There’s no vocation on God’s green earth that calls for higher elements of character, for deeper research, for grander nobility of nature than that of a farmer.” - W. D. Hoard

Social Isolation–a Killer of Rural Elders

From “Solutions to Preventing Social Isolation Among Rural Aging Population” by the Bipartisan Policy Center, Washington, DC, 7/24:

“Over the past two decades, the impact of social isolation on health outcomes, longevity, and health care spending has emerged as a critical public health concern, especially in rural areas, according to a new brief by the Bipartisan Policy Center (BPC).”

“Studies show a 29 percent increased risk of mortality associated with social isolation and a 26 percent increased risk with loneliness. Moreover, a lack of social connectedness among older adults was found to increase Medicare spending by $6.7 billion annually.”

“Lack of human contact has serious physiological consequences, including increased risk of functional decline, mobility loss, and clinical dementia,” said Bill Frist, M.D., a BPC senior fellow. “This under-recognized public health crisis is one worthy of national attention, and will require stakeholders from government, academia, the faith community, and the private sector to envision a comprehensive path forward.”

“The brief, Rural Aging: Health and Community Policy Implications for Reversing Social Isolation, was developed in collaboration with Tivity Health and a diverse group of policy experts and stakeholders during a roundtable discussion at BPC in June. It calls for advancing the national conversation on preventing social isolation and improving social connectedness, especially among older adults living in rural communities.”

“The issue of social isolation and loneliness is even more serious in rural America,” said Donato Tramuto, CEO, Tivity Health. “Identifying how we can better support access to and scale existing services for aging Americans is critical to ensuring that every senior has the opportunity to live their best life.”

“The brief points out that the health care community at large does not possess a sound understanding of social isolation and loneliness. Research shows that social isolation could be an even bigger public health threat than smoking and obesity and that it could raise the risk of premature death by up to 50 percent. Given the significant health and economic impacts of these issues, participants offered the following recommendations for improving social connectedness, especially among the nation’s rural and aging seniors:

- Elevate the discussion on the national level by creating a coordinated, broad-based public awareness campaign
- Leverage existing resources such as community programs, partnerships, and resources to improve social connectedness
Implement public policy changes that could reverse social isolation, such as including social isolation among the social determinants of health, and using technology as a key tool to connecting rural seniors with friends and family and to resources for health care, transportation, and education needs.

Redesign health care delivery and financing systems to strengthen rural health care infrastructure.”

“Frist, Tramuto, and the other participants of BPC’s roundtable discussion strongly encourage policy makers, the public health community, businesses, and organizations that serve the senior population to come together to identify solutions and to raise awareness about the prevalence and health consequences of these critical issues.”

The Brief can be found at: https://bit.ly/2PrAodq

“Suicide and the Wisconsin Farmer”

The 26th Hermes Monato Rural Health Essay Prize has been awarded to Benjamin Beduhn for his essay: “A Multidisciplinary Look at Suicide and the Wisconsin Farmer.” Ben is enrolled at the University of Wisconsin-Madison School of Medicine and Public Health (expecting to graduate with a MD in 2019). Following the below remarks from Ben, is an excerpt from his paper which is available at https://bit.ly/2Mo21SM:

“I am a fourth year medical student at the University of Wisconsin School of Medicine and Public Health. I grew up on a farm in rural Wisconsin and witnessed the devastating effects of untreated mental illness. Poor access, stigma, insurance, and a host of other factors can make it very difficult to get quality mental healthcare in a small town. I wrote this essay hoping that it promotes discussion in our local communities. While there isn’t a simple solution to the increased suicide rate in rural Wisconsin, I think we can mimic successful programs from other states.”

“When I am not in the hospital, you can find me promoting wellness in my neighborhood. I help provide medical coverage to a local football team and assist the county court to supervise individuals with mental illness. These activities keep me refreshed and can be a lot of fun. Looking forward, I am excited to be graduating from medical school and beginning residency. I hope one day to return to the community that raised me and provide the health services I wished were available when I was a kid.”

