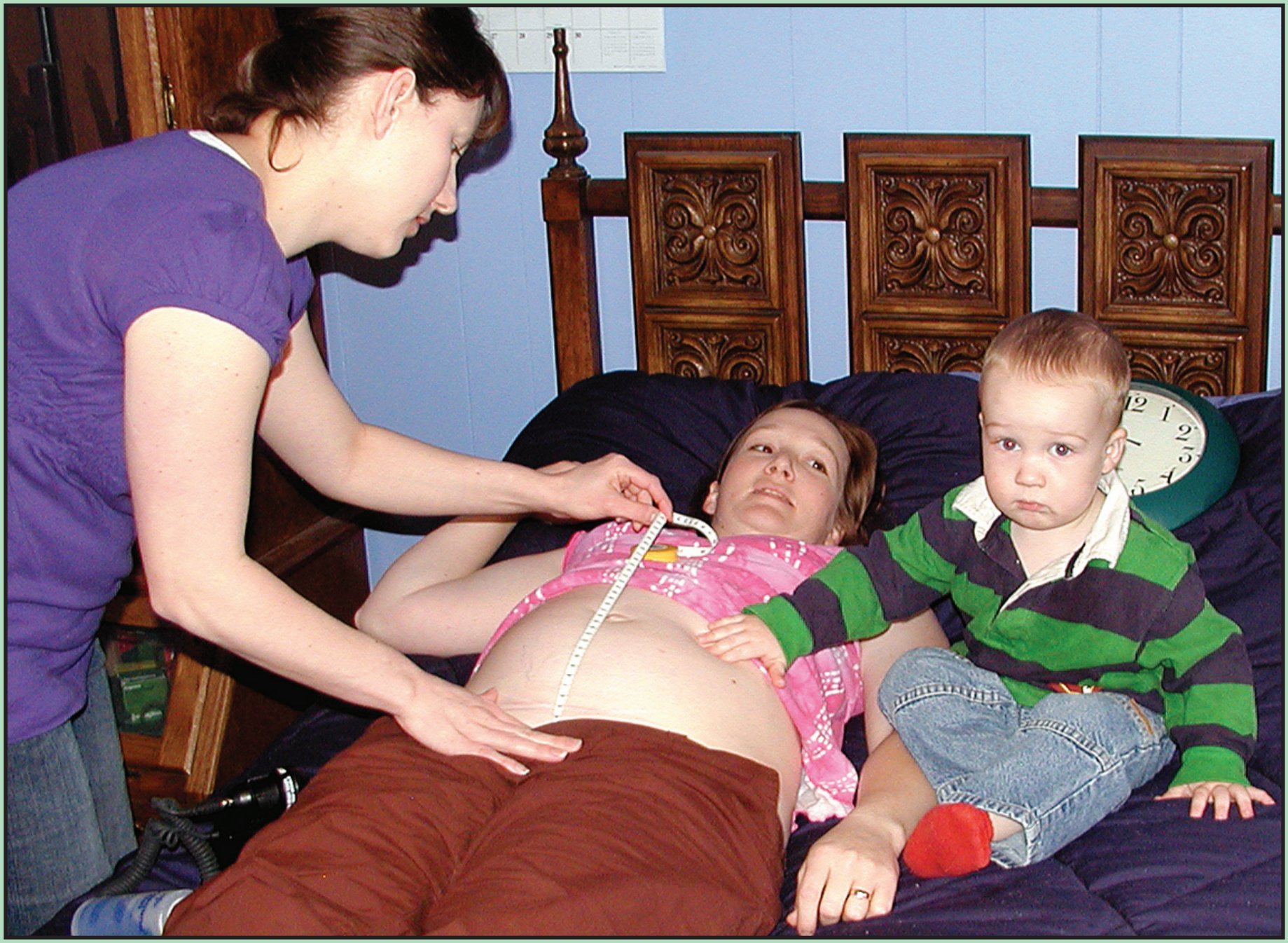
Rural Health Care



A commitment to healthly living

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Welcome

The staff of Nor'West Newspapers feels health care is one of the top two vital components, next to education, of keeping our towns alive and well.

Access to good health care can mean the difference between towns living or dying.

The subject interests older people, who see their health declining and are looking for someplace nearby to get the care they need. The subject interests young families who are beginning to raise families, and want someone nearby to handle those little emergencies.

Our hospitals continue wrestling with the problem of recruiting doctors, nurses and staff. Some are investing in the future, trying to grow hometown doctors and specialists.

