Rural Health: “You Need the Whole Package”

From the just published “Rural Healthy People 2020” at https://sph.tamhsc.edu/srhrc/rhp2020.html with a Forward by Wayne Myers, MD, Director (retired), Health Resources and Services Administration, Office of Rural Health Policy and yet another one of his masterpieces of unadorned clarity:

“Nearly 20% of the U.S. population resides in non-metropolitan areas where they experience many of the same health challenges as their urban counterparts. But some of the distinctive cultural, social, economic and geographic characteristics which define rural America place rural populations at greater risk for a myriad of diseases and health disorders.”

“It is this recognition of the unique health challenges faced by rural America that serves as the impetus for the Rural Healthy People 2020 project. The primary goal of this research effort is to identify and address the priority health concerns of rural America.”

“For each rural health priority identified, a brief review of literature on this disease or condition in rural America is provided and illustrative solutions summarized. For each rural health priority, researchers contacted select rural communities across the nation to find innovative programs and practices that address these concerns. These Models for Practice illustrate promising approaches by rural communities to address their health priorities.”

“Medical care is a bit like vitamins when it comes to health... essential, but not adequate alone for good health. You need the whole package... smoking cessation, exercise, weight control, substance abuse prevention and treatment, safe water, housing and so on—the things doctors don’t handle well in fifteen-minute clinic visits.”

“Our nation lacks strong infrastructure in rural population health. Organizations and agencies that are strong in public or population health have little acquaintance with rural issues and communities. Low population...
density and resulting measurement challenges can become an excuse to not do anything. We’re not likely to turn around the deterioration in the health of rural communities until we get better rural data collection, problem identification, and program evaluation than we’re getting today. This report puts those needs and possible solutions into focus.”

“Finally, the changes in rural demography seem as complex and locale-specific as fingerprints. The rural stereotypes are just a starting point to list exceptions. Lumping rural populations with the nearest urban hub is absurd. This report will help those putting together new programs find rural models with records of documented success. Rural Healthy People 2020 will, we hope, focus attention on the need for more meaningful data on rural people, what kills them, and what strategies help them live longer, healthier lives.”

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The UK is Not a Role Model for US

From “How the care crisis is making old age a nightmare” by Polly Toynbee in The Guardian, 9/2:

“With no money and increasing demand from a growing elderly population, the National Health Service (NHS) in the United Kingdom (UK) and social care services are caught in a vicious bind. Both desperately need more funding and yet find themselves in cut-throat competition.”

“The NHS is bursting at the seams–hardly surprising after five years of the toughest budgets in its history. The UK has just 2.9 hospital beds per 1,000 people (editor’s note: contrary to common mythology, the US is also only at 2.9). Germany, by contrast, has 8 beds. The NHS is heading for a £2bn deficit this year, causing hospitals to run up debts to make up the shortfall. The government claims the NHS can and must make ‘efficiency savings’ of £22bn by 2020—a sum so unrealistic that few health economists outside the Department of Health believe it can be done.”

“While the NHS struggles with its tightest-ever spending tourniquet, social care is close to being garotted. Whenever the NHS financial crisis is raised, the government’s answer is for more people to be treated in the community, rather than in hospitals. This has been the dream of every health secretary for decades. The idea is that by improving everyday social care—the support the sick and frail get at home from social services—fewer patients end up needing to go to hospital and demand for beds will fall.”

“But social care—funded by local councils—and the NHS are paid for from two separate budgets, both under the greatest financial stress they have ever faced. On average, half of council budgets are consumed by care for the frail. Local authorities say they lost 40% of their total funding in George Osborne’s first term as chancellor, and his summer budget threatens to take another 40% by 2020. This is a gigantic amount to cut from services already stripped to the bone. The Local Government Association—which represents all the councils in England, and is more Tory than Labour—this week sent its submission to the Treasury, warning that councils already have a £10bn black hole in their finances and can’t cope with more cuts.”

“Patients face an impossible cat’s cradle of shrinking services and providers with criss-crossing responsibilities, no unified service, no simple pathway. As more people retire better-off than ever before, with more property and better pensions, it seems only right that they should contribute to their care. Yet this pay-as-
you-go system leaves everyone’s fate subject to the lottery of life, where some will lose everything if they spend several years in a costly nursing home, while others who drop dead without needing care can pass everything on to their children.”