The Day I Met Terry—“Quickly scanning Terry’s medical chart didn’t tell me much. He had just turned 59 and was an active dairy farmer in Western Wisconsin. He missed some of his colon cancer screenings, had mild high blood pressure, and hadn’t seen his primary care doctor in a few years. On paper, he was doing ok. However, the Terry I met was a very different from the Terry described in his chart. His face was sullen, eyes were bloodshot, and when I entered the room, he did not meet my gaze. He was here for evaluation of his depression and suicidal ideations. He was here because he was planning to kill himself.”

“I met Terry during my third year of medical school while learning the basics of psychiatry at one of the behavioral health units in Milwaukee. Terry was my patient for nine days, while we tried to help him regain stability in his life. His story opened my eyes to the vast oppressive depression that paralyzed his daily life.”
“Terry wasn’t always depressed, anxious, or suicidal. He grew up happy. As a young man, Terry loved working in nature and developed a strong sense of self-resilience. These traits allowed him to successfully follow in his father’s footsteps and became a farmer after he graduated from high school. Terry worked with his father until it became too difficult for his ‘old man,’ and then he took over the farm. By the time I met Terry, he had been married for 21 years to his high school sweetheart and had two healthy children.”

“The last five years have been tough for Terry and his family. His once well-connected community was dwindling. Many of Terry’s friends and family that once populated his small farming community had passed away or moved. Things became more difficult when his elderly mother broke her hip and moved into their home. Around that time Terry’s family started falling behind on payments to the bank. Terry had taken out a mortgage against his farm to purchase equipment and expand his farm. He spent many sleepless nights worrying about his family and finances. His worry turned into anxiety, and anxiety turned into a grave sense of worthlessness. When the bank finally foreclosed on his farmland, that was the last straw. Terry started thinking about suicide.”

**The Big Picture**—“Over one million Americans have attempted suicide at least once in their lives. Each year there are almost 45,000 deaths from suicide in the USA and over 700 deaths from suicide in Wisconsin. It is the 10th leading cause of death in Wisconsin. However, the burden of suicide is not shared evenly across the state. Farmers are at higher risk. In 2016, the Centers for Disease Control and Prevention released a study demonstrating that people working in agriculture take their lives at a rate higher than any other occupation. Agriculture remains the backbone of many Midwestern communities and thus rural Wisconsin bares many of these suicides. Communities predominantly comprised of farmers suffer from higher rates of suicide and this can be seen in data showing an urban-rural suicide gap.”

“Across the nation, there is a widening gap between rural and urban suicides affecting adults and children. From 2001 to 2003 the rural adult suicide rate was 15.5 per 100,000, but over the last 12 years those numbers have steadily climbed. Recent data from 2013 to 2015 place the rural suicide rate to nearly 20 per 100,000. The urban suicides increased at a slower rate. From 2001 to 2013 the urban suicide rate was 11 per 100,000 and climbed to 13 per 100,000 in 2013-2015. Rural children were not spared. Suicide rates for youths in rural areas are approximately double those in urban centers.”

“Wisconsin’s urban-rural suicide gap parallels national data and researchers have found that suicide rates are not shared equally across the state. While there are more suicides in the urban centers like the Fox Valley, Milwaukee, or Madison; there are higher rates of suicide in rural portions of the state. Suicide rates per person in Northern and Western Wisconsin
counties are often double compared to the more urban Southeastern Wisconsin counties (figure 1)."

**The Seeds We Sow**—“Rural suicide is a significant risk to the livelihood of our rural communities. It forever changed Terry’s life and devastated his family. Rural residents, just like Terry, face increased substance use, isolations, toxin exposures, poverty, and increased access to firearms that put them at a higher risk for suicide. Suicide is a complex problem with many contributing factors, and there is no simple solution for our communities. Reliable research on rural suicide is difficult to produce and guidelines are broad. Furthering research to produce evidence-based recommendation should be a priority, as we should replicate methods that show good outcomes. Investing in community programs, telepsychiatry, better primary care screening research, and helpline should be considered to address the high rates of suicides in rural communities. Some of these changes can be implemented quickly but the most impactful require systemic changes in how we provide healthcare and deliver community support.”