No one — families, young people, the elderly — wants to settle in towns without good hospitals, clinics and emergency medical treatment. Technology continues to expand the ability of the small hospitals to stay up with the latest treatments and bringing the doctor closer to the patient.

If our towns are to succeed, we need good, affordable health care nearby.

We found health care is available and mostly affordable, and although our hospitals and clinics sometimes struggle, they are surviving and growing and serving their communities. The hospital staffs are committed to providing top-notch service and excellent patient care.

Specialists, once found only in the cities, are coming to their patients, and smaller hospitals are willing to send those with special needs on to larger, more specialized facilities.

Alternative sources for helping people live healthy lives provide a variety of services and can be found all over our publication area.

The government is trying to compensate rural hospitals more fairly, but the jury is out on how much good or effect the national and state health reforms will have on the area.

Like most things in the High Plains, people are working together to solve their health care problems

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ON THE COVER: In the comfort of her own home, Amy Carman, five months pregnant, is examined by professional midwife, Sara Sowers. During the exam, a portable Doppler device picked up the baby's heartbeat. This is Carman's fifth child, her third at-home delivery assisted by Sowers. Carman's son, Gideon, 2, stayed close to his mother during the exam. Sowers provides a portable birthing tub to mothers who want to deliver their babies in water. Carman expects to deliver sometime in August and Sowers will come to her home to assist with the birth. Photo by Carolyn Plotts/The Norton Telegram

Index to advertisers

Midwife helps with in-home deliveries

By Carolyn Kelley-Plotts
The Norton Telegram

Midwife, Sara Sowers, Bird City, is a trained, medical professional who assists families desiring the intensely personal experience of having their baby at home.

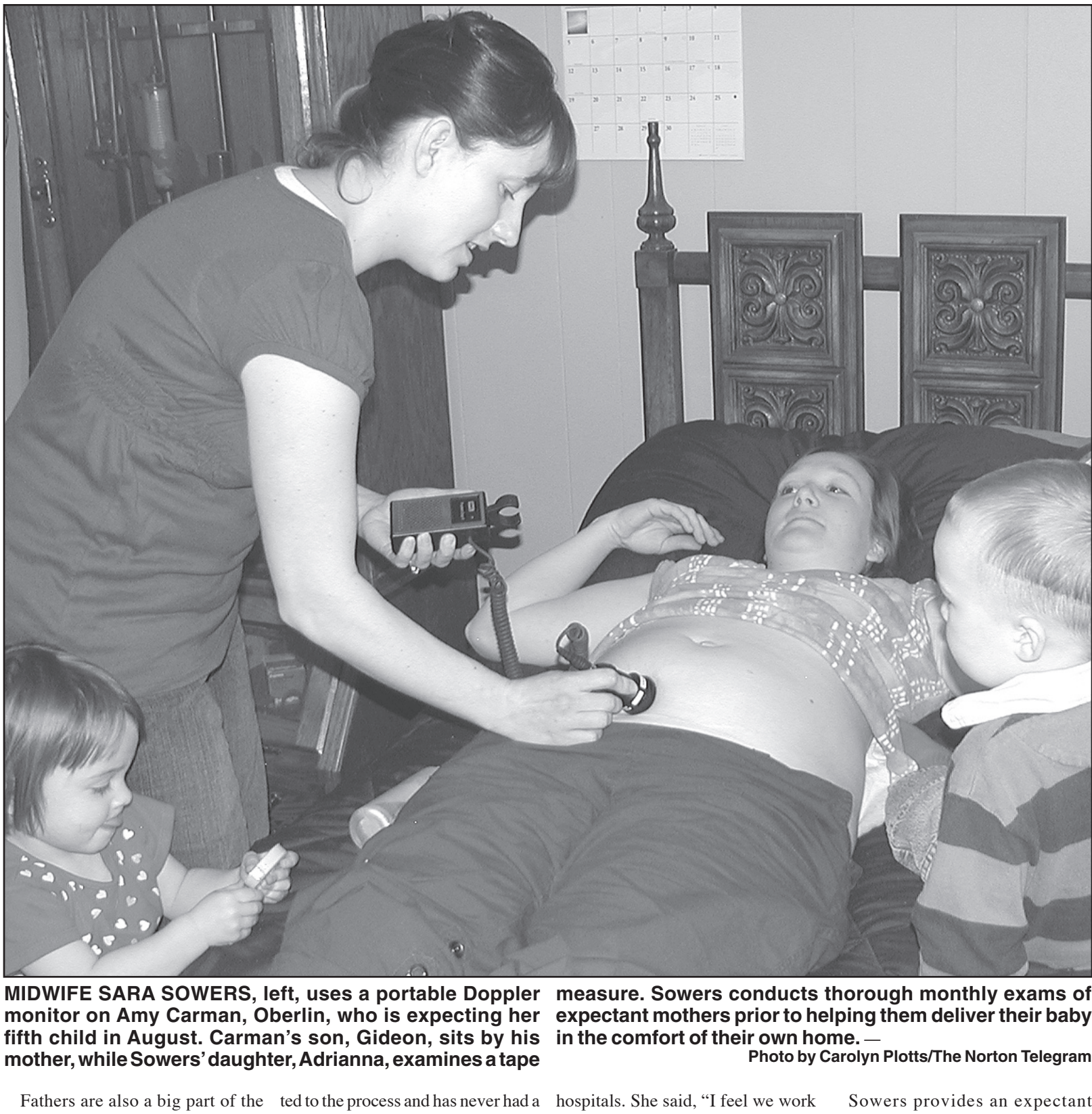
Sowers started attending births and study groups while she was still a student in high school in Anthony, Kan. She said, "It was a passion I had. I grew up around it. After her fourth baby, my mother delivered all of her babies at home." Sowers added that her mother, Stacy Crow, Goodland, is now pregnant with her 13th child.