“The grievous lack of money for any care for growing numbers of people who need it means that things are going to get worse. Here is a crisis that citizens need to confront, but all solutions require raising their taxes, or some new form of universal insurance, or a system for putting a lump sum into a pooled fund on retirement. However, the government’s ‘long-term plan’ is to shrink, not to grow, services, reducing the size of the state to well below levels even Thatcher considered. The brunt will fall on the least publicly visible services, such as care of the old.”

“Those without their own money will get fewer and shorter visits, die in shabbier nursing homes, staffed by underpaid and overworked people until the very word ‘care’ becomes an affront to common decency.”

**Compassion Being Managed Out?**

From “Working as a Mental Health Nurse Drained Me of Compassion” by Emma Carroll, specialist mental health practitioner in The Guardian, 8/17:

“I found myself sighing when my patient rang me to say she was planning to kill herself. This is not the type of nurse I want to be.”

“Have you ever been spat at in a day’s work? I have. Have you ever been mooned at in a day’s work? No? Well, you’re obviously not a mental health nurse. In 1997 this was the best job in the world. As a newly qualified nurse I had time to develop therapeutic, trusting relationships with patients. The people I worked with in Hackney were very disturbed and had experienced the most severe deprivation throughout their lives. The very essence of my job as a nurse was to relate to the patients; to take time to listen, observe and be with them, no matter how sad or difficult this was.”

“For one patient, it took three months of sitting as near to her as I dared while she spat or pulled tongues at me. I patiently waited and at times talked calmly to her. One day she reached out and took hold of my name badge and read out my name. We both smiled. With time I had been able to go beyond the shouting, swearing and spitting to find a beautiful human being. There were days when she felt safe enough to take hold of my hand, or to sit next to me and cry. This made my job worthwhile.”

“Fast forward to 2014, seventeen years later. I’m working as a community psychiatric nurse. Zoom in to a typical day at work. I’m in early at 8:00 am, typing 60 words per minute to get a tribunal report completed for a deadline tomorrow. At 9:00 am the phone starts to ring. A desperate patient has had a bad night and says she wants to kill herself. I glance at my diary for the day. Full of appointments, the first is an initial assessment at 9:00 am. He’s probably already in reception as I can hear someone crying. A child protection meeting at 10:30 am. This will give me 20 minutes to type up a whole assessment, develop a care plan and make any necessary referrals. This should take about three hours. I take five minutes to find out how suicidal my patient is. I need to assess if I have to find a way of seeing her today. The child protection meeting will hopefully finish by midday as I have four home visits from 12:30 pm.”

“When I assess that my patient is actually planning to kill herself today, I find myself sighing. I hope she hasn’t heard. I look at my home visits and decide who to cancel. I manage to get my patient to agree that she will keep herself safe until 1:00 pm when I will be able to visit her at home. It’s only later when I am in my car and have a minute to myself that I am able to reflect that this
is not the type of nurse I want to be. This is not who I am, someone who sighs and finds it inconvenient that a patient is so low they want to end their life.”

“The government is focused on us meeting targets but we have no resources. The precious commodity of time no longer exists for us. My employer has introduced training days on compassion as if this was something that could be taught. That’s why most of us went into nursing. Please do not drown us in a sea of targets, statistics and paperwork. Please do not take away our time to be compassionate.”

“Widening World of Hand-Picked Truths”

From “The Widening World of Hand-Picked Truths” by George Johnson in the New York Times, 8/24:

“In 1966… with astronauts walking in space, and polio and other infectious diseases seemingly on the way to oblivion, it was natural to assume that people would increasingly stop believing things just because they had always believed them. Faith would steadily give way to the scientific method as humanity converged on an ever better understanding of what was real.”

“That dream seems to be coming apart. Some of the opposition is on familiar grounds: The creationist battle against evolution remains fierce, and more sophisticated than ever. But it is not just organized religions that are insisting on their own alternate truths. On one front after another, the hard-won consensus of science is also expected to accommodate personal beliefs, religious or otherwise, about the safety of vaccines, GMO crops, fluoridation or cellphone radio waves, along with the validity of global climate change.”

