

# Geographic Isolation and Social Support in Rural Wisconsin

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The connection between lack of social support and adverse health outcomes has been a part of the literature for 40 years. Patients with poor social support from family, neighbors, and communities have higher levels of chronic illness, do less well managing those illnesses, and suffer from depression and other behavioral health problems that also increase their risk.<sup>1</sup> Then why, after so much time and research into one of the most important determinants of health and illness, do so many people in society remain disconnected from each other, their neighbors, and their communities? Social isolation and lack of adequate social support is a problem particularly for older men and women.<sup>2</sup> Loneliness is one of the most powerful risk factors for all-cause mortality, and while guidelines about screening for depression are being widely adopted, I don't know any protocol that screens for loneliness.<sup>3</sup> Also, screening should not be limited to older people, since the disconnection of patients from others begins early, and earlier interventions may have much more positive consequences.<sup>4</sup>

In this issue of *WMJ*, Tittman and colleagues<sup>5</sup> focus on rural women and ask whether there is a relationship between geographic isolation and social support and, consequently, a higher risk for rural women to suffer the consequences of lack of social support. They found a direct relationship between the degree of rurality and the lack of social support and poor self-perceived health status. The challenge for our state and society is to find creative ways to nurture groups, connections, and collaboration among geographically

isolated women so that support exists outside of families. Putnam has written eloquently about the erosion of social connections, social organizations, and simple “joining” that has eroded the social capital of America over the past 50 years.<sup>6</sup>

The rebuilding of communities decimated

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by economic recession and creating a truly civil society is perhaps the greatest task facing our country in the next decades. Why this is important to physicians and medicine can be seen in the results from this small study and the large body of literature it joins. Isolated, disconnected people—rural women in this case—are those who are at greatest risk for health problems. If we truly want to help our patients, we should use our influence in our communities and work with social services, faith-based groups, and neighbors to create networks and provide strategies to reach out to the isolated and bring them to supportive groups where they feel welcome.

## The World of Medical Education

Two articles from the Medical College of Wisconsin address the needs of students on their way to finding satisfying and productive careers. Morzinski and colleagues present a program for students entering their senior year of medical school that helps them recog-

nize the importance of care transitions in the health of their patients and their own responsibility to address problems in those transitions.<sup>7</sup> They discuss how critical incidents that were emotionally stressful for patients and clinicians provide opportunities for students to find ways to think about improving care. They present a structured educational program that takes students through a mnemonic (PRIMARY) that can be applied to future care transitions.

Many years ago, my son worked in an AmeriCorps program in California that was helping prepare unemployed homeless men to find jobs. Along with providing telephones and message service, haircuts and good

clothes, and meals, the program drew on volunteers from the film industry. These volunteers would coach the clients on interviewing skills, then film test interviews and, afterward, critique them with the interviewees. This process was crucial to helping people who lacked interpersonal confidence feel that they could talk and respond to questions in an intelligent way and improve their likelihood of gaining employment. I was reminded of that story in reading the article by Hueston and Holloway, who used a similar approach with medical students preparing to interview for residency positions.<sup>8</sup> They provided an opportunity for senior medical students to engage in a mock interview in a specialty of their choice, fill out an evaluation of how the experience affected them, and receive direct feedback from their interviewers about how they might improve their interviewing skills. The success rate and overall positive review of the experience as helpful was similar for both the medical students and the homeless men: both groups had greater than expected success. Atul Gawande has written about how essential coaching is to improving performance in medicine.<sup>9</sup> Coaching should be essential for improving interpersonal skills as well, and it doesn't just apply to medical students. In my career, some of the best coaching I have had to improve my relationship with patients has come from thoughtful, engaged students.

### Original Research

Prostate cancer and the consequences of our treatment of it have resulted in large numbers of men who suffer from all the surgical and radiation side effects that we fear for our patients. In a very important article about patients who have had increasing side effects and unsuccessful attempts to correct them, Sack and colleagues spoke with 13 patients who had undergone a cystectomy and urinary diversion. The reaction from the large majority of them was that their quality of life would have been vastly improved if they had gone to the radical procedure much earlier.<sup>10</sup> While the severity of the radiation effects is—fortunately—relatively rare, men should be advised earlier about their choices rather than be subjected to the long litany of what the authors

call the consequences of a “devastated lower urinary tract.”