Sowers took her training at Family Birth Services, a birth center in Grand Prairie, Tex. She lived there and trained under three midwives who were on staff at the center. Sowers said the academics of her training were broken into study modules covering the topics of pre-natal care, Texas and midwifery law, labor and delivery, new-born care, post-partum care and complications.

Sowers said the laws governing midwifery differ from state to state. She is a certified professional midwife. She said midwives in Texas are licensed through the state's Department of Health. She is also licensed in Colorado. In Kansas, midwifery is legal, but it is not considered "the practice of medicine", therefore, no license is required. She completed her training in 2002 and since then has been in attendance for 167 births; 62 of which, she was the primary midwife. She said there are only about 10 midwives in Kansas and most of them are concentrated in the metro areas of Kansas City and Wichita. To the best of her knowledge, Sowers is the only midwife in Kansas east of Denver, northwest of Kansas City and south to the Garden City area.

Sowers does not advertise her services. She said couples hear of her through word-of-mouth. She said those who seek her out are mostly "natural minded" people who want to take responsibility for their own care. These are couples who are looking for options. They want to find what works for them.

Regarding home births, Sowers said, "Home is the place where you're most comfortable. This allows the birth to be more of a family-centered event." She said allowing the family's other children to witness the birth is alright with her, if they are properly prepared. She said it might be too intense for younger children, but if a child wants to be part of the experience, it helps them connect and bond with their new sibling.



MIDWIFE SARA SOWERS, left, uses a portable Doppler monitor on Amy Carman, Oberlin, who is expecting her fifth child in August. Carman's son, Gideon, sits by his mother, while Sowers' daughter, Adrianna, examines a tape measure. Sowers conducts thorough monthly exams of expectant mothers prior to helping them deliver their baby in the comfort of their own home. —
Photo by Carolyn Plotts/The Norton Telegram

Fathers are also a big part of the birth experience. Sowers said, "Our fathers want to be involved in the process. They are the primary labor support for their wives. Some even want to "catch" the baby. The dads are so elated to be the first to hold their baby and then place that baby into the mom's hands. They really enjoy the process." She said if a laboring woman gets to a point where she says she can't do it, that is when the dad needs to give her a little more support. Sowers said all her moms are committed to the process and has never had a woman "quit" on her. Nor has she ever had to transport a woman to a hospital to complete a delivery. She said babies born without drugs are more alert. She said they "pink up" quickly and sometimes are born crying with just their head out. She said there have been only a few times she had to give a baby oxygen, which she always has on standby. Sowers has cardiopulmonary resuscitation (CPR) and neo-natal resuscitation certificates.

Sowers is not against doctors and hospitals. She said, "I feel we work hand-in-hand. I just want people to know there are options. Birth is natural and I am here to help low-risk moms have a healthy birth." She said she would not hesitate a moment to take a mom to a hospital if need be. If there are complications, like high blood pressure, a hospital is where that mother needs to be for the birth. She said, I so enjoy everything about a home birth, I have never considered going on with my education to become a nurse or doctor. This is what I do."

Sowers provides an expectant mother with a complete midwifery "package deal". A mother will come to Sowers' home for her monthly pre-natal visits until her 36th week of pregnancy. Sowers has a portable Doppler ultra-sound device to monitor babies. It is used to determine if the baby is in a breach position or detect multiplies. Some have the sonogram to determine the baby's sex, but most of her patients don't. After 36 weeks of

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Unclear picture for national health reform

By Tom Betz
The Goodland Star-News
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Merriam-Webster Dictionary defines Reform 1: to put or change into an improved form or condition b: to amend or improve by change of form or removal of faults or abuses.

