

# HEALTHNET NEWS

Volume XXX Number 4

Fall 2015



## Of Holidays and Herds of Cows

The holiday season is right around the corner. Are you ready? While tracking down your grandmother's recipe for fruitcake may be on your mind, how about adding an ounce of prevention to your to-do list? Working in a hospital, that is translated to "Get your flu shot." Enjoying good health should be top most on your list of things to be grateful for. Suffering through the flu, or worse, sharing it with others, can be prevented. So join the Movement to protect your health. Get your seasonal flu shot and keep you and your loved ones current with routine immunizations. Our lead article explores the psychology around immunizations and the misunderstood concept of herd immunity.

### Inside this issue:

Holidays and Herds of Cows	1-3
Patient Safety Solution	3-4
Keep Active	4-5
Consumer's DSM-5 Guide	5
Savvy Health Care Spending	6
Rethinking Drinking	7

Autumn is here! There's a nip in the air, colorful leaves crunch underfoot, and spiders move indoors to set up house in the corners of window frames. At this time of year our thoughts drift to football, college visits and holiday meals. While some of us are honing invitation lists for Christmas dinner, others (especially those who work in health care facilities), are making appointments for flu shots. In a weird way, I look forward to getting immunizations. Having suffered through the flu once was enough to convince me to roll up my sleeve for my annual "bee sting." Getting a flu shot does not guarantee that I will be flu-free this year, but it improves my odds. For most of us, keeping up with immunizations is one of the best ways to stay healthy. In fact, only access to clean water does more to keep populations safe from infectious diseases. (Andre et al., 2008). The World Health Organization estimates that vaccinations save approximately 2-3 million lives annually (<http://tinyurl.com/nggzf6r>).

A recent behavioral study explains why people are hesitant to get vaccinated. Cornelia Betsch from the University of Erfurt in Germany describes a "Four C Model" (Betsch, Bohm, & Chapman, 2015). She and her colleagues point to **C**omplacency, lack of **C**onfidence, **C**onvenience issues and rational **C**alculation as the reasons people do not choose to immunize. Complacent individuals do not feel threatened by infectious diseases; for them protective behavior (i.e. vaccination) is not necessary. Convenience considers factors like physical availability, affordability, willingness to pay, geographical accessibility, language, and health literacy. Any of these factors may be the roadblock which makes someone feel it is too much trouble to get vaccinated.

Confidence is defined as trust in the safety and effectiveness of vaccines, the system that delivers them, and the motivations of policy makers who promote vaccines. People who lack confidence tend to have strong negative opinions about vaccination. Their knowledge of vaccines may be distorted by misinformation about the risks posed by the vaccines.

Then there are the calculators. People in this group spend a great deal of time searching out the pros and cons of vaccination. They do not have strong pre-existing attitudes toward vaccination and will make their decision after carefully weighing the risks of not vaccinating against the risk of receiving the vaccine. Calculators may invoke the "Herd Immunity" concept when choosing not to immunize.

Herd immunity is an often misunderstood concept. Here is how it is supposed to work: when a high percentage of the population is vaccinated, it is difficult for infectious diseases to spread because there are not many people who can be infected. If someone contracts measles he or she is likely to be surrounded by people who have been immunized against the disease. There is no one to pass the disease on to, so it quickly disappears.

Continued next page

# Of Holidays and Herds of Cows

Unfortunately, herd immunity does not guarantee protection from measles or any other infectious disease. Guaranteed protection only comes from vaccination. Further, the model used to explain herd immunity assumes that unvaccinated people are evenly distributed in a population. In real populations, unvaccinated people tend to group together by various socioeconomic factors. Instead of their being one unvaccinated person surrounded by a protective ring of vaccinated people there are clusters of unvaccinated people who are at high risk of contracting an infectious disease.

