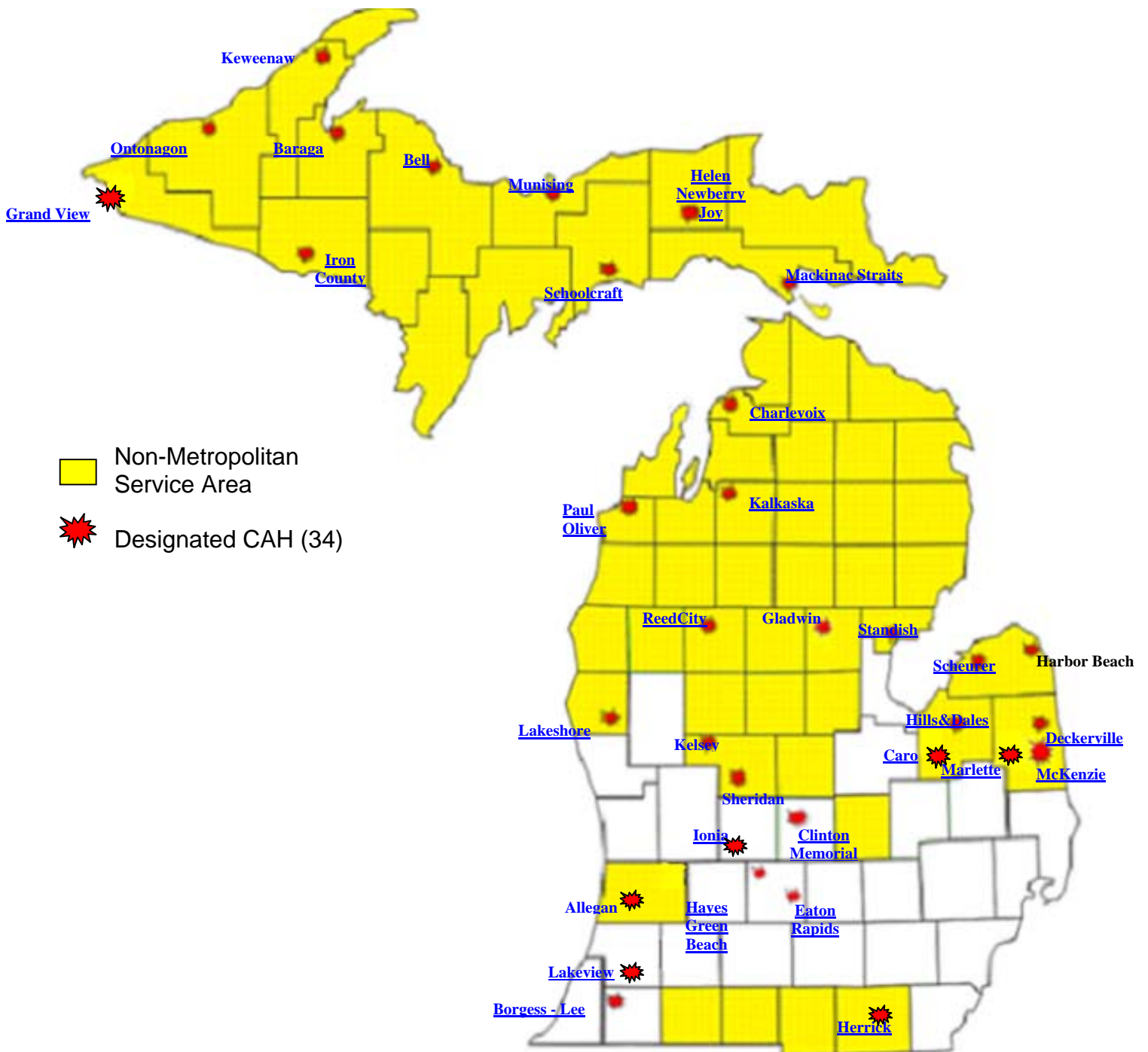


# CAH Chronicle



Michigan Department of Community Health ♦ Michigan Center for Rural Health ♦ Michigan Health & Hospital Association

## MICHIGAN CRITICAL ACCESS HOSPITALS



### **Rod Nelson Takes Home the 2007 MHA “Grassroots Champion” Award**

Rod Nelson, Chief Executive Officer at Mackinac Straits Hospital and Medical Center has been selected the 2007 “Grass Roots Champion” by the Michigan Health & Hospital Association (MHA).

