Early Death Rates Rising in Rural Counties

From the “2016 County Health Rankings Key Findings Report”—a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute:

“The County Health Rankings / Roadmaps program helps communities identify and implement solutions that make it easier for people to be healthy in their neighborhoods, schools, and workplaces. Ranking the health of nearly every county in the nation, the County Health Rankings illustrate what we know when it comes to what is keeping people healthy or making people sick. The Roadmaps show what we can do to create healthier places to live, learn, work, and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to bring this program to communities across the nation.”

Summary of Key Findings: “Rural counties have had the highest rates of premature death for many years, lagging far behind other counties. While urban counties continue to show improvement, premature death rates are worsening in rural counties.”

“Looking solely at state averages for the factors that influence health masks the significant gaps in health that exist between counties within each state.”

Key Findings: “Rural counties have consistently had the highest premature death rates and, following a few years of improvement, rates of premature death are increasing.”

“Nearly one in five Rural counties has experienced worsening premature death rates over the past decade.”

“Large Urban counties have seen the greatest declines in premature death rates since the late 1990s.”

“Unlike other types of counties, nearly all Large Urban counties have consistently shown improved premature death rates.”

“There is no single factor that explains the significant differences in health between Rural and other types of counties.”

The report is available at: http://ow.ly/10zgsO

“As iron sharpens iron, one person sharpens another.” – Proverbs 27:17
“A New Divide in American Death”

From “A new divide in American death: An urban-rural mortality gap emerges among whites as risky behaviors work to defy modern trends” by Joel Achenbach, Dan Keating in the Washington Post, 4/10/16:

“White women have been dying prematurely at higher rates since the turn of this century, passing away in their 30s, 40s and 50s in a slow-motion crisis driven by decaying health in small-town America, according to an analysis of national health and mortality statistics by the Washington Post.”

“Among African Americans, Hispanics and even the oldest white Americans, death rates have continued to fall. But for white women in what should be the prime of their lives, death rates have spiked upward. In one of the hardest-hit groups—rural white women in their late 40s—the death rate has risen by 30 percent.”

“The Post’s analysis, which builds on academic research published last year, shows a clear divide in the health of urban and rural Americans, with the gap widening most dramatically among whites. The statistics reveal two Americas diverging, neither as healthy as it should be but one much sicker than the other.”

“In modern times, rising death rates are extremely rare and typically involve countries in upheaval, such as Russia immediately after the collapse of the Soviet Union. In affluent countries, people generally enjoy increasingly long lives, thanks to better cancer treatments; drugs that lower cholesterol and the risk of heart attacks; fewer fatal car accidents; and less violent crime.”

“But progress for middle-aged white Americans is lagging in many places—and has stopped entirely in smaller cities and towns and the vast open reaches of the country. The things that reduce the risk of death are now being overwhelmed by things that elevate it, including opioid abuse, heavy drinking, smoking and other self-destructive behaviors.”

“White men are also dying in midlife at unexpectedly high rates. But the most extreme changes in mortality have occurred among white women, who are far more likely than their grandmothers to be smokers, suffer from obesity or drink themselves to death.”

“White women still outlive white men and African Americans of both sexes. But for the generations of white women who have come of age since the 1960s, that health advantage appears to be evaporating. This reversal may be fueling anger among white voters: The Post last month found a correlation between places with high white death rates and support for GOP presidential candidate Donald Trump.”

“Public health experts say the rising white death rate reflects a broader health crisis, one that has made the United States the least healthy affluent nation in the world over the past 20 years. The reason these early deaths are so conspicuous among white women, these experts say, is that in the past the members of this comparatively privileged group have been unlikely to die prematurely.”

“The statistics show decaying health for all white women since 2000. The trend was most dramatic for women in the more rural areas. There, for every 100,000 women in their late 40s, 228 died at the turn of this century. Today, 296 are dying. And in rural areas, the uptick in mortality was noticeable even earlier, as far back as 1990. Since then, death rates for rural white women in midlife have risen by nearly 50 percent.”