There are people who depend on herd immunity to stay healthy. They include:

- People with compromised immune systems
- People undergoing chemotherapy
- People with HIV
- Newborn babies who are too young to be vaccinated
- Older people

Not only is it important to get your immunizations, it is equally important to get boosters to maintain your immunity. Many middle-aged and older adults developed immunity by contracting the disease. Our bodies created antibodies to infectious disease. Whenever there was another outbreak, our immune system redoubled its efforts to keep us safe by enhancing our arsenal of antibodies. By contrast, our children acquired their immunity to infectious diseases through immunizations, rather than to exposure to these diseases. They need to receive booster doses of vaccine to maintain their antibody arsenals.

References:

Andre, F.E., Booy, R., Bock, H.L., Clemens, J., Datta, S.K., John, T.J.,...Schmitt, H.J. (2008). Vaccination greatly reduces disease, disability, death and inequity worldwide. *Bulletin of the World Health Organization*, 86(2), 140-6.

Betsch, C., Bohm, R., and Chapman, G.B. (2015). Using Behavioral Insights to Increase Vaccination Policy Effectiveness. *Policy Insights from the Behavioral and Brain Sciences*, 2(1), 61-73.

## Recommended Resources on Immunization:

### Books

*On immunity: an inoculation* / Eula Bliss. Graywolf Press, 2014.

Science writer Eula Bliss has written an excellent book which explores the many and complex factors affecting a parent's decision to immunize her children.

### Articles:

Jo Craven McGinty (2015) How Anti-Vaccination Trends Vex Herd Immunity: Measles Outbreak Underscores Vulnerabilities Posed by Subpar Inoculation Rates. *Wall Street Journal*. Feb 6, 2015.

### Websites:

*Vaccine Knowledge Project: Authoritative Information for All* ([www.ovg.ox.ac.uk/herd-immunity](http://www.ovg.ox.ac.uk/herd-immunity))

Informative video about herd immunity.

*Vaccine Choice Canada* (<http://vaccinechoicecanada.com/about-vaccines/general-issues/herd-immunity>)

Explains the importance of boosters.

*Centers for Disease Control and Prevention. Vaccinations and Immunizations.* ([www.cdc.gov/vaccines](http://www.cdc.gov/vaccines))

Most current immunization schedules. Vaccination requirements for travel to foreign countries.

# Of Holidays and Herds of Cows

*Vaccines.gov* ([www.Vaccines.gov](http://www.Vaccines.gov))

A federal gateway to information on vaccines and immunization for infants, children, teens, adults, and seniors. Search for vaccine information by disease. Locate immunization schedules. Find a vaccination center near you and information about how to pay for immunizations.

*National Institute of Allergy and Infectious Diseases* ([www.niaid.nih.gov/topics/Flu](http://www.niaid.nih.gov/topics/Flu))

Offers key facts about seasonal flu vaccine.

## Be Part of the Patient Safety Solution

Getting the right diagnosis is critical to successfully navigating your healthcare journey. The proper diagnosis explains your health problem, informs subsequent health care decisions, and, as a new Institute of Medicine (IOM) study concludes, is a critical element in weaving a secure safety net for patients. *“Improving Diagnosis in Health Care”*, the third report in the IOM’s *Quality Chasm Series* describes diagnostic errors as a blind spot in the delivery of safe, high quality patient care. (National Academies of Sciences, Engineering, and Medicine. 2015. *Improving diagnosis in health care*. Washington, DC: The National Academies Press). The study’s authors write that “most people will experience at least one diagnostic error in their lifetime, sometimes with “devastating consequences.” A 2013 study by Singh, et. al, found that at least 1 in 20 Americans are misdiagnosed by their physicians (Singh, Meyer, & Thomas, 2014).

A diagnostic error is a failure to establish an accurate diagnosis, - and to communicate it clearly - and in a timely way to patients and their caregivers. Diagnostic errors stem from many causes including poor coordination of care, ordering a glut of tests, clunky health information technology, heavy administrative demands on physicians, a medical culture which frowns on questioning physicians, and a liability environment which penalizes practitioners who make diagnostic errors. What can you as a patient or caregiver do? As it turns out, quite a bit.

