

23 May 2009

**Report on National Rural Health Association Convention,  
Fountainbleu Hotel, Miami Beach FL, 6-8 May 2009**

I attended this meeting with enthusiasm and was impressed with its selection for program and speakers. The actual meeting venue was the quintessence of opulence and luxury and offered plenty of distractions e.g. Regis and Kelley were broadcasting shows at this time/location with the Goodyear Blimp overhead and their cameras panning on the show. [It might behoove the NRHA officers to take a look at Des Moines, Sioux Falls and Omaha for potential meeting places.]

During opening remarks it was noted that NRHA was founded over 30 years ago and in 1998 had 1,900 members and today has 19,000 members. There income is derived 44% from dues and meeting registration and 52% from federal grants in a budget of \$3.3 million. They are very aggressive and subscribe to all the new technologies e.g. Twitter and various web based technologies that offer networking and social contacts with like minded rural health conscious members. One also realizes that this group of officers is very astute and very competent in selling the sizzle as well as steak, either real or imaginary. In fact they have established a 'for profit' subsidiary to solicit various funding sources e.g. meeting exhibits, sponsor of speakers and the like.

Beth Landon, President of NRHA observed that Miami Beach is an oasis of prosperity for southern Florida. However, the unemployment rate for Miami and Ft Lauderdale ranges from 7.2% to 8.5%. Likewise to move west a bit, 85% of Mississippi residents live in non-metro areas and deal with the impact of hopelessness and helplessness. The rural health and social safety net needs strengthening. In West Virginia, WalMart is the largest employer statewide. Education has flattened and maybe distance learning will help. The present administration cares about jobs creation. There are grants to pursue. We need to create rural jobs.

What can you do:

- Engage local partners.

- Entrepreneurs embrace diversity [demographic shift & foster innovation]
- Engage community colleges [student entrepreneur clubs; health care as a business; health and social services]
- Resources [Main Street Project.org – Minneapolis]
- Need office of rural policy [White House]

Denali Commission – public infrastructure program. Alaska has a clearing house for this. Link between infrastructure and economic development.

KEYNOTE SPEAKER – Dr Sanjeev Aurora, New Mexico.

Dr Aurora provided a briefing on a statewide program of managing hepatitis C by employing telemedicine that was absolutely impressive. This disease and its treatment management have both physical and mental components and the approach developed was multidisciplinary. Rural residents are 42% Hispanic and 9% Native American. About 20% of New Mexico’s physicians practice in rural areas.

#### Methods

- Use technology to leverage scarce health care resources. This includes telemedicine and internet.
- Establish disease management model on improving outcomes by reducing variations of care [Deming principle]
- Case-based learning: Co-management of patients with UNMHSC specialists
- Centralized database HIPAA compliant to monitor outcomes [learn from data]

#### Steps

- Train workers
- Install protocols and software on site
- Conduct telemedicine clinics “knowledge network”
- Initiate co-management – “learning loops”
- Collect data and monitor outcomes centrally

Goal: Reduce professional isolation.

Reason for Hep C disease selection: common disease; management complex; evaluate treatment & meds; high societal impact [health and economic]; serious outcome if disease untreated; and improved outcome with disease management.

Summary thoughts: Building bridges – Pareto’s Principle or 80/20 rule. “Suboptimal performance of US health care. Fee for service results in insidious problem. We have designed system to generate the most money. Best system is to spread best practices at lowest cost. Patients need all domains. No reimbursement for prevention; so doesn’t get done. Need an integrated system. Force multipliers see us using existing community partners of specialist, primary care docs, physician assistants and nurse practitioners. In New Mexico they have established CHEA – Community Health Extension Agent with model of primary care nurse, medical assistant, and community health worker. Today we are certifying RNs in this role. Doctors can not do disease management. Community health worker is sole diabetes educator e.g. one hour a month vs 15 minutes with physician twice a year. Best practices focus on training non-physicians.