Rod Nelson is a tireless advocate for his hospital, employees, volunteers and patients. Mr. Nelson’s knowledge of health care-related issues and regular communication with state lawmakers and Michigan’s congressional delegation make him a valuable asset during policy and appropriations debates. He successfully championed efforts to expand and operate a full-service health clinic on the state’s most popular tourist attraction – Mackinac Island – and recently entered into a joint venture with the Sault Ste. Marie Tribe of Chippewa Indians to build a new hospital and tribal health center to increase access for individuals visiting or residing in and around the Mackinac Straits area.

Rod is well known for his tenacity, expertise and integrity in advocating for all Michigan hospitals and the patients they serve. *Source* –AHA Awards Program.

### **Michigan Strategic Opportunities for Rural Health Improvement (MI-SORHI)**

The MI-SORHI, a joint initiative of the Michigan Center for Rural Health (MCRH) and the Michigan Department of Community Health (MDCH), was introduced at the 10<sup>th</sup> Annual MCRH Rural Health Conference on April 18<sup>th</sup>.

The MI-SORHI initiative will define the health issues faced by rural areas in the state, describe the current rural health environment, and based on that framework, identify strategic opportunities for improvement of the health status of Michigan’s rural people. Please visit the MCRH website [www.com.msu.edu/mcrh](http://www.com.msu.edu/mcrh) for additional information.

### **It Takes a Community to Fight Fat, Ensure Healthy Lifestyle for Kids**

In a nation where French fries are the number one vegetable consumed by children, tipping the scales on childhood obesity requires more than adding extra veggies to school lunches. Based on the latest scientific evidence, it takes the commitment of the entire community.

A recent study conducted in the city of Somerville, Mass., shows that simple, low-cost solutions-when embraced by the entire community-can help turn the tide on obesity, the second leading cause of preventable death in America. In the "Shape Up Somerville" study, researchers from the Tufts University's Friedman School of Nutritional Science and Policy did more than revamp school menus. They also worked with restaurants to promote healthier fare, installed new bike racks and repainted crosswalks to encourage physical activity, and hosted health fairs, among other measures. The results showed that, during the course of the study, schoolchildren in Somerville gained less weight than children in two nearby communities that did not participate in the program.

Can this approach work elsewhere? The non-profit Save the Children, which works with children in poor, rural areas nationwide, intends to find out. The agency has partnered with Tufts to adapt and test the Somerville approach in rural communities in Mississippi, Kentucky, South Carolina and California's Central Valley.

Supported by the Robert Wood Johnson Foundation, researchers are examining how factors at school, home and in the community impact the physical activity levels of America's rural schoolchildren. Their findings will support the design of a program to break down barriers to healthy lifestyles in rural settings.

The research is demonstrating the tremendous challenges faced by rural communities. Similar to urban and suburban children, rural children have grown too accustomed to watching television and playing video games while consuming high-fat, high-sugar snacks. However, rural children often lack critical resources to ensure a healthy life.

Too many rural communities have too few parks, athletic programs or recreational facilities. Their grocery stores may not offer a diverse selection of affordable, fresh produce. And with few schools walking distance from home, many rural children must sacrifice playtime to long school bus commutes.

Persistent rural poverty only compounds the problem. In families living paycheck to paycheck, children may overeat when food is available and rely on inexpensive, high-calorie and low-nutrient food as cash runs out. The cycle can lead to obese but malnourished children.

Crafting solutions to this problem is an enormous challenge, but a challenge we cannot afford to ignore. Over the past 30 years, the obesity rate has nearly tripled for preschoolers and more than quadrupled for children ages 6 to 11. One-third of America's children are either obese or at risk of becoming obese.

The consequences for many of these children will be a lifetime of chronic diseases, like heart disease, type 2 diabetes, asthma and depression. If the obesity trend continues, this may be the first generation of children that is not as healthy as their parents. Schools must play a role in curbing childhood obesity. Initiatives such as Save the Children's physical activity and nutrition program are already proving the value of investing in obesity prevention.

But only so much can be done in the confines of a school day. When children step off campus, they are vulnerable to the lure of fast food, television and video games. We need more than a classroom session to convince an overweight and obese nation to get off the couch and out of the cookie jar.

