



The Rural Route to Health Care Where Mission, Neighbor Intersect

BY TODD CONSRUCK, M.H.A., and SCOTT McCONAHA, M.A.

A universal tenet of Catholic health organizations' mission statements is care for all persons, especially the poor and vulnerable. The call to bring God's healing to persons in need is what compelled the founders of our various organizations to venture out into parts of this nation that, until their arrival, had been sorely underserved. For more than 250 years, Catholic health care in the United States has been driven by that same call and has grown in ways that could not have been imagined by those first few sisters who brought their care and compassion to the streets of New Orleans.¹



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Today, despite having pulled together as a nation to overcome numerous monumental challenges over the past couple of centuries, too many of our neighbors are still counted among the vulnerable, especially when it comes to adequate access to health care services. While this is based more on speculation than on survey data, most people probably, and understandably, envision urban settings when they think about where our ministry is most needed. Often forgotten are our brothers and sisters in rural America.

STATE OF RURAL HEALTH IN AMERICA

Life in rural America is distinct in many obvious ways, but when it comes to health and welfare, people might not fully understand or appreciate the challenges that rural Americans and their health care providers are up against.

- Only about 10 percent of physicians practice in rural America, despite the fact that nearly one-fourth of the population lives in these areas.

- Two-thirds of the deaths attributed to motor vehicle accidents occur on rural roads.

- Rural residents tend to be poorer and rely more heavily on the federal food stamp program.

- Abuse of alcohol and use of smokeless tobacco is a significant problem among rural youth.

- Hypertension is higher in rural areas.

- The suicide rate among rural men is significantly higher than in urban areas.

- Death and serious injury accidents account for 60 percent of total rural accidents versus only 48 percent of urban.²

Compounding the health care difficulties in rural America is the fact that more than 470 rural hospitals have closed in the past 25 years.³ That means those of us who remain in rural areas are being asked to care for more people, spread out

over larger regions. In our own health system, FSCC HealthCare Ministry, sponsored by the Franciscan Sisters of Christian Charity based in Manitowoc, Wis., we have experienced firsthand the increasing challenges of providing quality health care to persons and families in our expanding service area in northeastern Nebraska.

Franciscan Care Services, located in West Point, Neb., is a rural integrated health delivery network composed of a 25-bed critical access hospital, an assisted living facility, rural health clinics, rehabilitation services and home health. The network has over 230 employees (that's more than 2 percent of the Cuming County population), including five family physicians, a general surgeon, three physician assistants and a nurse practitioner who offers family medicine and psychiatric services. Nearly all of the medical staff members grew up within or very near our service area, contributing to the community feel of our work environment.

COMMUNITY MINDED

"We deal with everything from the recent university graduate who took a job at a local bank to 80-year-old farmers who are still active," said Dr. Rhett Eckmann, a local medical staff member. "As a medical staff, we have to remember who our patients are, what their lifestyle is like and how hard they'll fight to maintain their independence."

The importance of truly understanding the

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people we serve was echoed by Sr. Clarann Weinert in a 2003 interview for *Health Progress*. "In my opinion, understanding rural people and their needs is crucial," she said. "You must appreciate that kind of lifestyle, because when you're in a town of 300 or 400 people, you have to be part of what's going on. A nurse in a large city can go to the hospital, do his or her 10 hours and then go home and be a totally different person. Out here, you have to appreciate the rhythm of what we call the rural subculture."⁴

Distance to health care is one of the biggest obstacles facing rural residents, especially the elderly and those without transportation. Our network

has responded by bringing to West Point and the surrounding communities as many services as possible, including four rural health clinics. Incidentally, we often hear from businesses in nearby communities that their busiest days are when our clinics are open.

Franciscan Care Services offers services to residents in a five-county area, with some facilities more than 30 miles apart. Like most rural health providers, our percentage of Medicare patients is much higher than that of our urban counterparts. More than two-thirds of patient visits in most years are from Medicare patients. While the critical access hospital and rural health clinic programs have stabilized our financial outlook, these programs do not create much in the way of margin for the operations. Fortunately, Franciscan Care Services is the beneficiary of two successful local foundations and an auxiliary group that supports the organization financially and plays a huge role in our success. This is by no means standard for many of our fellow rural health care providers.