**BREAKOUT: Daquiri Rock in Idaho/Washington (Palouse Region)**

Project ASSESS. They deal with council on aging, mental health and community education. They are trying to create a sense of community. Role of partners was discussed. Need MOA or MOU for purposes, responsibilities etc.

Lessons learned:

- Sometimes “the vision” changes to meet the needs.
- Competition can help.
- Egos like to be flattered.
- Sometimes people just don’t want to play.
- It’s not what you know ... peer pressure can be a good thing.
- It takes time, effort and energy.
- Celebrate success.

See [www.accessthePalouse.org](http://www.accessthePalouse.org) for details.

BREAKOUT: Cancer by KC Donnelly. This speaker has a recent personal history of esophageal and liver cancer. This was the best lecture I ever heard on cancer in terms of its pathobiology, etiology, and management. Demographic details were very good too, but he failed to discuss clusters and how problematic they are. I brought this up in Q and A and he acknowledged this without any hesitation.

BREAKOUT: Gerber Memorial Hospital's Tamarac Facility. This was very good and I have summarized this for Dallas County people associated with public health, county government and Dallas County Hospital in Perry. [See my remarks in appendix.]

Vision of Tamarac: To be a source of renewal in sickness and health.

They provide competent and compassionate health care. Newago County pop 4,300. 230+ lakes. Remodeled old Wal-Mart store. Costly medical care down and wellness is up. 'Retail medicine' to explode. Rehabilitations services to increase. SPARX is their exercise center. This includes medical preexercise screening, monitoring with computers, measure how to deal with goals. Offerings include zumba dancing, Latin dances and yoga. SPLASH is water treatment for arthritis. 'Ahhh the Spa'. 'Tree House' for child care up to two hours during work outs. Clients can see kids in video while exercising. Camp Tamarac during the summer weeks – day camp. Community gathering area. Two World Café that personalizes menu service. Possibilities for an educational center. Program for diabetic management. Classes are packed. At local school sponsor dances – 700 people attend.

LEED Certified = 'green'. Even use biodegradable pens.

Theme it: Two worlds as one. [I think it is mental and physical.] Inner health is as important as outer. Expand mind ... think outside the box.

Interpret: harmonize impression; eliminate negative cues; mix in memorabilia; engage all senses; issue 'passport' includes photo and spaces for stamps [fitness goals].

Interact: Trusted guide; community outreach such as kayaking, bike trails & snow shoeing.

Inspire: Bring declaration to life; ceremonies; stories that are breakdown of all we do.

Teach: Create training institute; make it theatre; use stories; memorabilia; and create transformation.

Marketing Tamarac: leave it on Power Points, take floor plan; provide experience for audience; the ubiquitous open house; also corporate wellness programs; had 1200 citizens by first 6 months; fund developing; bad news – marketing worked and then got behind on things. Should have citizens pay something to assure usage - \$17/month for a locker.

Current: 2500 citizens in the program; look to expand footprint; clinical integration; community outreach ; and Camp Endeavor [organization think tank]

Web: [www.tamaracwellness.org](http://www.tamaracwellness.org)

BREAKOUT: Mental health 5-7-09 [Series of speakers in this session.]

Kristi Martinson: Noted Rural Health Network Development Grant. Need to establish a 501-C-3 organization.

John Gale: physical health world and mental health world often don't talk to each other. All health care is local.

Also issue of mental health in jails/prisons – once incarcerated not eligible for Medicaid.

PLENARY SESSION: Newt Gingrich

Rescheduled because President Obama wanted to visit with him and that interfered with travel.