Over the past century, communitywide public health interventions, such as improved sanitation, immunizations and highway safety regulations, have helped add 30 years on average to Americans' life expectancy. Now, the country must employ a similar multifaceted approach with broad civic engagement to modify behavioral, structural and environmental causes of obesity. This means mobilizing all sectors of society including families, schools, businesses, health care providers, the media and policymakers.

To shape up, America's children need and deserve the support of their entire communities and country to ensure a healthier future for them in the 21st century.

By Susan Blumenthal, Clinical Professor of Psychiatry at Georgetown and Tufts University Schools of Medicine. Contact the national group at [www.savethechildren.org](http://www.savethechildren.org).

*Source:* The Clarion-Ledger

### **Internet Recruitment for Your Community**

The National Rural Recruitment and Retention Network (3RNET) website has had a total overhaul. The re-design has improved functionality and made the site very user friendly. I have provided a link - <http://www.3rnet.org/> - I believe this new website will enhance your recruiting program and increase your ability to reach candidates in all specialties. The candidates will be able to view your individual opportunity and contact you directly to inquire about placement. It is a free service for all Critical Access Hospitals.

This is an opportunity to broadcast your opportunity, community and clinical site using a nationally known and recognized Internet Sourcing Tool. 3RNET is devoting resources to market the website in a variety of healthcare journals, conferences and within Internet search engines. Healthcare providers interested in rural opportunities will be able to visit, view and connect with you directly.

At the bottom of the web page are two boxes. In the **Employers** box select **Register**. This will only take a couple minutes. You will then be able to upload all of your provider opportunities.

After you have registered you can follow simple step-by-step guidelines to create your opportunity profile. Each of the steps is important to the candidate. If you wish you can add photos of the community, clinical site or hospital. A new opportunity profile must be generated for each specialty. However, if you are looking for multiple providers in a single specialty, a single opportunity upload will suffice.

If an opportunity profile is not available I have a simple to use form to collect the pertinent information. If you wish I will work with you to upload your opportunities. We are very excited about the impact the website will have on our rural, communities on a state and national level. Please feel free to contact me about any questions or assistance in uploading an opportunity to the site!

For additional information please contact: Steve Shotwell, Recruitment and Retention Services, Michigan Center for Rural Health, 517-355-7758, [steve.shotwell@hc.msu.edu](mailto:steve.shotwell@hc.msu.edu).

### **Five Tips to Help Educate Your Hospital Board on Quality**

Hospital board members are under increasing pressure to ensure their facilities meet--or better yet, exceed--quality and patient safety standards. Hospital comparison Web sites, quality ranking programs, and government initiatives linking performance on quality measures with pay are prompting hospital executives to make sure their board members have the tools they need to adequately monitor quality. This can be a challenging endeavor, however, since many board members are unfamiliar with medical lingo, the meaning of quality measurement data, and most importantly, what quality indicators they should be monitoring. Here are five tips to help get your board members up to speed on quality issues.

- ❖ **Define the board's role**
- ❖ **Explain that quality is more than regulations**
- ❖ **Find quality champions**
- ❖ **Incorporate quality in the mission**
- ❖ **Bring theory into reality**

Source: HealthLeaders Media Community and Rural Hospital Weekly. May 16, 2007.

### **Board of Directors Development and Education**

Funding from the Michigan Medicare Rural Hospital Flexibility Program for 2006-07 has been dedicated to hospital board development & education. The MCRH has contracted with the Michigan Nonprofit Association (MNA) to provide these educational sessions for MI CAH Board of Directors and senior CAH leadership, using BoardSource, Inc. for nonprofit governance information and education. The next scheduled session is:

Friday, August 3, 2007  
Kellogg Conference Center  
East Lansing MI 48824

Contact Angie Emge at: [aemge@msu.edu](mailto:aemge@msu.edu), or 517-355-7757 for additional information.

### **Rural & Ready: Emergency Preparedness in a Rural, Border Community**

The Michigan Department of Community Health, the Chippewa County Health Department, the Sault Tribe of Chippewa Indian Health Center, Lake Superior State University and Bay Mills Indian Community Health Center are sponsoring a 1-1/2 day symposium “Rural & Ready Emergency Preparedness in a Rural, Border Community,” scheduled for August 21-22, 2007 in Sault Ste Marie.