“Like creationists with their ‘intelligent design,’ the followers of these causes come armed with their own personal science, assembled through Internet searches that inevitably turn up the contortions of special interest groups. In an attempt to dilute the wisdom of the crowd, Google recently tweaked its algorithm so that searching for ‘vaccination’ or ‘fluoridation,’ for example, brings vetted medical information to the top of the results.”

“But presenting people with the best available science doesn’t seem to change many minds. In a kind of psychological immune response, they reject ideas they consider harmful. A study published this month in the Proceedings of the National Academy of Sciences suggested that it is more effective to appeal to anti-vaxxers through their emotions, with stories and pictures of children sick with measles, the mumps or rubella—a reminder that subjective feelings are still trusted over scientific expertise.”

“Viewed from afar, the world seems almost on the brink of conceding that there are no truths, only competing ideologies—narratives fighting narratives. In this epistemological warfare, those with the most power are accused of imposing their version of reality—the ‘dominant paradigm’—on the rest, leaving the weaker to fight back with formulations of their own. Everything becomes a version.”

“After I wrote about a controversy last fall, I heard from young anthropologists, speaking the language of postmodernism, who consider science to be just another tool with which Western colonialism further marginalizes dispossessed and privileging its own worldview. Science, through this lens, doesn’t discover knowledge, it ‘manufactures’ it, along with other marketable goods.”

“Altruism and compassion toward the feelings of others represent the best of human impulses. And it is good to continually challenge rigid categories and entrenched beliefs. But that comes at a sacrifice when the subjective is elevated over the assumption that lurking out there is some kind of real world.”

“The widening gyre of beliefs is accelerated by the otherwise liberating Internet. At the same time it expands the reach of every mind, it channels debate into clashing memes, often no longer than 140 characters, that force people to extremes and trap them in self-reinforcing bubbles of thought.”

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Optimism Alive & Well in Rural America

“What defines rural optimism?” by J.L. Schmidt in the Beatrice (Nebraska) Daily Sun, 7/28:

“In a few weeks I will be participating in one of Nebraska’s time-honored traditions, the high school reunion. It’s a milestone event as our first high school graduating class of Baby Boomers gets together for a 50-year-anniversary.”

“Classmates from all across the country and Nebraska will be traveling to what would be considered a rural Nebraska community, a nonmetropolitan area, in the heart of the Nebraska Panhandle, a time-zone away from the Nebraska Capitol and actually closer to the capitals of three other states than to Lincoln.”

“Call it what you will, we tend to think of it as home. And it is generally a great place to visit. Folks just seem friendlier, the memories seem happier and the scenery is to die for. Considering all this, it comes as no surprise that the annual University of Nebraska-Lincoln ‘Rural Poll’ has revealed that Rural Nebraskans are the most optimistic they’ve been over the past 20 years. Perhaps the exact title of the poll, administered in April to 6,228 households in 86 counties, says it all. ‘Optimism in Nonmetropolitan Nebraska: Perceptions of Well-Being’ based on 1,991 responses.”

“Save for Omaha, I think all of Nebraska’s other 534 communities. That assessment is based on a standard set of values, which seem to blanket the state. Nebraskans are generally conservative, hard-working and honest people who love their ancestors, enjoy time with family and have plans for the future. Churches still draw crowds on Sunday mornings—not just for weddings and funerals—and potluck is still a food group.”

“Radio stations play a variety of music—it’s not all country and western—and the stock market reports right before noon are all about livestock and grain prices. Rain and wind at the right time are valuable assets. Drought and hail are liabilities. A new combine costs more than a new house and it’s not unusual to see more old pickups, trucks and tractors than new ones.”

“Traveling ‘back home’ for that summer reunion just seems right. It’s comfortable. People don’t really seem to care about what you have done to make a name for yourself or a living. They want to know your last name, whose kid you are, who were your siblings. That Schmidt kid’s dad was a butcher and his older sister went to school with so-and-so’s brother and they all grew up on that street and went to church over there. They want to tell you stories about your dad or your uncle or your grandpa. Stories that likely involved their dad, or uncle or grandpa too.”

“I don’t know if, or how, sociologists quantify that type of information and interaction. Don’t really much care. It is those very things that weave the tapestry of ‘rural’ America that has created the backdrop for this latest rash of reported optimism.”