“Education should be a civil right [Sharpton]. Obama has appointed Arne Duncan [former Chicago School Superintendent] as Sect’y of Education. **[Here is sample of views from recent graduation remarks: In his address, Duncan called education the civil rights issue of**

**our time and said, "All of the anti-poverty programs in the world will never do as much as an education to make people successful." He commended St Michael's graduating class for its commitment to service and challenged them to choose the classroom to continue their service, noting that more than a million teachers from the baby-boom generation are expected to retire in the next five years. "I believe that access to a high-quality education is the difference between a life lived on the margins and a life lived in fulfillment of the American dream," Duncan said.]**

We should replace 'No child left behind' with 'Every American should get ahead.' We who know a lot about rural health should educate others. General principle - regulations in Alaska don't make it in Idaho. Need cultural approach. Mr Gingrich offered several references to economic meltdown e.g. buying a house you can't afford.

Then Newt discusses four box model:

1<sup>st</sup> box: Individual. Attitude & activity impt. Teen age obesity and diabetes – but regulations dictate you can't inform parents. This social contract will bankrupt you. The longer you live the more likely you will have chronic condition[s] We need to incentivize individuals.

2<sup>nd</sup> box: Society & Cultural. Need physical ed K-12 for 5 days per week. Health savings pay for itself. Rethink school lunch – if ok for diabetic than ok for all. Walk to school [Take money out of school bus budget for sidewalks.] Walk to school if less than one mile from school. Major wt loss program is a fad in the right direction.

3<sup>rd</sup> box: Delivery System. Use technology. "Best practices." Health based health care reform. 90% of patients get advance directives. Reduce infectious diseases [nosocomial] in hospitals. Incentivize with rewards but no punitive approach [i.e. carrot only but no stick].

4th box: Re-center continuing health improvement. Health insurance – all citizens must carry this or post bond. Then everyone is in risk pool. Project: Medicaid conference on reform. \$2 billion recovered from fraud. 10% of Medicaid is fraud. Example – one dentist submitted 982 claims in one day. Electronic system would catch this. Finally ... cost of hi tech decreasing

e.g. Twitter is free. “Think beyond geography.” Rural – create coops. US Air Force monitors ICU in Guam from Hawaii. Build IT for NRHA – ‘greater resources at less cost.’ [End formal remarks + applause.]

Then Beth Landon, NRHA President, quizzed Mr Gingrich with observation that “economic status determines health status”. Mr Gingrich replied that a lot of the problem is cultural not economic. Refuse idea people can’t learn such as access to broadband. You need work-ethic centered model ... from poverty to productivity. Work - learn - pursue happiness. We should increase nursing school enrollment. Do something useful like Texas did by protecting doctors from opportunistic law suits with an amendment to the state constitution. Another example is College of Ozarks that is farm based and students work the chores to pay tuition and room/board and graduate debt free. Need intention and not talk. Evolution is the future. Goal is finest health possible. [Applause.]

PLENARY: Mary Wakefield, Agency Director for HRSA

Ms Wakefield was a highly competent and enthusiastic lady from North Dakota, exhibiting a ton of energy. In terms of changes she offered, “Expect a lot from us; Press the refresh button; Move forward in substantive way”: She has spoken on and discussed our issues in the White House. Americans need help and it is embodied in the report, “Hard Times in the Heartland”. See [healthreform.com](http://healthreform.com).

\$14 million approved for release in grant funds soon.

Stimulus money – set on new course. Children Health Insurance from \$7M to \$17M. Already released is \$155M for new health centers. \$855M to upgrade HIT [Health info technology]. Workforce development has \$300M and goal of doubling docs, RNs, and dentists. Title 7 & 8 – support for nursing education. We are short one million RNs. ~800, 000 MDs [ from Russ’s recollection that is the number of all MDs but we need more? ]

A new budget is in works to serve underserved population down the road. See budget in brief on line. [This is the forty pager or something like that and not the 9 incher.]

Last week Ms Wakefield was on way to airport and called back for a \$7B budget discussion. There is a lot in this budget for rural health.

For workforce, we need more than money:

1. Need to look at how we are using staff. Need team approach and collaboration.
2. Need cultural competence such as Latinos, Africans, and Caribbean's. This includes skills, knowledge & competencies. Prepare providers with right skills to act.