Borchardt and colleagues<sup>11</sup> report on a statewide audit of hospitals to improve the prevention of maternal transfer of Hepatitis B infection in newborns. Even though Hep B surface antigen screening is supposed to be universal, we all know that “should” and “is” are often different. They found that all babies born to women who had been screened positive for Hep B received a birth dose of Hep B vaccine, but a large number of women were not screened at all and their babies lagged considerably in receiving a birth dose. The lesson? Make sure that babies with no maternal screening receive a birth dose before going home.

### Case Reports

Joshi et al<sup>12</sup> warn us that treatment for severe inflammatory bowel disease, when using biologic agents, can have significant unanticipated complications and should be monitored carefully.

Haid and colleagues remind us<sup>13</sup> that although rare diseases rarely occur, we need early tissue diagnosis, and careful and rigorous monitoring and treatment can have positive results. Cholecystectomies are one of the most common surgical procedures in medicine, while small cell carcinoma of the gall bladder is one of the rarest.

Kremens thoughtfully reviews what should and should not be the process of pulmonary stenting for patients in respiratory distress from obstructing masses. Technology is helpful in treatment and palliative care only if it is done according to evidence-based protocols.<sup>14</sup>

Finally, Joseph Mazza, MD, a longtime member of the *WMJ* Editorial Board, reflects on the effects of water shortages and contamination on the quality of life and the health in society—certainly an important issue that warrants our attention.

### REFERENCES

1. McKay DA, Blake RL Jr, Colwill JM, et al. Social supports and stress as predictors of illness. *J Fam Pract.* 1985;20(6):575-581.
2. Steptoe A, Shankar A, Demakakos P, Wardle J.

Social isolation, loneliness, and all-cause mortality in older men and women. *Proc Natl Acad Sci USA.* 2013;110(15):5797-5801. doi: 10.1073/pnas.1219686110. Epub 2013 Mar 25.

3. Cacioppo JT, Cacioppo S. Social relationships and health: the toxic effects of perceived social isolation. *Soc Personal Psychol Compass.* 2014;8(2):58-72.
4. Haslam C, Cruwys T, Haslam SA, Dingle G, Chang MX. Groups 4 Health: evidence that a social-identity intervention that builds and strengthens social group membership improves mental health. *J Affect Disord.* 2016;194:188-195.
5. Tittman SM, Harteau C, Beyer KMM. The effects of geographic isolation and social support on the health of Wisconsin women. *WMJ.* 2016;115(2):65-69.
6. Putnam RD. *Bowling Alone: The Collapse and Revival of American Community.* New York: Simon and Schuster Touchstone Books; 2000.
7. Morzinski JA, Toth H, Simpson D, Young S, Marcdante K. Students' critical incidents point the way to safer patient care transitions. *WMJ.* 2016;115(2):81-85.
8. Hueston WJ, Holloway RL. Medical student mock interviews to improve residency interviewing and match success. *WMJ.* 2016;115(2):86-89.
9. Gawande A. Personal Best: Top athletes and singers have coaches. Should you? *The New Yorker.* October 3, 2011. <http://www.newyorker.com/magazine/2011/10/03/personal-best>. Accessed March 17, 2016.
10. Sack BS, Langenstroer P, Guralnick ML, Jacobsohn KM, O'Connor RC. Cystectomy and urinary diversion for the management of a devastated lower urinary tract following prostatic cryotherapy and/or radiotherapy. *WMJ.* 2016;115(2):70-73.
11. Borchardt SM, Kocharian A, Hopfensperger D, Davis JP. Prevention of perinatal transmission of hepatitis B virus: assessment among Wisconsin maternity hospitals. *WMJ.* 2016;115(2):74-79.
12. Joshi A, Bajwa R, Bhattacharjee N, Bodicharla R. Bowel perforation associated with infliximab use in a pediatrics patient. *WMJ.* 2016;115(2):90-92.
13. Haid M, Ganju B, Schulz C, Sterner D, Falconer S. Small cell carcinoma of the gall bladder. *WMJ.* 2016;115(2):96-99.
14. Kremens K. Removal of endobronchially placed vascular self-expandable metallic stent using flexible bronchoscopy. *WMJ.* 2016;115(2):93-95.
15. Mazza J. Water—our most precious resource. *WMJ.* 2016;115(2):61.

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