“I often think about Terry. He is currently doing better. He has gotten medication for his depression and is currently seeing a therapist to help with his anxiety. While he is still devastated over the loss of his farm, he is looking forward to starting work again. I can’t help but wonder what would have happened to Terry if some of these resources weren’t available to him. At what point might we have reversed his spiral into depression or might have gotten him assistance with his farm. Is it possible we could have prevented the loss of his farm? Could we have prevented the suicidal ideations and the trauma to his family? While we can’t change what happened to Terry, we can use his example to improve our current support for farmers in Wisconsin.”

**Local Markets Drive Rural Hospital Health**

From “What North Carolina’s rural hospital struggles reveal about the US” by Jeff Lagasse, Associate Editor, *Healthcare Finance*, 7/17:

“There is a confluence of factors leading to widespread closure of rural hospitals, including demographics, policies and community challenges.”

“Since 2010, 85 rural hospitals across the country have closed their doors, according to the Sheps Center for Health Services Research at UNC Chapel Hill. Many more are in distress, and the outlook is disproportionately bleak in the South. More than 8 percent of rural hospitals across the U.S. are at ‘high risk’ of financial distress, said the Sheps Center, but that number jumps to 16.6 percent in the South.”

“A recent report from Chartis Group and iVantage Health Analytics found that one of the key factors behind these closures was a high rate of uninsured patients, and a payer mix heavy on public insurers with lower claims reimbursement rates. More patients are seeking care outside rural areas, which isn’t helping, and many areas see a dearth of employer-sponsored health coverage due to lower employment rates. Many markets are also besieged by a shortage of primary care providers, and tighter payer-negotiated reimbursement rates.”

“A projected shortage of physicians is affecting all areas of the country but rural hospitals in particular, and demographically, patients in rural markets tend to be more socioeconomically disadvantaged, a problem that is more prevalent in North Carolina and elsewhere in the South.”
It takes a relentlessness to answer the call to care. To give your best without fail. To provide the kind of excellence that becomes recognized as one of the finest in the country for patient experience and quality care.*

It takes the strength of the champions of health who work in our hospital. Every day, they give the most of themselves to be a champion for you. To be a champion for this community.

When you choose a health plan, ask for (your hospital or health system name here).

*Wisconsin’s Critical Access Hospitals were recently recognized as the best in the nation by the Federal Health Resources and Services Administration for outstanding quality performance.

Ad example for individual hospitals. Please contact Tim Size to discuss how this campaign can drive patient choice in your local markets:

Tim Size
Executive Director
Rural Wisconsin Health Cooperative
608-643-2343
timsize@rwhc.com
www.RWHC.com
“News about the potential fate of the Mission Health system comes as another rural hospital closed in Dunklin County, Missouri, the 85th in the U.S. since 2010. The county was one of the poorest in the state.”

“What makes that closure particularly troublesome for patients in the area is that it was home to the only OB-GYN in the region—a region that has one of the highest premature birth and infant mortality rates in the state. It will now be necessary for pregnant women to drive more than an hour to deliver their babies.”

“All this comes at a time when the shift from fee-for-service payment models to value-based reimbursement is in full swing, putting pressure on all hospitals to reduce costs—which is especially problematic for rural hospitals given that their demographic and staffing challenges have a tendency to drive costs up, not down.”

“Researchers have suggested revisiting a 2015 House bill, the Graves-Loebsack Save Rural Hospital Act, which would create a payment structure whereby 105 percent of ‘reasonable’ costs would be reimbursed; 100 percent of bad debt would be reimbursed; and rural hospitals would be exempt from 2 percent of sequestration of payments. It would also establish the Community Outpatient Hospital Program, a measure aimed at preserving emergency and outpatient care for rural markets, and recoup $5.4 billion in lost Medicare reimbursement among rural hospitals over 10 years.”

For details on program content: 
https://bit.ly/2xjiN0L

Leadership Insights: “Leading: Life & Death”

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

“Physicians die by suicide at more than twice the rate of the general population. Every death by suicide is heartbreaking, leaving those behind bewildered, grief stricken and pondering the question, ‘Could I have done anything to prevent this?’ There is not one single answer. We can’t address all the complex factors that contribute to suicidal thoughts. But we MUST do what we CAN to build a culture
that supports not only physicians but all employees in a way that prevents burnout, makes it ok to ask for help and builds individual resilience.”