Office of Rural Health Policy -- research on workforce in rural health issues. Website: health info workforce. See North Dakota site. 'One Stop Shop'.

Reform Package:

- Deferred thinking on health care reform. Much bigger and complex issues. People need help [lost job but now still need health care]. We need to reduce costs.
- Also need to expand access, strengthen primary care, increase family practice options.
- Innovation in rural America. Rural America needs to show way. Collaborate and be flexible. Team approach to care. This is headwaters of health care reform.

Three things to do:

- Strengthen existing programs
- Roll out new initiatives
- Health care reform

President Obama states every voice should be heard. Now we have a herd of sacred cows pushing against health care reform. Only one option not on table ... *status quo*.

HRSA with 1,800 employees wants to hear your ideas. In summary, spirit of times captured in Obama campaign. We are the people but also looking at American Indian issues, economic 'health' of rural areas linked to health care improvements. HRSA will deploy regional offices to accomplish this and in effect establish more cross fertilization. [Applause.]

SECOND PLENARY SPEAKER: Maggie Elehwany JD, NRHA VP for Gov't Affairs & Policy



Comments – Many opportunities for rural health with recent upheavals. [See clever slide below reflecting new players in everyday news headlines.] Executive branch has secured \$787B economic stimulus program. President has signed 61 cent cigarette tax for kid's health insurance and embryonic stem cell research. Nancy Ann DeParle, Health Reform Czar with Mary Wakefield, and Rahm Emanuel will lead the way.



Despite gravest economy in 75 years we have unprecedented spending. This provides a chance to bring change to rural health. 25% of population lives in 90% of the land mass. Starbucks spends more on health care insurance

than coffee beans. Obama wants to build on current success such as SHIP and Medicaid. Emphasize prevention. Biggest problem in rural areas is ACCESS. Web reference [www.ruralhealthweb.org](http://www.ruralhealthweb.org). Maggie's email is [Elehwany@nrharural.org](mailto:Elehwany@nrharural.org).

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Overall summary: My notes are incomplete [I'm not a professional transcriptionist] and was not able to attend all breakouts as they were concurrent. For slides of many but sadly not all sessions go to: <http://www.ruralhealthweb.org/index.cfm?objectid=AAB05E1A-3048-651A-FE5FD7647D8F7CD4&flushcache=1&showdraft=1>

This meeting reflects what I learned in San Diego last year at skill building workshop that the NRHA is a very savvy organization that builds on competence in conjunction with cutting edge IT offerings. The NRHA staff is very professional and progressive almost edgy in their pursuit of rural health advocacy. As such they are also politically competent such as bringing in Newt Gingrich and Mary Wakefield in the same meeting for plenary speakers.

The overall paradoxical message – like it or not – is that there is a ton of funding in these perilously economic times. It would behoove IRHA to monitor this closely and even coach our colleagues in Iowa's rural hospitals and health care clinics to polish their grant writings skills and go for it. It also speaks to the fact that it might be an opportune time for some new initiatives. I have encouraged my Dallas County colleagues to take a serious look at a novel rural wellness center north of Adel based on Gerber Memorial's Tamarac. [See lengthy letter to that effect in the appendix.] As of 3 or 4 days post reception of this letter, there has not been any response from anyone ... nada!!!! [This probably reflects my 'Rodney Dangerfield persona' as people see me and think 'head lice expert' or something. Are you all sure you want me for "president elect of IRHA"??]

Bottom line: Thanks to IRHA for sending me to NRHA Convention.

Russ Currier

19 May 2009

Sandy Christianson  
Doug Lockin  
Dallas County Hospital, Perry

Hon Mark Hanson, Supervisor  
Dallas County Courthouse

Janice Jensen  
Dallas County Public Health

Hello Everyone,

I must preface my remarks by saying late last summer I had a delightful lunch with Sandy Christianson and Doug Lockin from Dallas County Hospital exploring what avenues the hospital might employ to showcase their offerings and better serve the eastern part of Dallas County. Subsequently, I have reflected on that a great deal and wanted to respond but have hesitated in the process of better defining what the Perry hospital might do.