Pieces of the national health reform plans are beginning to gain headlines as Congress begins looking at various bills to transform segments of the health care system with the goal of extending coverage to everyone and holding down medical costs.

Lofty goals with some plans calling for a single-payer system directed by the government and other plans would depend on cutting waste while raising taxes on those who make more than $250,000 a year to pay for expanded coverage for the estimated 46 million in the country who are uninsured.

Kansas Insurance Commissioner Sandy Praeger testified for the National Association of Insurance Commissioners before a Senate Health, Education, Labor and Pensions Committee on March 24 to detail problems with the health system and particularly with the health insurance costs and failures.

"We recognize the failures in the current market," she said. "They are well documented. Over 15 percent of Americans — almost 46 million people — go without coverage. For most, coverage is simply too expensive, a result of medical spending that has run out of control and consumes 16 percent of our economy.

"For others, those without coverage through an employer and with health problems, coverage is not available at any price. For Americans lucky enough to have insurance, premiums take ever larger bites out of the monthly paycheck, even as rising deductibles and co-payments shift more of the financial burden of sickness to the patient. Insurance Commissioners see this every day, and we welcome Congress' interest in helping the states tackle this challenge."

Praeger was making the case for Congress to keep the states involved in the reform process.

"State insurance commissioners believe it is important to ensure that affordable, sufficient health coverage is available to small business owners, their employees, and individuals," she told the Senators.

She said the insurance commissioners were willing to help develop federal legislation to reach this coverage goal to come through federal-state coordination.

"As always, states are the laboratories for innovative ideas," she said. "We encourage federal policy makers to work closely with their state

Top 10 rural issues for health care reform

Rural people and communities face many of the same health care concerns confronting the rest of the nation – exploding heath care costs, large numbers of uninsured and underinsured, and an overextended health care infrastructure.

Here are the top 10 rural issues from the Center for Rural Affairs, Lyon, Neb.

• An Economy Based on Self-Employment and Small Business

Owner-operated farms, ranches and small businesses dominate the rural economy. As a result, rural areas have lower rates of employer-sponsored health insurance and higher rates of uninsurance and underinsurance. Any health care reform provision that relies exclusively on maintaining the current employer-sponsored health insurance system will not be as relevant for rural areas for these reasons.

• Public Health Insurance Plans: Dependence and Need

Nearly a third more rural people are covered by public health insurance plans compared to urban residents. Public plans in health care reform are important to rural people for two reasons – strengthening the current plans for those already a part of them and providing a public health insurance plan option for those who do not qualify for current programs and who are unable to obtain affordable, comprehensive and continuous health insurance through their work or through the private market.

• A Stressed Health Care Delivery System

The health care infrastructure in much of rural America is a web of small hospitals, clinics and nursing homes (often attached to the hospitals) often experiencing significant financial stress. Reform must provide these facilities with resources to update their technology, provide care to the unserved and underserved, and must address the current funding model that places rural facilities at a disadvantage.

• Health Care Provider and Workforce Shortage

Rural areas have critical shortages of all health care providers and professionals, particularly the primary care professionals that are so important in rural communities. New methods of financing health care must not exacerbate the rural health care shortage by providing more economic disincentives to rural, primary-care medical professionals.

• An Aging Population

Many rural areas are experiencing an aging population, and with it an increase in chronic diseases, disability, and pressure on an already burdened health care system. Reform must provide the services and facilities to enable aging rural people to stay in their homes and communities.

• A Sicker, More At-Risk Population

Rural people have higher rates of nearly all chronic diseases and conditions and higher rates of disability. The ultimate health status of rural people has much to do with health insurance coverage and the type of health insurance coverage. These differentials between rural and non-rural people also place rural people more at risk of higher premiums or being denied coverage when pre-existing conditions exist. These factors all lead to poorer health outcomes for many rural people.

• Need for Preventive Care, Health and Wellness Resources

Rather than treating just sickness, our health care system must focus on wellness and prevention. This is particularly true for rural areas that suffer higher rates of obesity and other preventable problems. Reform legislation should act to both enhance and promote health and remove barriers to affordable health insurance coverage.

• Lack of Mental Health Services

Over half the counties in the United States have no mental health professionals. As a result, the stressed primary care delivery system in rural areas ends up treating mental health issues for which they are ill-equipped. Reform must create incentives to provide resources for a specialty rural mental health marketplace similar to what exists for rural medical clinics.