“Healthcare leader, there are things you can do to prevent burnout and suicide risk in three areas:

Culture—What does it feel like to walk into work at your organization?

- Do you have policies and practices that support work life balance? One RWHC member, Black River Memorial Hospital, implemented a policy that all leaders take a two consecutive-week vacation every year. The place has not closed down, the world has not stopped revolving, AND leaders are saying it is making a difference in preventing burnout.

- Do you have a no-blame culture? How errors are treated makes all the difference in whether they will occur again. Focus on the learning and improvement going forward. This NEJM article on burnout [https://bit.ly/2xfJjrN](https://bit.ly/2xfJjrN) highlights a peer support initiative that includes a unique error review process, allowing trust to be built through vulnerability.

- Are you keeping good people? Turnover rates are at least in part a reflection of leadership and it doesn’t just make it challenging to get the work done in your department. Incomplete and low functioning teams impact outward throughout the organization causing log jams and communication breakdowns as a ripple effect. A non-clinical leader might argue that they don’t make a difference to the patient-physician encounter, but imagine being a patient in a doctor office with burned out light-bulbs, garbage not taken out, necessary materials not delivered, etc. Ask your team, ‘How does what we do in our department impact the physician-patient interaction?’ Build with them a couple of improvement projects related to that and talk about it with others, managing your team up to highlight that impact.

Organizational Supports—What structures are in place to support wellness?

- EAP—Do you have a REALLY GOOD Employee Assistance Program (EAP) that employees know about and trust, that gets good results and that is open to everyone?

- Technology updates—Look to your colleagues at other organizations who get this right, including addressing inefficiencies that bog down practice. Ask providers about inefficiencies they experience and work to get those cleaned up. Having a quick win that buys back time and reduces redundancies is a huge boost.

- Learn and apply change theory which includes engaging people who are impacted by the change in the change planning.

- Workplace wellness—Besides what you already offer, ask employees, ‘What workplace supports would help you in your personal efforts at wellness?’ Maybe it’s a meditation or quiet room (or explicit permission to use the one you already have); encouragement for walking meetings; donut-free days. People are creative!

Individual Resilience—Our inner condition has everything to do with how we show up. Work on your inner condition: [https://bit.ly/2QxiZ4m](https://bit.ly/2QxiZ4m)

- Be a healing presence. Healing begins when people feel heard. Leaders who are frantic and frenzied infuse the organization with frantic and frenzy. Consider being: at every moment, you are either contributing to or detracting from being a healing presence.

- Say, ‘I’m concerned about you,’ when you are. Knowing you notice and care when someone doesn’t seem like themselves can be a door opener to them getting help. If burnout and suicide are
characterized by isolation, prevention and recovery rely on connection. Be a connector.

- **Talk about suicide.** Be courageous. Our fears of bringing up the subject don’t stand up to the light of day. Here are some great resources to help you [https://afsp.org/](https://afsp.org/). Also, ask your really good EAP to come in and facilitate a discussion about suicide or a focus group to explore ways to mitigate stress and burnout.”

“The best continuing education program I’ve experienced in my 37 year career is the HEAL program – Healthy Embodied Agile Leadership, from the Institute for Zen Leadership. It not only builds personal resilience in a world of chaos, it **builds a connection to others,** an essential element in mitigating stress, preventing burnout and firing passion for our calling.”

✓ “Share this CME link with your physicians and leaders: [https://bit.ly/2QxiZ4m](https://bit.ly/2QxiZ4m)”

✓ “Invite me to talk with your leader team about the powerful impact on individual and leader resilience these practices can make.”

✓ “Get them registered and support them upon return to build these practices into their day.”

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](http://www.RWHC.com/Services.aspx) or contact Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.

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### Upcoming RWHC Leadership Programs

- **10/19** - CPI Nonviolent Crisis Intervention (Members only)
- **10/29** - Mind Matters: How Perceptions Impact Success
- **10/31** - Performance Reviews: Making Them Useful
- **11/29** - Developing Public Speaking and Presentation Skills
- **12/6** - Connecting the Dots through Emotional Intelligence

**Non-Members Welcome.** Register & other events at: [www.RWHC.com/Services.aspx](http://www.RWHC.com/Services.aspx)