isn't democratic. It has right answers, and it has wrong ones.** 'Maybe it's the extension of the American ideal of wanting to be open-minded and fair. The instinct is good, it just doesn't work in science,' says Offit. Just as the ambiguity of the word 'theory' helps the anti-evolutionists' case, so does the ambiguity of the word 'belief.' Whether unthinkingly or in an effort to be extra-judicious, journalists have been known to refer to people 'believing in' evolution (as opposed to accepting it), adding fuel to the fallacy that science is a matter of personal opinion."

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"What good is science if it disagrees with what I already know?"

"That misguided pluralism in science coverage plays right into the media's natural love of conflict. 'The problem on the global warming story is that the science just keeps confirming that we're in a tough situation and it's getting worse, and that news does not lend itself to the kind of reporting that the media likes to do,' says Dr. Joseph Romm, editor of the blog Climate Progress."

"So in the name of 'balance' and an interesting story, the media turns clear-cut scientific issues into he-said, she-said stories. Just like the instinct to treat all views equally, **seeking a compromise may be a fine way of accommodating different preferences in a democracy. But it's a misplaced impulse in science, where a 'compromise' between a right answer and a wrong answer still yields a wrong answer**."

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Leadership Insights: "Be HERE Now"

"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

"Presence matters. Thirty years ago I was seeing a doctor for a recurring problem that just would not get better, and every time I talked with him in my appointments, he was looking at charts, washing hands, talking with the nurse, always doing several things at once. One day he came in and I had not put on my lovely little 'gown' for my exam. He started to leave, saying he'd be back and I said, 'NO. I am not going to say or do anything until you sit down and look at me and listen to me!' We started making progress that day."

"Brains of young people may be re-tooling to be able to **multi-task** better than most of us can now. Even so, evolution doesn't happen overnight. A lot of the time, many of us can juggle from one task to the next and back again without losing too much momentum. But most of us could do a better job of **being fully present**, being in one place at a time and tuning in when it matters. When we try to do multiple things at one time ***that each require mental concentration***, we fail to do any of them well (note texting and driving statistics). We help ourselves when we are fully present because we get more done and with better results. Our employees and peers benefit by feeling respected and appreciated which increases employee engagement. And like my story above illustrates, **even patients get better quicker when we give them our full attention.**

"Consider the following ideas to improve your concentration and results."

Decide. "Consciously, with intention and thought, make a decision to do one thing at a time. If you really are not going to pay attention to the phone conference, *hang up*. If you really are not going to listen at the staff meeting, *don't go*. If you don't like the consequences of those decisions and must participate even though you don't want to, ***decide*** to listen, ask questions, 'bring it.' Here is a question for you: Is actively deciding something you could do more of? We forget that we can make **conscious decisions** instead of passive ones about a lot of things, even if it is only how we will respond."

Take responsibility for not being bored. "Confession: sometimes I check my emails or text during a boring webinar. An alternative is to speak up about being bored! What if instead of checking out mentally by layering another task, either say or write in the chat feature, *'I am trying but I am not connecting to this presentation right now, and I wonder if you could talk a little bit more about how this really applies to our work, give a real life example, address something I am very curious about, answer this question, etc.'* This

takes some courage; consider though that you may not be the only one who is bored. Speaking up respectfully about it can help not only you but others to engage more fully as well."

Use your body to help you. "Sit on your hands. Lean forward toward the speaker. Put down your pen, blackberry or notebook. Sit squarely facing the work you are choosing. Turn toward anyone who is speaking. Sit up and take a deep breath."

Out of sight, out of mind. "When you are driving, put your phone out of reach so you won't be tempted. Turn off Outlook when you are in a phone conference. Close down open files. Remove other work from your visual, auditory and other sensory radar so that you are less tempted to be distracted."

Make your 2nd task mindless. "*If you can't sit still* and must be doing something, make the 2nd task something that does not require mental concentration. Stand, pace, doodle, play with play dough, etc. Sometimes I knit in meetings, something very easy that requires no thought at all. My mental energy stays focused on the discussion, but my hands don't go looking for something else to do that will distract me."

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"Alright, but I charge double for listening."

Spend 1 minute thinking. "Before you start to layer tasks, ask yourself what you REALLY want in one hour (or whatever time constraints you have). At the end of doing the task you are tempted to distract from, what is the goal you want to have achieved? That can help you bring focus to how you spend the time and you can be more in charge of your time and energy."

Contact Jo Anne Preston for individual or group coaching at ***jpreston@rwhc.com*** *or 608-644-3261. For Info re the* ***RWHC Leadership Series 2012-2013*** *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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