“So, what DID the poll reveal? Fifty-three percent of poll respondents said they were better off this year than five years ago, up slightly from 50 percent last year and the highest proportion in all 20 years of the study. Additionally, 48 percent said they believe they’ll be better off in 10 years, another 20-year high up from 44 percent last year.”

“Rural Nebraskans continue to be most satisfied with their marriages, family, friends, religion/spirituality and the outdoors. They say they are least satisfied with job opportunities, current income level and financial security during retirement. But it’s unlikely that my classmates and I will discuss the poll.”

Q&B-RWHC Community Engagement Award

Earlier this year, RWHC joined forces with Quarles & Brady (Q&B), LLP to create the Q&B-RWHC Community Engagement Award, recognizing excellent
community engagement in health and wellness. Of the many qualified applicants, Fort HealthCare in Fort Atkinson was awarded first place ($2,500) and an unanticipated second place award ($500) was created to recognize Southwest Health Center in Platteville.

The judges were impressed and delighted that so many RWHC member hospitals are doing such wonderful things with their communities. In their own words, here are some details on the winning programs, two among many worthy programs that were considered.

“Fort HealthCare’s partnership with the Healthy Community Coalitions showed the power of collaboration, it is not just one organization’s approach, but it is a collective effort. Our collective impact results in all the communities having a shared vision for change, one that includes a common understanding of the problem and a joint approach to solving it through actions. With this shared vision, change is happening in our communities. The Coalitions know what works best in their own communities and continue to make strides in a positive direction. With Fort HealthCare’s support they have the ability to establish and sustain successful programs.”

“Fort HealthCare is continually working to grow the Healthy Community Coalitions, currently serving six communities and establishing health initiatives in a variety of sectors including schools, worksites, and the community-at-large. Fort HealthCare employees have a Community Health and Wellness team that are active in engaging the community to make things happen on a grassroots level. The Healthy Community Coalitions of Jefferson County have taken progressive steps towards making these local communities healthier places to live through the promotion of positive behavioral health changes. The coalitions exist in Johnson Creek, Cambridge, Jefferson, Fort Atkinson, Whitewater, and Lake Mills.”

“The partnerships with the Coalitions have created very successful programs for the communities we serve. Some examples of our strong partnerships has resulted in the Fort HealthCare Community Challenges, COACH – The Coalitions have had a significant part in the COACH (Collaborating, Organizing, and Advocating for Community Health) program facilitated by the Healthy Wisconsin Leadership Institute to educate these community leaders on how to manage and succeed with their coalition, Eating Clean in 2015, Simple Swaps–small changes that can be incorporated into everyday life that can improve health, Let’s Drink More Water/Rethink Your Drink–A major success that several of the Coalitions celebrated was the increase of water consumption in the schools, Bike to School–Bike/Walk to School days are held in the fall and spring that encourage students and employees to bike or walk to school rather than take the bus or be dropped off by their parents, and Try-It Tuesdays–the Coalitions not only focus on physical activity for kids, but also healthy eating through programming such as Try-It Tuesdays, Farm to School initiatives, and school garden.”

“In 2013, the Southwest Sexual Assault Resource Team (SART) was developed by combining the efforts of four primary entities: Southwest Health, University of Wisconsin Platteville (UW-P), City of Platteville Police Department, and Family Advocates. Each of the coalition members is represented by individuals committed to improved, comprehensive support for sexual assault victims as well as to increase the conviction rate for sexual assault. In 2013, the team reviewed four cases. In 2014, the caseload increased to eight. Team members have investigated 15 incidents so far in 2015.”