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 in partnerships to make their communities healthier... generates additional revenue by services to non-Members... ongoing use of strategic alliances in pursuit of its Vision. Tim Size, Editor, 880 Independence Lane, Sauk City, WI 53583

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"In the hardest-hit places—21 counties arrayed across the South and Midwest—the death rate has doubled, or worse, since the turn of the century for white women in midlife. From 1990 through 2014, the mortality rate for white women rose in most parts of the country, particularly around small cities and in rural areas. Rates often went up by more than 40 percent and, in some places, doubled. Mortality rates were most likely to decline in the Northeast corridor and in large cities that anchor metropolitan areas of more than a million people, including Chicago, Los Angeles, Miami, St. Louis and Houston."

"White women remain an advantaged demographic, just less so, year by year. Four decades ago, the average white American woman lived eight years longer than the average white American man. Today, that health advantage has narrowed to just five years. What we’re seeing is ‘the shrinking protective effect of gender in life expectancy,’ said former U.S. assistant surgeon general Susan Blumenthal, a women’s-health expert."

"Multiple factors are converging to produce this corrosion of American health. Foremost is an epidemic of opioid and heroin overdoses that has been particularly devastating in working-class and rural communities. Another killer is related to heavy drinking. Deaths of rural white women in their early 50s from cirrhosis of the liver have doubled since the end of the 20th century, the Post found. Suicides are also on the rise. The suicide rate is climbing for white women of all ages and has more than doubled for rural white women ages 50 to 54."

"Other trends may be contributing to the die-off, including obesity. Americans are the heaviest people in the world outside of a few Pacific Island nations; more than a third of adults in the United States are considered obese. The average American woman today weighs as much as an American man did in the early 1960s. Obesity causes its own kind of liver disease and can be lethal in combination with other conditions, such as diabetes, heart attacks and strokes."

"Others have questioned the sudden focus on whites, pointing out that African Americans continue to have shorter life spans and face severe health challenges exacerbated by racial segregation and discrimination. Why, they ask, give so much attention to a group that remains statistically advantaged? ‘The truth is that white death rates are still much, much lower than they are for African Americans,’ said Bridget Catlin, senior scientist at the University of Wisconsin. Catlin is co-director of a program, sponsored by the Robert Wood Johnson Foundation, that has found a growing divide between urban and rural health consistent with The Post’s findings."

"Researchers point out that this generation of white women has experienced a revolutionary change in gender roles over the past half-century, surging into the workforce while typically retaining traditional duties as domestic caregivers—a dual role to which many women of color have long been accustomed. White women often find themselves harried in ways their grandmothers could never have imagined."

"Amid these social changes, American women collectively became more likely to engage in risky behaviors, health experts say. There is a declining difference, for example, between men and women in the consumption of alcohol, said George Koob, director of the National Institute on Alcohol Abuse and Alcoholism. Men are still more likely to abuse alcohol, Koob said, but women tend to experience a ‘telescoping’ of the negative outcomes and more quickly develop alcohol-related diseases. Koob noted that alcohol abuse can be particularly deadly in combination with obesity, which is rampant in rural America."
“Women in middle age also are more likely to smoke or to have smoked at some point in their lives, and smoking-related diseases are a huge factor in women’s mortality. When men began quitting cigarettes in large numbers in the 1960s and 1970s, the smoking gap between men and women nearly vanished. Lung cancer now kills far more women than breast cancer.”

“Drug overdose, suicide and cirrhosis of the liver, usually linked to heavy drinking, are the biggest factors in the increasing overall death rate for middle-aged white women. Metropolitan areas of at least 1 million people had smaller increases than the more rural group that included smaller cities and towns.”

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“What Do You Call Rural?”

From “Wisconsin Divided Six Ways: A Review of Rural-Urban Classification Systems” by Penny Black, Rural Health Epidemiologist, at the Wisconsin Office of Rural Health, March, 2016:

“The definition of rural used for policy and program decisions affects Wisconsin residents in very real and tangible ways. In addition to determining how much land and population are classified as rural, definitions affect how the demographic and economic
makeup of Wisconsin communities are understood and handled in the context of policy and programmatic decision making. In this report, rural Wisconsin is defined using six commonly-used classification systems—maps, methodology descriptions, and demographic data illustrate the differences and similarities between systems and the implications for Wisconsin residents. Distinctions are made between metropolitan, micropolitan, and rural classes to illustrate that rural is more than just, ‘not metro.’”