Later I heard our distinguished County Supervisor, Hon. Mark Hanson, mention that it was a shame that with the nice facility and physical plant of the County Farm [or is it County Home?], would it not be nice to better use this asset in the interests of the county?

And of course, I am very aware of the terrific Dallas County Health Department that we have and all the efforts of Janice Jensen and her capable

staff to promote healthful behavior and preventive medicine for all citizens of Dallas County.

In the meantime, with all this rolling around in my mind, I attended the National Rural Health Association convention at the opulent Fountainbleu Hotel complex in Miami Beach, two weeks ago. There were some inspiring presentations and even included the likes of Newt Gingrich among others!

I did attend one breakout session with maybe about 35 people out of 500+ registrants that was hosted by Stephanie Zinn, marketing manager for Gerber Memorial Health Services, a small 74 bed hospital, in Fremont, Michigan. This is a sparsely populated [ pop ~8,000 ] county about 45 miles north of Grand Rapids with a Gerber baby foods plant close by. They also had a Wal-Mart and their corporate office decided to abandon their facility and build a Super Center up the street a few blocks leaving the old facility for want of a new tenant.

An incredible thing happened i.e. a revelation, with their vision. The hospital sponsored a wellness center there that they called 'Tamarac' after the tree species by the same name. [There is a whole story on the name alone. I don't recall all the details.] At any rate, they went to work planning and applying for some grants and then architects etc and Tamarac went quickly from conception through gestation to a fully fleshed out facility that sponsors wellness classes, nutrition instruction, exercise studios, swimming pools, day care services, canoe trips, etc, etc and has been a huge success.

In fact they planned to go from red ink to black at 18 months of operation and got there three months early. They have a great staff and the hospital plays a role in physical exams and the like before people get on a program. [One 400 pounder is down 150 lbs and off diabetes medicines.] The monthly fee is modest and entire families participate.

I would suggest that we could do the same thing with Dallas County Hospital and the county home. It would be most novel and garner attention within and without Iowa. Perhaps even the bike trail could have a spur line to it from Adel proper. You have the river right next door for kayaking and so forth. It would give DCH a beach head in the eastern area of the county and since we're bipolar anyway, after 3 or 4 years, we could do 'Lithium therapy' or something similar for Perry with an underused or abandoned

facility there and pretty well cover the population centers of the county. Tamarac has been a huge success with some help from others.

I strongly recommend that two or three people including a county supervisor and hospital official travel to Grand Rapids and visit this facility.

Alternatively, probably for as little as \$600 to \$700 you could invite Stephanie or a colleague to visit Des Moines, buy her a pork chop dinner in Adel and receive the basic overview again here with their cool Power Points and handouts. In any case you can visit this facility on the web by Googling Tamarac in Fremont or [www.gerberhospital.org](http://www.gerberhospital.org).

On the economic side this would have to be fee based albeit subsidized to some extent. Curiously the Gerber firm underwrites membership for all their employees who do not have the highest proportion of participation. Why? Because it's free and human nature is such that if something is free you do not value it. Partial fee coverage by companies however might be encouraged for smoking cessation, exercise, recreation, weight loss and even a square dance or two.