Registration materials will be available soon. For additional information contact: Kate Marone Emergency Preparedness, Chippewa County Health Department [kmarone@chippewahd.com](mailto:kmarone@chippewahd.com). Visit them online at <http://www.chippewahd.com/>.

### **Trauma Nurse Core Course Funding**

The Michigan Center for Rural Health, with funding through the Michigan Medicare Rural Hospital Flexibility Program, is pleased to provide up to \$1,500 per CAH for reimbursement toward the Michigan Emergency Nurses Association Trauma Nurse Core Course (TNCC). Grant funding applies to the cost of the TNCC course.

A copy of the 2007 TCNN class schedule can be found at the Michigan ENA web site: <http://www.michiganena.org/general.phtml?catid=10>.

Directions for course reimbursement and expense forms are located on the MCRH web site: [www.com.msu.edu/micrh](http://www.com.msu.edu/micrh). Please contact Angie Emge at: 517-355-7757 or [aemge@msu.edu](mailto:aemge@msu.edu) with additional questions.

## **GRAND ROUNDS:**

### **ARTHRITIS**

Held the second Wednesday of each month from Noon to 1:00 p.m. except in July and August.

**Sponsored by:** The Michigan Center for Rural Health and the Michigan Arthritis Collaborative Partnership.

- September 12 – The Extra-Articular Manifestations of Rheumatoid Arthritis, -Joseph Weiss
- October 10 -- Use and Misuse of Medications in the Patient with Fibromyalgia, Dan Clau
- November 14 – Psoriatic Arthritis, -Robert Ike
- December 12 – Rheumatologic Emergencies, -Joseph McCune

*Accreditation: St. Mary Mercy Hospital, an organization accredited by the MSMS Committee on CME Accreditation, designates that this activity meets the criteria for a maximum of one (1) credit hour in Category 1 credit towards the AMA Physician's Recognition Award.*

### **GERIATRIC**

Held the first Wednesday of each month from Noon to 1:00 p.m. except July and August.

**Sponsored by:** The Michigan Center for Rural Health and the Geriatric Education Center of Michigan.

- September 5-Herbal Supplements –Mark Ensberg, MD
- October 2-Hospice & Palliative Care -Linda Keilman, MSN, APRN, BC, GNP
- November 7- Assessment & Treatment of Somatic Dysfunction-Frank Komara, DO
- December 5-Prostate Disease (BPH) and Cancer TBA

*Accreditation: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Michigan State University College of Osteopathic Medicine and the Michigan Center for Rural Health.*

### **NURSING**

Held quarterly from Noon to 1:00 p.m.

**Sponsored by:** The Michigan Center for Rural Health and MSU College of Nursing

- Sept. 4 – TBD

- November 6 – TBD

*Accreditation: Participants who attend the entire session and complete an evaluation form will receive a certificate for 1.8 contact hours. Michigan State University College of Nursing is an approved provider of continuing nursing education by the Michigan Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

### PSYCHIATRY

Held quarterly from Noon to 1:00 p.m.

**Sponsored by:** The Michigan Center for Rural Health and the MSU Department of Psychiatry.

- July 25 - Depressive Disorders in Children and Adolescents, -Jed Magen, DO, MS
- October 24 - Neurobiology and Treatment of Deliberate Self-Injury, -Brian Smith, MD

*Accreditation: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Michigan State University College of Human Medicine and the Michigan Center for Rural Health.*

### SOCIAL WORK

Held quarterly from noon – 1:15 pm

**Sponsored by:** The Michigan Center for Rural Health and the MSU School of Social Work

- Sept. 28– TBD
- Dec. 6 - Pain Management

*Accreditation: Michigan State University School of Social Work (Provider No. 1136) is approved by the Association of Social Work boards (ASWB) approved continuing Education (ACE) program: [www.aswb.org](http://www.aswb.org): 1-800-335-6880. ASWB ACE-approved programs are recognized in Michigan. In addition, Wisconsin, Illinois, and Indiana recognize ACE-approve providers. Social workers should verify recognition of ACE approval with their state boards.*

For more information, contact Phyllis Ball, Education Coordinator at: [ballp@msu.edu](mailto:ballp@msu.edu) or 517-355-8250.

For additional information or questions about materials contained in this newsletter, please contact:

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### INTERESTING QUOTE:

“Anything I’ve ever done that ultimately was worthwhile...initially scared me to death.”

- Betty Bender