The report is at: http://ow.ly/10AtHh

Congressional Gridlock Penalizes Safety Net

From “Readmissions Penalties Still Don’t Account for Patient Demographics” by John Commins, senior editor, HealthLeaders Media, 4/6/16:

“Hospitals serving a large volume of low income patients are 2.67 times more likely to be penalized for higher readmissions. I have long believed that the Centers for Medicare & Medicaid Services must weigh the socio-economics of a hospital’s patient mix before slapping them with penalties for high readmission rates. There is a bipartisan bill now before Congress but there is no telling what will happen to this bill during a presidential election year, or when or if this do-nothing Congress will act on it. Hospitals that are relying upon the swift action of Congress to stay afloat should start lowering the lifeboats.”

2016 Wipfli-RWHC Cost Champions Awards

The purpose of the Wipfli-RWHC Cost Champions Awards is to encourage and share implemented cost saving ideas suggested by a team or individual employed by a RWHC-member rural hospital. A first-place award of $1,500 and two honorable mention awards of $500 each are made possible by the generous support of Wipfli LLP. Wipfli is helping rural hospitals to more effectively understand and manage their resources.

First Place: Rhonda Roenneburg, Director of Imaging Services, at Monroe Clinic for “Creating a Pull System and Aligned Staff Schedule to the Patient Schedule.” Eliminated the need to replace the part time FTE and saved the department $37,000 per year, maximized productivity using one technician instead of two to meet demand for mammography screenings, and increased productivity capability by 60%.

Honorable Mention: Sally Fetherston, Materials Manager, at Fort HealthCare, Inc. for “Developing a New Medical Supply Evaluation Form.” The intent of the New Medical Supply Evaluation Form is to take into account not only supply cost, but direct labor costs in addition to other costs related to care delivery and patient safety. This form is the communication tool and “check list” to ensure that a robust process is utilized across the organization. Prior to this form, there was no standard tool to objectively analyze the value of a new product.

Honorable Mention: Autumn Kumlien, Clinical Dietitian, and Penny Bauman, Senior PC/LAN Analyst, at Stoughton Hospital for “Self-Service Checkout for the Close to Home Café.” Prior to the Self-Service Checkout, there was limited registers for early morning and late afternoon hours which resulted in decreased sales during these times. There was also a risk of cross-contamination of food with kitchen staff going from serving food to cashiering, and back to serving food. The Self-Service Checkout has resulted in increased usage of the café, time saving for employees and kitchen staff, decreased cross-contamination, and increased efficiency in Food & Nutrition Services staff.

By January 31 of each year, RWHC member CEOs are invited to make one nomination of a hospital team or employee’s cost saving idea implemented in the prior calendar year. The awards will be made annually and sent directly by Wipfli to the nominating hospital for distribution to the nominated employee(s) as a cash award or in a manner consistent with hospital policy.

Wisconsin Rural Health Conference

June 29th-July 1st at the Osthoff Resort, Elkhart Lake

Registration open shortly at: http://ow.ly/10E0Xf
DOSE OF REALITY:

IN THE U.S., PRESCRIPTION PAINKILLERS ARE INVOLVED WITH MORE OVERDOSE DEATHS THAN HEROIN AND COCAINE COMBINED.

Doctors, physicians and prescribing medical professionals prescribe opioid or narcotic painkillers like hydrocodone and oxycodone to help treat severe or chronic pain, but the truth is that the risk of addiction for these types of painkillers is high. However, there are effective painkillers available that are non-narcotic. Talk with your prescribing medical professional about whether you should consider alternatives available to you and your family.

Always follow safe prescription medication use tips...

- Do not share your prescription painkillers with anyone.
- Do not take someone else's prescription painkiller.
- Store your prescription painkillers securely.
- Safely dispose of expired, unused or unwanted medications – a list of Drug Take Back locations can be found at DoseOfRealityWI.Gov

When picking up a prescription...

Read and examine the label so you are aware of proper use and storage. Be aware of these prescription facts:

- The number of pills in the bottle must match the amount indicated on the label.
- When refilling a prescription, the pills should look the same as the last batch.
- If you have questions about the ingredients, warnings, directions or anything else having to do with your prescription, ask the pharmacist while you're there.

When taking medication at home...