DISPELLING MYTHS

A common misconception is that rural health providers cannot offer the same quality of health care that their urban counterparts can. But our mission, to live and to promote the healing mission of Jesus Christ, compels us to ask: Why should rural patients settle for less from their health care provider? We strive to be recognized as a center of excellence, and to be the first choice for health care and elder services by residents in our area. We have, therefore, focused on keeping technology and facilities up to date. In fact, St. Francis Memorial, our flagship in West Point, was one of the



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local physicians and health system leaders supporting and enjoying community events and civic initiatives. It is not enough for us to simply run ads in the paper or on the radio. Our fellow residents have to believe we're in it for, and with, them.

Being a genuine part of the community is important, but it can also be confounding, especially when a health care provider serves several different communities in an area. It is sometimes difficult to work together in broad geographic areas when the communities compete in high school football on Friday night. This is no small matter in Nebraska. Our service area has communities that celebrate Swedish, Irish, German and Czech heritages. These various communities have different views. To help bridge some of the "conflicts," we have a large board made up of citizens from the wide geographic area.

first hospitals in Nebraska to offer digital mammography and a state-of-the-art rehabilitation center that features a therapy pool. Our assisted living facility, St. Joseph's Retirement Community, has kept up with and even exceeded what people have come to expect in elder services today. Excellence is not about winning awards. It is about truly caring for our neighbors across the whole continuum.

Another common misconception is that rural patients are not as discerning as their urban counterparts are. In our experience, we have found that rural residents, when they believe care might be better or more affordable, seldom hesitate to drive past their local facility to seek care at another.

While excellence and affordability are critical, we cannot neglect the community aspect mentioned above. Rural patients expect to see the



CHALLENGES AND REWARDS

Like most health providers, Franciscan Care Services has faced challenges in maintaining a strong local medical staff. Franciscan purchased the local medical clinics in the mid-1990s and has been employing physicians ever since. We have found that most family physicians, when considering risks involved, are more interested in employment than in joining or starting a private practice. Though no one can predict how far into the future the physician-employment model will continue,

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it works well today and has created a very stable medical community.

Rural health care providers face unique challenges in services and culture. It has been our belief that by working with our area residents and businesses and providing the services they want, everyone can succeed. We not only find success in offering health care, but can, in fact, help drive economic development, improve health status, and address community needs that otherwise would not be met.

The rewards of providing quality care to people in need are numerous, and for those of us in a rural setting, health care delivery offers opportunities for significant encounters with folks who truly are our *neighbors*. Our kids go to school together. We belong to the same churches and civic organizations. We shop in each other's stores and meet at the same restaurants for lunch. We are not just a business in the community; we are an inte-

gral part of the community, and people rely on us as much as we rely on them. Our mission is more than healing their illnesses and injuries. We care, as Jesus did, for our brothers' and sisters' entire well-being.

"He touched people at the deepest level of their existence; he sought their physical, mental and spiritual healing."⁵ We seek to accomplish nothing less.

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NOTES

1. In 1727, 12 Ursuline sisters from France arrived in New Orleans to provide health and social services to the poor. The following year, they opened Charity Hospital, the first Catholic hospital in what was to become the United States. www.catholichealthcare.us/about/historytimeline.htm.
2. National Rural Health Association, "What's Different about Rural Health Care?" www.ruralhealthweb.org/go/left/about-rural-health/what-s-different-about-rural-health-care.
3. NRHA, "What's Different." Correlating closely with the dramatic increase in rural hospital closures is the fact that Medicare payments to rural hospitals and physicians are dramatically less than those paid to their urban counterparts for equivalent services.
4. Scott McConaha, "Nursing as a Research Discipline: An Interview with Sr. Clarann Weinert, SC, RN, Ph.D.," *Health Progress* 84, no. 2 (March-April 2003): 48.
5. U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Services*, Fifth Edition, General Introduction, USCCB, Washington, D.C., 2009.

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