“Southwest SART has decided to dedicate resources and energy toward significantly increasing the rate of convictions for sexual assault crimes in Grant County. In 2010, 89 individuals from Grant County experienced some type of sexual assault and only 8 convictions were ascertained. On behalf of SART, Southwest Health developed, submitted and received funding to implement four specific goals toward increasing conviction rates and empowering stakeholders in empowering sexual assault victims. Southwest SART believes that the best way to significantly increase the conviction rate and help victims of sexual assault feel empowered is to seek justice for the crimes that have been committed against them. To ensure this occurs it is vital that law enforcement and healthcare providers have the means to capture facts and data. Facts and data are irrefutable and the best way to convince potential perpetrators that sexual assault will not be tolerated in Grant County is to have the means and resources to collect data and facts related to sexual assaults.”
“Southwest Health has offered to be a resource for other medical facilities that may not be able to train and maintain certifications for Sexual Assault Nurse Examiners (SANE). Many facilities and nurses are apprehensive about providing SANE services because if legal procedures are not exactly followed, perpetrators may not be prosecuted for these violent acts. SART is dedicated to reducing the hardships and stress on a sexual assault victim and providing sexual assault services close to home.”

Quarles & Brady LLP is a full-service AmLaw 200 firm with more than 475 attorneys offering an array of legal services to corporate and individual clients that range from small entrepreneurial businesses to Fortune 100 companies, with practice focuses in health care and life sciences, business law, data privacy and security, and complex litigation. The firm has offices in Chicago; Indianapolis; Madison; Milwaukee; Naples, Florida; Phoenix; Scottsdale; Tampa; Tucson; and Washington, DC Additional information can be found online at www.quarles.com.

Leadership Insights: “Intimidation”

The Leadership Insights series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at www.RWHC.com.

“No one can make you feel inferior without your consent.” - Eleanor Roosevelt

“I would make a friendly amendment to Eleanor’s wise quote: intimidation generally requires our consent as well. Think of people who intimidated you in the past, but who no longer have that hold on you. Who changed? Likely the change was above your own neck. The definition of intimidation is connected to fear, and what we fear is mostly created by the way we think. That, we can change.”

“Three seeds that foster intimidation:

1. Excessive ambiguity: “When we know what is expected of us, chances of successful performance increase. I asked my husband, an army veteran, if his army officers were intimidating. Surprisingly to me, he said, ‘No, not really. You knew the rules, and it was clear what got you into—or kept you out of—trouble.’ If you are working in an environment where ambiguity or vagueness is causing you to feel intimidated, can you step into the conversation and ask for clarity, state your purpose and ask for your needs to be met? ‘I want to be successful and do my best here, and I need your help to better understand what is expected of me.’

2. Threat of loss: This person could fire you, or take away something that you value like freedom or autonomy. When this threat exists, what is the impact on your work? Do you regularly put that person’s request on the top of the priority pile, trying to please them? This can create a priority problem when more important work gets pushed aside. Even if you do get it all done, you are creating stress for yourself.

Examine your beliefs with a reality check: Would you really get fired if you treated the intimidating person equally to others? Are you assuming too much? What would happen if you shared with them where their request falls in reference to your other priorities, establishing agreed upon timelines vs. just accepting demands? Try thinking of this person as ‘JUST LIKE ME they are trying to succeed.’ The ‘just like me’ practice is method of changing our thinking that helps us to see others—and ourselves—with compassion, rather than with judgment. Judgment robs energy; compassion creates it.

3. Fear of exposure: It’s not always someone in authority who can intimidate. If you are intimidated by one of your employees, it could be out of fear that they know your weakness
and could use it against you. Neglecting to hold this person accountable for *their own* weak spots allows them an unhealthy power in the organization. Perceptions of playing favorites result which weakens morale. *Consider if there are mistakes that you need to own up to and fix, then do so and move on. Prepare for your coaching with the intimidating employee to prevent it getting derailed into a conversation about your mistakes.*”

“**Assume that you are intimidating to someone else, too.** When you move into a leadership role, you think you are still seen as the same person you were when you were a peer, but others’ perception of you shifts. There is a power differential that it can be ‘false modesty’ to deny. *Use the power you may not even realize you have with great care.*”

“**Ask (and then use for self-improvement): Who would say this is not 100% true?:**

- ✓ I am easy to talk to/approach.
- ✓ I have an open and willing demeanor when asked for help.
- ✓ I am a pleasure to work with.
- ✓ In my body language I show genuine interest and respect for all.
- ✓ I always greet others in a friendly way.
- ✓ Reflective listening is natural for me.
- ✓ When I am given tough feedback, I accept it graciously without defensiveness.”

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For Info re the RWHC Leadership Series go to www.RWHC.com/Services.aspx or contact Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.

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