Epiphany #2: Leaving Gerber and Tamarac alone for a while, I attended another event at the University of Minnesota, School of Public Health's 2<sup>nd</sup> annual alumni celebration banquet, this past Saturday evening. The speaker was Dan Buettner, author of "Blue Zones – Lessons for living longer from the people who have lived the longest". Dan has been on 20-20 and Oprah etc but he has a message [developed with assistance from National Geographic] that we should take a look at. In particular he looked at four locales where people frequently live to 100. Specifically a localized highland on the island of Sardinia [off the coast of Italy], a chunk of Okinawa, a small area of Costa Rica, and Loma Linda, California. The latter we know are mostly Seventh Day Adventists who subscribe to a prudent vegetarian lifestyle. They sort of do everything right and are perhaps viewed by many as extremists. Nevertheless it would be wise to look at their lifestyle more closely. He showed a Pwr Pt photo of Dr Somebody in Loma Linda who was 96 years old and not happy with a contract bid to build a privacy fence. So he decided to do it himself and the next photo shows him with wheel barrow, shovel, concrete etc building the fence. The next photo was of open heart surgery two days later, leaving you the impression that he keeled over on the task. No, he was the physician doing the heart surgery!

Anyway the take home message is that changes in our lives and relationships with others can do wonders to improve our health and well being. [I know I should talk about this, being a poster child for a lifetime of debauchery!!!] We all need to visit Amazon and get a copy Blue Zones and study it in the weeks ahead. The University of Minnesota, School of Public Health wanted to apply these principles to a test community in Minnesota and had 'rush week' for smaller isolated but self sustaining communities. These included New Ulm, Albert Lea and two others. Albert Lea was selected and will participate in a study. It will be a multifaceted approach, very positive, and no stupid goals such as so many 100's of pounds of weight loss among so many 1000 residents. Instead it will emphasize basics such as more fruits and veggies and eating on smaller nine inch plates. Probably a walk to school program ... perhaps up to two miles with volunteer moms monitoring it all presumably with a cell phone in hand. You get the idea.

In any case I see where a Tamarac type facility could employ Blue Zones principles in its overall approach to things and integrate subtle and measureable improvements in lifestyle.

How to do it all certainly is a major consideration. It goes without saying that our society is awash in money for this type project ironically when we are in the economic doldrums. My latent Republican sensibilities have a tough time appreciating this and maybe are in conflict with my Democratic idealism so we have to adopt a new political bearing that of 'progressive', a movement born in my home state of Wisconsin. Hey if it is great for so many people we need to do it. Americans in general and Dallas County citizens in particular are just a little too isolated. We need to think of parks and common facilities besides our August sweet corn feed in Adel and B-r-r-r ride in Perry. I have offered two concepts [Tamarac and Blue Zones] that I think we should take a serious look at that offer a paradigm of economic synergism and better health and well being for so many of us.

Finally as an addendum, I would add that one of the first demonstrations on prudent lifestyle was done in Finland, a nation circa 1960s and 1970s with the highest per capita cigarette consumption rate in the world. Diet was meat and dairy based and it was a joke how many lumberjacks - in the forests - fatally keeled over in their 40s with coronary occlusions. A project was set up in North Karelia that clearly demonstrates that society could change. I heard the physician, Dr Pecca Puska, who directed that project and gave a paper at CDC's first ever chronic disease conference [around

1979]. So the U.S. audience was hopeful but not too optimistic and of course had a keen impression of what were the challenges. When Dr Puska completed his remarks there was an opportunity for questions and uncharacteristically the audience was quiet but very moved i.e. they experienced a revelation. Incidentally I only saw this phenomenon once before in my life and that was an address at CDC by Dr J. Carlton Gajdusek who worked out the details of kuru, a transmissible spongiform encephalopathy [like mad cow and Creutzfeldt-Jakob disease] that occurred among indigenous tribes of the highlands of Papua-New Guinea who practiced cannibalism. Just a few years later he received the Nobel Prize in Medicine.

Enclosed please find a paper on the North Karelia study. It is a bit technical so just scan it and know the message is that they changed things for the better just like Finland did with their public education system as the Des Moines Register reported last fall. Also I would point out that we have great resources available for partnerships with Iowa State, University of Iowa College of Public Health, Des Moines University College of Public Health, State Dept of Public Health and others. These folks would jump on a Tamarac/Blue Zones effort with enthusiasm and expertise and potentially others with \$\$\$\$. I recommend we pursue this and let me know what you think.

Yours for better health,

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