• Increasing Dependence on Technology

Technology is increasingly used to improve patient safety, quality of care, and efficiency. However, adoption of health information and telehealth technology remains low in rural areas in many respects. Reform must include resources for health technology, and efforts to close the rural broadband gap.

• Effective Emergency Medical Services

Emergency medical services (EMS) are first-line health care providers in rural areas. Rural EMS providers are underfunded, face growing demand, and workforce and volunteer shortages. Reform legislation must provide resources to make these vital EMS services sustainable.

progress to produce major system changes

partners, as well as with health care providers, insurers and consumers, to identify and implement reforms that will make insurance more affordable to small businesses."

Praeger said there were four key issues to consider in the reform effort.

Address Health Care Spending. Any effort to increase access to insurance will not be successful over time unless the overriding issue of rapidly rising health care costs is also addressed.

Protect the Rights of Consumers. States already have the patient protections, solvency standards, fraud prevention programs, and oversight mechanisms in place to protect consumers; these should not be preempted by the federal government.

Avoid Adverse Selection. Any program that grants consumers the choice between two pools with different rating, benefit, or access requirements will result in adverse selection for one of the pools.

Preserve a Strong State Role. Congress must carefully consider the impact of any new federal reforms on the states' ability to be effective partners in solving the health care crisis.

"Years have been spent talking about broad health care reforms," she said in her conclusion, "that will ensure all Americans have access to affordable health insurance coverage and the peace of mind that goes with it. Action is long overdue and we stand ready to assist in whatever way we can."

Praeger feels the experience of Gov. Kathleen Sebelius will be important in the direction the reforms take after she is confirmed as Secretary of Health and Human Services.

"I think a big plus for state-based innovation may come from Gov. Sebelius," Praeger said. "Gov. Sebelius is very well-qualified to assume this important position at this critical time. She has a unique understanding of health insurance, and she knows the importance of state based regulation and the valuable role commissioners play in protecting consumers."

Health reform is not a new subject for Congress to deal with, but in the past major reform efforts have failed to produce the kind of results everyone feels is needed.

TOM STEWART (LEFT) talked with Congressman Jerry Moran before a town hall meeting held at the Northwest Kansas Technical College Memorial Center in February. "We started on our 69-county tour in Washington and will finish in Home, which is near Marysville," Moran said. "This year we are calling the tour 'From Washington to Home.' A few years ago we went from 'Hope to Paradise.'"

Photo by Tom Betz/The Goodland Star-News

"Health care has always been one of my top priorities in Congress," said Congressman Jerry Moran of the 1st Congressional District that covers more than two thirds of the state.

"Health care costs including prescriptions, services, equipment and insurance — are increasing at a faster rate than incomes," he said. "The result is many people are no longer able to afford the quality care they need. Congress needs to address the rising cost of health care to find a permanent solution, and not just offer a temporary fix.

"I will continue to make it a point to introduce and support legislation that addresses the obstacles that rural health care providers and facilities must overcome to provide quality and effective health care for Kansans."

One of the plans calling for a single-payer system through the government (HR676) is being touted as the universal answer and titled the United States National Health Insurance Act. The House Resolution is Sponsored by Rep. John Conyers (D-Mich.) and Rep. Dennis Kucinich (D-Ohio).

Congressman Moran said he believes this bill would significantly increase costs, and would bring a significant increase of federal bureaucracy dealing with health care.

Moran has more rural hospitals than most in the House, and has always been a champion trying to keep the smaller hospitals open and able to survive.

The shortage of doctors and nurses in rural areas will play a role in the health reform debate, and under some of the proposals they would be paid through a government run system.

Congress will be debating various plans over the next few months, and people can influence the outcome by contacting their Senators and Congressmen about what they feel is the way to go.

President Obama has said he wants real health reform by the end of this year, but as with other plans the President can propose and Congress will dispose. One commentator said recently if health reform is done in piecemeal fashion it could be that by the end of the year everyone could wake up and health reform would be done.

Medical bills top cause of bankruptcy

KIMBERLY DAVIS
k.davis@nwkansas.com
The Oberlin Herald

The Kansas state insurance commissioner urges that people need to have medical insurance.

Even if people can't afford to have medical insurance, said Insurance Commissioner Sandy Praeger, they should at least buy catastrophic insurance with a high deductible.

Medical bills, she said, is the number one cause of personal bankruptcy in America.

When buying individual medical insurance, said Mrs. Praeger, people need to make sure they read the fine print. She suggests that the person looking for insurance find a good trusted advisor, someone they know and trust to look at the policy.