Patients are uniquely positioned to observe their care. Their views and understanding of safety can also help identify issues that medical staff may not recognize. A team of Australian researchers interviewed patients and their caregivers about their experiences of primary care and factors they felt contributed to safety incidents. Participants identified 13 factors (Newman-Toker, McDonald, & Meltzer, 2013). These factors include:

- communication between patients and primary care professionals
- timely access to care
- patient characteristics (e.g. personality or preferences)
- institutional policies
- dignity and respect
- transition between primary and secondary care
- connection over time with the same primary care professionals
- skill and competence of primary care professionals
- error-potential of the task (e.g. care coordination; prescribing medications)
- time spent with primary care physician
- safety culture of the primary care organization
- team approach to patient’s care
- an unsafe physical environment

Patients, as it turns out, have a lot to say!

# Be Part of the Patient Safety Solution, continued

The Society to Improve Diagnosis in Medicine, or SIDM, ([www.improvediagnosis.org](http://www.improvediagnosis.org)) encourages patients to take an active role in their care. Patients are urged to help their physicians and nurses come up with a good “working diagnosis.” SIDM prefers the term working diagnosis because not all diagnoses are correct. Initially, a diagnosis may be certain or uncertain. Making a diagnosis can be difficult. To help patients become more assertive, the SIDM has created a Patient Toolkit, which has four parts.

The Toolkit’s series of forms enable patients to:

- Prepare for their appointment
- Explain their symptoms or pain
- Identify their medications
- Document what happens next

Preparing before the appointment gives patients time to think about their concerns, symptoms, and other important information their physician or nurse will need from them. It also help patients identify what they want to get out of their doctor visit. For those who need prompts, the Toolkit includes questions other patients have found helpful. The main focus of the Toolkit is helping patients to tell their story clearly. Here is a link to the SIDM’s Patient Toolkit: <http://www.improvediagnosis.org/?page=PatientToolkit>

The National Institute on Aging offers a similar tool called “A Guide for Older People: Talking with Your Doctor, (NIH Publication No. 05-3452, June 2014). The guide acknowledges that although talking with your doctor isn’t always easy, it is one of the most important ways to get good health care. The guide offers tips, worksheets, sample questions, and resource pages to help patients choose a doctor, prepare for an appointment, give and get information, and involve their family and friends. Patients can download or order a copy of the guide from the NIH Institute on Aging website: <https://www.nia.nih.gov/health/publication/talking-your-doctor/opening-thoughts-why-does-it-matter>. The guide is also available in Spanish.

## References:

National Academies of Sciences, Engineering, and Medicine. 2015. *Improving diagnosis in health care*. Washington, DC: The National Academies Press.

Newman-Toker, D. E., McDonald, K. M., & Meltzer, D. O. (2013). How much diagnostic safety can we afford, and how should we decide? A health economics perspective. *BMJ Quality & Safety, 22 Suppl 2*(SUPPL.2), ii11–ii20. <http://doi.org/10.1136/bmjqs-2012-001616>

Singh, H., Meyer, A. N. D., & Thomas, E. J. (2014). The frequency of diagnostic errors in outpatient care: estimations from three large observational studies involving US adult populations. *BMJ Quality & Safety, 23*(9), 727–31. <http://doi.org/10.1136/bmjqs-2013-002627>

## Keep Active Over the Holidays

The holiday season is just around the corner. What healthful habits are you likely to give up in order to get through the endless to-do list of shopping, food preparation, and parties? You don’t have to give up exercise!

Research has shown that short bursts of activity performed throughout the day can add up to an effective daily workout (Murphy, et al., 2009; Haskell et al., 2007). Physical activity performed in short intervals can help you maintain a healthy weight, increase your energy levels, reduce your risk of heart disease and cancer, reduce your stress level and improve your mood, and make you more productive at work and school. Are you interested? Then, check out the *ABE for Fitness* website.