- Take your medications only as needed, and never more than directed by your prescribing medical professional.
- Always double check the label to be sure you are taking the correct pill.
- Keep track of how many pills are left in bottles.

If something goes wrong...

- If you or someone you know has an adverse reaction to a prescription painkiller, call 9-1-1.
- If you miss a dose, call your doctor for instructions.
- If you take too large of a dose, or if you accidentally take the wrong medication, call 9-1-1.
Leadership Insights: “Vacation!”

“In the U.S. we have less than half of the vacation time as most European countries, and we are increasingly guilty of not even taking the time we DO have. Not me. I have never left a vacation day on the table; think of me what you will. And that is part of the problem. Our baby-boomer designed work culture rewards a bit of martyrdom where we feel compelled to verify our dedication by not taking time off. Just by confessing that I use my vacation time I run the risk that I will be perceived as not dedicated. Concern about this perception can make people neglect to claim the work life balance that most of the leaders I have worked with say they desire.”

“But there are reasons many just find it simpler to not take vacation:

- **The pile.** What we will come back to makes us ‘already feel tired for tomorrow,’ and we skip resting, believing we’ll be punished for it.

- **I have to be there.** We believe no one else can cover for us and missed meetings are too important. Sometimes this is true, but are there alternatives that go unexamined? Could it be tied to…

- **What if they realize they don’t need me?** The tough economy the last few years has strongly reinforced this fear: *I can’t relax or I will lose everything.*

“But when we neglect our vacations, what does it say to those we lead? Jim Loehr and Tony Schwartz share research in the *Power of Full Engagement* that we *don’t get more done just by staying longer and not taking breaks,* and that, ‘Energy, not time, is the fundamental currency of high performance.’ It’s about giving our all when we *are* here that matters most, and we do that best when we are rested.”

“Below are some examples of how some leaders show support for this thing we call ‘work life balance’—for yourself and for your team.”

“Minimize scheduling meetings on Mondays mornings and Friday afternoons. This allows people to take a long weekend more easily.”

“If not mission critical, take a break from mandatory meetings in July and December. Not a work stoppage, just a summer and winter opportunity for people to feel less stressed about being away. It might even build in more enthusiasm for teams to have a break from meetings.”

“Plan your productivity models with time off in the plan. If we don’t, what we are really saying is that people can have the time off, but they will have to work double before and after. That’s not rest.”

“Succession plan and delegate well. Grow and develop others so you can trust them at the wheel. If your presence is so important that you can’t take a break, it may be that you need to refocus efforts on these two leadership responsibilities.”

“Lead by example. If a leader says, ‘Take your time off, we support work life balance here,’ but they work through their own vacations, it translates to, ‘Don’t take a break.’”

“Build teamwork. Strong teams who care about each other as people *want* to cover for each other. Learn to ask for help. It demonstrates that your team can ask for help when they need it too.”

“And while a longer vacation is great, our daily habits may pack just as big of a punch when it comes to staying at the top of our game. Do you build in restful
(whatever ‘restful’ means to you) weekends and evenings throughout the week? Do you take mini-breaks during the work day, including eating lunch and maybe a quick walk?”

“If you are fortunate, as I am, to love your work, the lines between work and non-work time can be blurry. But what else do you love? When is the last time you were able to fully enjoy doing those things, truly able to leave work at work? My favorite quote for this year: ‘You know all those things you always wanted to do? You should go and do them.’ Right now, write down a list of 5 things you want to do before you die. Keep it where you can see it, and start.”

For a great summary of the “Power of Full Engagement” go to http://ow.ly/10A2Uf

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.

The Top Three Fundraising Principles

From “The Top Three Things Volunteers Need to Know about Fundraising,” by Kay Sprinkel Grace from her new book, The Busy Volunteer’s Guide to Fundraising at Guidestar, 4/1/16:

1. Donors Give To Meet Needs But Not Your Needs.
2. Fundraising Is About Relationships.
3. To Attract Donors, Tell Your Organization’s Story.

The blog is at: http://ow.ly/10CcUp

Upcoming RWHC Leadership Programs
May 13 - Refueling the Heart: Are You Running on Empty?
June 21 - Coaching for Performance
July 7 - Become a Dynamic Communicator
Non-Members Welcome. Register & other events at: www.RWHC.com/Services.aspx