If it sounds too good to be true, said Mrs Praeger, it probably is. Make sure, she said, to read all of the fine print because in it could be limitations on the number of doctor visits, how much can be spent on any given treatment or other items.

Be careful of buying insurance from one of those 1-800 numbers, there are lots of frauds, she said. There are no quick fixes to health insurance.

People can get onto the insurance commissioner website too, said Mrs. Praeger, and download the buyer's guide to health insurance. That gives some examples and questions to ask.

If people can only afford insurance plans that have a high deductible, she said, they can create a health savings account. That can be done with pre-taxed dollars.

Her office, said Mrs. Praeger, is there to oversee and regulate all of the insurance companies and their agents in the state that are selling health insurance. Of course that is limited to people buying private insurance and not those that are self-insured.

The reason health insurance rates are high, she said, is because the cost of health care is going up. In this country, said Mrs. Praeger, health care costs consumes 17 percent of the gross domestic product, that's almost twice as much as in other countries.

Sandy Praeger

A lot of that is based on personal lifestyle choice. People are making the decision not to eat right, not to exercise and to smoke or all of the above. Those decisions contribute to health care.

This is an innovative country, she said, so there are new drugs and technologies. People want to use those, which makes a change in the cost too.

The office does regulate the rates, but can't keep them too low because it would put insurance companies out of business. The state doesn't regulate the contractual agreements between the hospitals and the insurance companies, said Mrs. Praeger. The only way the state can step in on those contracts is if the insurance companies aren't networking with enough hospitals.

Mrs. Praeger estimated that 12 and a half percent of Kansans don't have health insurance, which is around 340,000 people. Even more Kansans are underinsured. The co-pays on their policy are so high that they choose to still not go to a doctor when they need to. She estimated that 500,000 people in the stat fall into the category of having health insurance, but not seeking care because of the cost.

There are some people that because of how much they make they can't afford to get health insurance, she said. They need public assistance, but can't because they make too much money to qualify for Medicaid, but not enough to pay for health insurance.

If the state would line up it's poverty level standards with the federal ones, that would change, said Mrs. Praeger, but then the state has to come up with the 40 percent match. With the state's budget this year that would be hard, she said.

"We aren't going to solve the problem of the uninsured without some kind of public assistance," said Mrs. Praeger.

Also, it's hard to get insurance with pre-existing conditions or it's too expensive.

Most health economists would agree that it would be good to get everyone covered, she said, with a lower rate for younger, healthier people. Having health insurance, said Mrs. Praeger can't be required if there isn't some kind of subsidy for it from the federal government. The federal government would have to be the one to require something like that.

Mrs. Praeger said she is encouraged with the discussion at the federal level about making it so people who have per-existing conditions can get insured and getting everyone in the country covered.

If people have questions about health insurance they can call her office at 1-800-432-2484.

Midwife helps with in-home deliveries

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pregnancy, Sowers makes visits to the mother's home. She checks the birth supplies and orders a birthing kit which includes the basics like cord clamps, paper-backed sheets and olive oil for cleaning the baby. When signs of labor begin, Sowers travels to the family's home for the birth. Following the birth, she makes a third-day visit, a two-week visit and a six-week check-up. Her fee of $2,000 is all-inclusive and said some insurance companies will pay for midwife services. She said she has no age restriction on the mothers she serves with many of her clients being over 35.

Second to assisting with the birth, Sowers encourages and teaches mothers how to nurse their baby. Benefits of nursing the baby immediately following birth include: helping the uterus to contract; getting the nutritious colostrum in first-milk to the baby before they go into that deep sleep that occurs about two hours after birth; and teach the baby to "latch on".

Water births are gaining popularity among women wanting to give birth at home. Sowers, herself, has had all three of her labors in water, with two of her children being born in water. She has a portable birthing tub available to mothers who want that experience. A birthing chair is another option she offers as well as a birthing ball a mother may sit on or lean over. She said, "I just let a mom find a position that works for her. I may make a suggestion, but we follow the mom's lead. I have a chance to get to know the mom emotionally, too. She said she has natural herbs on hand to help a mother who is experiencing slow labor or bleeding.

Amy Carman, Oberlin, is one of Sowers' patients having delivered two of her four children. Carman is expecting again and will have her fifth baby sometime in August. She said, "The biggest thing about having a midwife is there is a lot less stress when you're at home. Having your baby at home is less invasive, too. No one is poking or proding you. Sara is so attentive. She isn't distracted either."

Natural childbirth may not be for everyone but, if you desire an option that allows you to be totally involved in your baby's birth, a midwife assisted birth may be for you. You may call Sowers at 785-426-5504.