ABE stands for “Activity Bursts Everywhere.” It is a product of the Turn the Tide Foundation and the Yale Griffen Prevention Research Center. ABE features a free video library of activities that you can perform in 3-8 minutes in a variety of settings: home, office, or waiting area. Descriptions of each activity identify what areas of your body it works (e.g. total body, lower body, upper body), and whether it can be performed sitting or standing. The physical trainer and physician you lead the exercises are upbeat and encouraging. Their instructions are easy to follow. No props or workout clothes are needed. You can create a playlist of your

## Keep Active, continued

favorite activity bursts. Who knows, you might have so much fun with these activities you will want to share them with family, friends, and colleagues. With the holiday marathon fast approaching, ABE may help you glide through your to-do list with energy to spare, and a smile on your face!

You can check out the ABE for Fitness website at: [www.abeforfitness.com](http://www.abeforfitness.com).

### References:

Murphy M.H., Blair S.N., Murtagh E.M. Accumulated versus Continuous Exercise for Health Benefit. *Sports Med* 2009;39(1):29-43.

Haskell W.L., Lee II, Pate RR, et al. Physical activity and public health: updates recommendation for adults from the American College of Sports Medicine and the American Heart Association. *Med Sci Sports Exerc* 2007; 39(8):1423-34.

## Consumer's Guide to the DSM-5

*Understanding Mental Disorders: Your Guide to DSM-5.*

American Psychiatric Association

American Psychiatric Press: Arlington, VA 2015

Recognize the symptoms, know when to seek professional help, and get the right treatment. Sounds like good advice for any health problem, but perhaps especially so for mental illness. According to the American Psychiatric Association, 1 in 4 adults, and roughly as many children, suffer from a mental illness. Although admissions of mental illness by public figures are fairly common today, many people still attach a stigma to having a mental illness. This fear or embarrassment may prevent people from seeking treatment. Sometimes the illness itself may make it impossible for people to think clearly enough to seek help. What can you do if you are a concerned family member or friend? Grab a copy of this book!

*Understanding Mental Disorders* is a practical version of the DSM-5, the psychiatry "Bible" for defining and diagnosing mental illnesses. The DSM was first published in 1952 to "create a common language" for health care providers who diagnose and treat mental illnesses. The latest edition of the guide, the DSM-5, was published this year. *Understanding Mental Disorders* is the first ever version for patients, family members, and concerned friends. The book should not be used for self-diagnosis, rather it is reference tool. It explains mental illnesses and their diagnosis and treatment in basic terms patients and their loved ones can understand. Reading the book before a mental health visit can acquaint patients and family members with terminology the provider may use and help them identify important questions. Reading the book after a health visit may help reinforce what was discussed, or help answer questions patients or family members forgot to ask.

The guide is organized in the same way as the DSM-5. Disorders are grouped together on the basis of their symptoms and when they first appear in life. Autism spectrum disorders appear at the beginning of the guide; Alzheimer's disease and dementia at the end. Each section highlights common warning signs, and offers personal vignettes based on real patients. The guide also includes a glossary of medical terms; a list of the illness names used in the DSM-5; a list of common medications; and an annotated resource list of helpful organizations, grouped by type of mental illness. My one criticism of the guide is that it would be helpful to link the DSM-5 illness names to the relevant page number in the guide. Although the arrangement of the guide mimics that of the DSM-5, it is not an intuitive approach for the lay reader. Readers may find it helpful to use the index to quickly locate the pages discussing a particular disorder.

## Can Shopping for Health Care Be As Easy As Buying Socks?

That is the pitch website [guroo.com](http://guroo.com) makes. Guroo.com is a searchable database of national, state, and local health care costs for all sorts of conditions, treatments and tests. Using the site is easy; just enter your health condition, select your geographic preferences and voila, a printable, step-by-step cost breakdown for your procedure. Guroo.com's goal is to give you the insight into health care costs and quality so you can be informed and get the most out of every health care dollar you spend.

Guroo.com was created by the Health Care Cost Institute (HCCI), an independent, nonprofit research organization. HCCI has contracted with several major insurance carriers for access to health care cost and utilization data. Their data contributors include Aetna, Humana, Kaiser Permanente, and United Healthcare. The Institute's mission is to provide data that "reduces health care costs, improves health care quality, increases access to care and creates a sustainable health care system. ([www.healthcostinstitute.org](http://www.healthcostinstitute.org))." Their governing board includes members from academic, actuarial, and medical communities .