Sowers and her husband, Josh, have three daughters, Eliana Marie, Adrianna Joy and Kalia Hope. Mr. Sowers farms in Cheyenne County.

ARTISTS IN RESIDENCE at the five-star rated long term care unit have their work displayed along halls and on bulletin boards at the Sheridan County Health Complex and host an annual art show. Coordinator of the art program is Activity Aide Jan Moore, who shows some of the work of her students.

Photos by Ava Betz/The Goodland Star-News

Public vote, new doctor boost Sheridan complex

By Ava Betz
The Goodland Star-News
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Good things are happening at the Sheridan County Health Complex in Hoxie.

Acting CEO Jim Turnbull is enthusiastic about several recent developments which will make for a healthier health complex. Interviewed earlier this month, the day after voters approved a one-cent sales tax for the 18-bed hospital, Turnbull said the money will be used for operations and for repairs and maintenance of the 55-year-old facility. "The election has shown that the community is coming together and supporting the hospital," he said. "You've got to have that community support."

SCHC
The Road to Wellness in Northwest Kansas
SHERIDAN COUNTY HEALTH COMPLEX

The tax will be in effect for five years. Hopefully, after the five year period the hospital's financial picture will be bright due to another recent development: the hospital has found a doctor.

A contract has been accepted by a new physician who should be arriving with his young family in May or June, Turnbull said. The physician and his wife, currently living in Maine, have a 10-year-old daughter and the couple is expecting another child in June. Turnbull himself is technically retired, but is serving as interim administrator as of the first week in April. Turnbull has served as interim CEO three times in Hoxie – the last time a little over four years ago. It is a community he knows and cares for. Having a physician on staff will help the hospital's bottom line, he said, and will help the community population solve their health problems as well. He noted two nurse practitioners on staff and the generous help from visiting doctors loaned from other area hospitals has been appreciated over the months the hospital board has been searching for a physician.

Another recent change has been the election of two new board members

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Public vote, new doctor helps expand Sheridan complex

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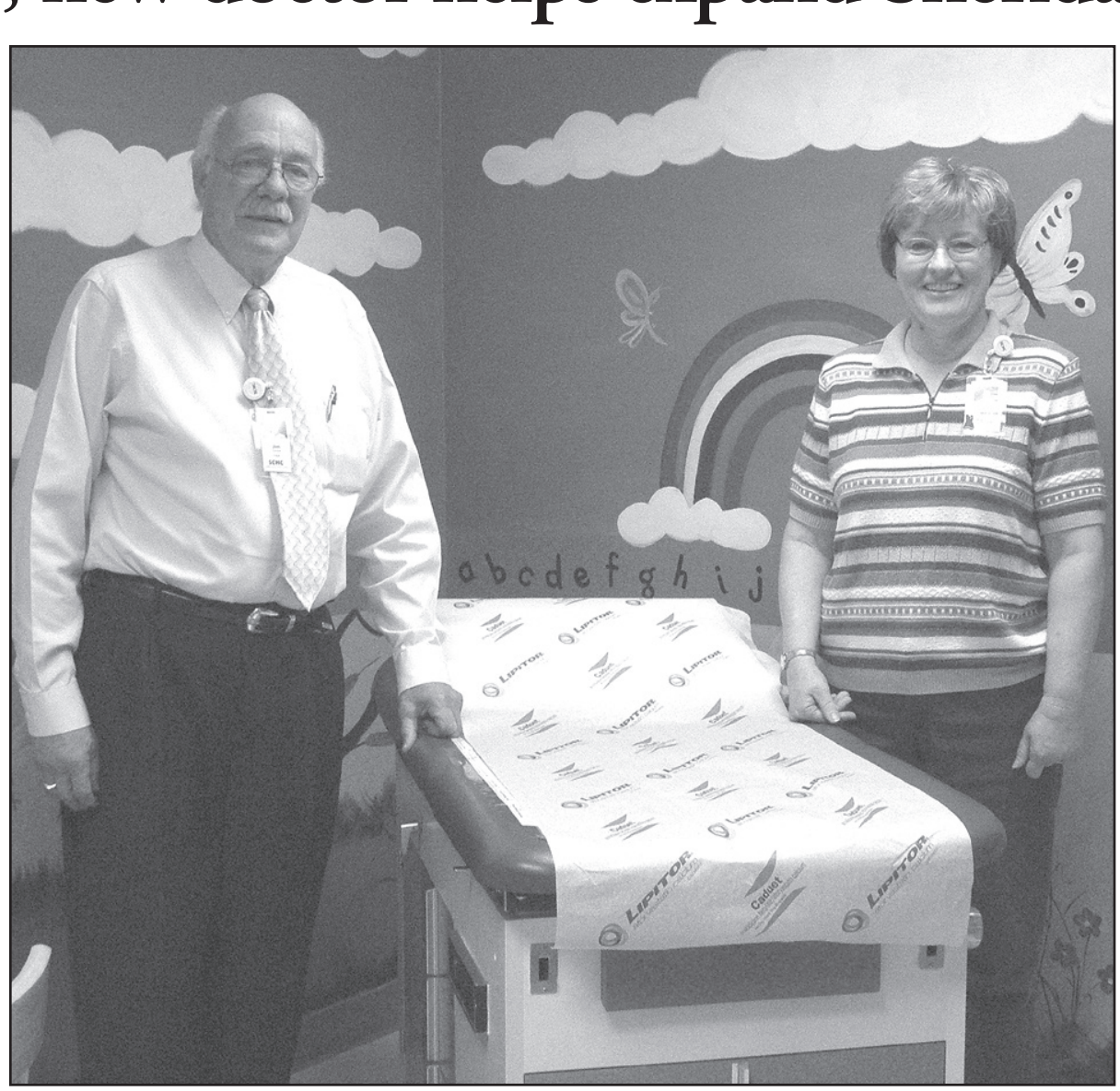
from the April ballot, David Leopold and David Stithem. The board sets policy and procedure, while his job is to oversee the day-to-day operations and assist with staff recruitment, Turnbull explained. Other developments now underway include a wellness center to which the hospital has donated space within the Health Complex and which will open to the public in the near future. (See separate story.) Also, as of March 30, all hospital records are now being entered electronically. Although the start-up phase has not been without its glitches, those are being worked out and the process of turning record-keeping into a computerized process has begun, he reported. The ability of a doctor to pull up records on a new patient from inter-connected medical systems will be one of the benefits of the Internet-enhanced system.

Though many changes are coming together at the Health Complex, Turnbull pointed out that many ongoing programs are worthy of community pride as well. A tour of the hospital included viewing the modern lab facility. "A lot of people don't realize that if you go to a doctor in Hays, for example, and he wants lab work or x-rays done, they can come here and get them done," he said. The hospital is also equipped to do CAT scans and Sonogram. "We'd like to get the word out that we can do those things. Just tell your doctor that you prefer to have them done here."

Connected with the hospital is the people-friendly Hoxie Medical Clinic, presided over by Clinic Manager Pam Pope. The clinic's home-like atmosphere includes decorated halls and a colorful children's examination room which looks invitingly like a set from a children's television show.



ACTING CEO OF THE SHERIDAN COUNTY HEALTH COMPLEX James Turnbull and Hoxie Clinic Manager Pam Pope show the colorful pediatric exam room at the people-friendly Clinic. Many testing and health care services are offered at the Health Complex which won community support for a one cent sales tax over the next five years. The tax will help the hospital purchase new beds and some other maintenance items. A new doctor will be arriving soon to round out the medical services available.

Services offered at the clinic include cardiovascular care, weight loss management, annual exams, school physicals, foot care, skin screenings, prenatal and postnatal care, diabetic education, orthopedic consultation and endoscopes.

In the long-term care wing of the Complex there are 38 beds and eight assisted living units. Residents in assisted living units have kitchenettes, but also have their own dining room where meals are served three times a day. "We are full and always have a waiting list," for the assisted living units, according to Chief Financial Officer Chris Niblock. Residents of assisted living have laundry, housekeeping and general maintenance services provided. They are also welcome to participate in the activities in the long term care unit.

The long term care unit has received a five star CMS rating – the highest rating awarded. The neighborhood coffee shop atmosphere is enhanced by an outdoor garden with a landscaped courtyard area, a bird aviary, beauty shop and an extensive list of available activities. One outstanding facet of the activity program apparent to even a casual visitor is the resident-generated artwork which is the product of a very active art program.

Activity Aide Jan Moore was hired to do a mural for the long term care unit, and when she finished she was asked to work at the facility and develop an art program. The program started in 2007 and its amazing results are displayed on walls and bulletin boards. Each month the art students spend one class studying an artist or ancient art form, which they then try to emulate, according to Moore. The other three or four classes of the month are spent learning and using different art media. "We try to incorporate everyday things to show you can make art work out of anything." She is amazed by the work of her students, she said, including a stroke victim who can hardly talk, "but give him a brush and he produces incredible work." She has one rule – her students must name their work, and

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