I tested the website by searching for the cost of carpal tunnel surgery in Connecticut. After I typed in carpal tunnel, I was directed to a carpal tunnel "Care Bundle." The care bundle briefly describes the condition and provides cost information (national average, Connecticut average, and Hartford average). The cost data comes from the Health Care Cost Institute database of over 40,000,000 private insurers' claims. A disclaimer notes that the accuracy of my costs depends on a number of factors including the amount of data on hand for my geographic area. It also advises me that my costs may vary based on my health status and insurance plan. Next, I receive my cost breakdown: the office visit for my evaluation; the cost of a nerve conduction study; the cost of the surgery; the cost of physical therapy; and the cost of the checkup after my procedure.

Guroo.com also offers questions to ask my physician so that I can learn more about my health condition. Another section describes "How to prepare for my procedure" for optimal outcomes. Finally, the site points me to other care bundles that relate to my condition. Ready for a little heartburn? Here is what it might cost for your carpal tunnel surgery:

### Carpal Tunnel Surgery in Connecticut—Your Receipt

Office Visit with Specialist for Evaluation: \$118 average; \$96-\$145 range

Nerve conduction study: \$242 average; \$197-\$312 range

Carpal Tunnel Release or Decompression (outpatient surgery): \$3,563 average;  
\$2,218 - \$5,518 range

Physical Therapy: \$207 average; \$165-\$274 range

Follow-up office visit: \$76 average; \$62-\$95 range.



# Rethinking Drinking – How Much is Too Much?

With the holiday season fast approaching, many of us will be sharing a drink or two (or more?) with friends at a social gathering. Will we be making a mindful decision about whether to drink, and if so, how much? Or, has drinking with friends become something we do out of habit? Most of us are loathe to cut out one more enjoyable behavior from our lives. But right now, before the holidays are upon us, may be the best time to evaluate what role alcohol plays in our lives. An interesting National Institutes of Health website, *Rethinking Drinking: Alcohol & your health* (<http://rethinkingdrinking.niaaa.nih.gov/>) offers valuable, research-based information about alcohol and health to help us consider the choices we make.

A questionnaire enables you to compare your drinking pattern to those of other U.S. adults. Discover whether you're a low-risk drinker, or an "at-risk drinker." At-risk drinkers are people for whom the health benefits of light to moderate drinking are outweighed by the risk for injuries, health problems, birth defects, and alcohol abuse.

As the site frequently states, the choices you make about alcohol use are up to you. A "Pros and Cons" worksheet can help you decide whether and how to change your drinking behavior. If you are motivated to change, the site helps you choose strategies to cut down or quit that will work for you. There are also tools to help you track what you drink, and self-study modules for learning effective techniques for refusing drinks, handling the urge to drink, and recovering if you slip.

*Rethinking Drinking* includes links to many helpful resources. These include 24-hour help hotlines, treatment facility locators, alcohol dependence and substance-abuse specialists, and mutual-support groups. There are also links to publications and websites for family members and friends who may wish to help a loved one cut back or quit drinking.

## How Can We Help?

**HEALTHNET** offers a variety of services to Connecticut libraries and the communities they support. We offer FREE, customized research on health topics for state residents. We also conduct health literacy training for library staff and the public; consult with libraries about health information resources and services; and provide article delivery service to residents and health professionals in the state.

Is your community planning a health event? If so, you can invite a **HEALTHNET** librarian to be part of your event. We can provide you with brochures, bookmarks, or other resources to use at these events, to display at your reference desk or post on your community bulletin board.

Thank you to those librarians who have shared their comments about past newsletter articles. Please keep those comments and suggestions coming! Are there health topics you would like to learn more about? Email or call us. We would love to hear from you.

Cheers!  
Wendy

**HEALTHNET**  
**Lyman Maynard Stowe Library**  
**urciuoli@uchc.edu**  
**(860) 679-4047**  
**©2015 UCONN Health**  
**All rights reserved**

