

2006 Summer Fellowships in Government and Community Service

The Summer Fellowship in Government and Community Service Program is an initiative of the Wisconsin Medical Society Foundation and is available to medical students attending either the Medical College of Wisconsin or the University of Wisconsin School of Medicine and Public Health. The fellowships offer Wisconsin medical students the opportunity to work under the guidance of a Wisconsin Medical Society member to increase their knowledge of how the state and/or federal government works with the medical profession to advance the health of the people of Wisconsin. Additionally, they provide medical students with hands-on experiences working in Wisconsin communities or with specific patient populations to address a health concern, integrating their knowledge of resources available through state and/or federal agencies.

The fellowship award includes a \$3500 stipend, which is supported through unrestricted gifts to the Foundation.

SCHOOLS OFFER OPPORTUNITY FOR CHANGE

Sherrie Bencik, University of Wisconsin

As a medical student, it is easy to get caught up in the grueling daily study routine and lose sight of the end goal of being able to help others as a physician. The Wisconsin Medical Society Foundation's Summer Fellowships in Government and Community Service allowed me to take a summer break from academia and focus on one of my true passions, children's health. The objective of my summer project was to learn about school-supported programs being offered in Wisconsin to improve children's health and to better understand the role of government in supporting these programs.

It is well known that obesity is a nationwide epidemic, affecting both children and adults alike. It is also not a surprise that major con-

tributors to the obesity problem include unhealthy food choices and a sedentary lifestyle. Busy schedules make it hard for parents to find time to prepare healthy meals and families often end up eating on the run.

Schools provide the perfect environment for children to learn about nutrition and the importance of physical activity. However, due to financial constraints and student preference, many schools offer unhealthy food options in the cafeteria, vending machines, and school stores. Without parental guidance, children tend to buy foods that taste good, with little regard for their health.

The Child Nutrition and WIC Reauthorization Act was passed in 2004 with a mandate that school districts establish a local school wellness policy by the beginning of the 2006-2007 school year if they participate in one of the federally subsidized child nutrition programs discussed below.

Most schools in Wisconsin participate in at least 1 of the federally subsidized child nutrition programs, and these schools developed local school wellness policies in accordance with the federal mandate. In addition, many of the schools also implemented nutrition and exercise programs to improve student health. In order to recognize and acknowledge healthy schools in the state, the Wisconsin Governor's Office, Department of Public Instruction, Department of Health and Family Services, and the Governor's Council on Physical Fitness and Health developed the Governor's School Health Award.

The Governor's School Health Award motivates schools to address the following areas, which are critical for maintaining a healthy school: School Health Policies and Management; Physical Education; Nutrition Education; Alcohol-, Tobacco-, and Drug-Free Lifestyles; Parent and School Partnerships; and Staff Wellness. Schools that apply may be recognized with a bronze, silver, or gold award based on meeting baseline requirements in each section and accumulating a certain number of points.

In 2006, 26 schools achieved 1 of the award levels. Some schools were close to meeting the requirements for an award, but were missing a few elements in 1 of the areas. One of the goals for the agencies sponsoring the Governor's Award was to determine if the application or criteria needed to be modified for the following year. As part of this

effort, I evaluated prior applications to determine which questions were most problematic to the applicants. Changes were made based on this assessment. For instance, the school breakfast category was modified and now allows for 2 options to meet the baseline criteria: either a school breakfast program is in place or there is a completed assessment of student breakfast consumption. These modifications reward schools who don't offer the School Breakfast Program but do meet the requirements for the Governor's Award.

One of the surprises I discovered from my work this summer is that while many schools are in the process of making their schools healthier, this alone will probably not be enough to change the health status of children. Results from a Cochrane Review of Interventions for Treating Obesity in children indicate that school interventions that combined dietary and physical activity did not improve the BMI during the test period, which ranged from a few months up to a year. However, almost all of the studies showed an improvement in diet or physical activity and some of the studies that focused on dietary or physical activity alone did show improvements in the BMI. It is important to note that most of the studies were short term (less than a year) and that long-term studies are necessary to really determine the impact of obesity interventions.¹

I believe that implementing healthy nutrition and physical activity programs in schools is a crucial first step to improving children's health. However, I feel that in order to be successful long term, community-based changes will need to be implemented. Children need to be taught to make healthy decisions both at school and at home. Parents need to adopt healthy lifestyles to positively reinforce what

kids are learning at school. And the community needs to recognize the importance of ensuring the health of future generations and provide support as needed.

Acknowledgments

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Reference

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ANOTHER DIMENSION OF ALTRUISM

Kyle Bradford Jones, Medical College of Wisconsin

Most medical professionals chose the medical profession based on a professed altruistic desire to help people. There are some who may laugh at that phrase because it is the clichéd response of nearly every medical school applicant when asked: "Why do you want to study medicine?" My belief is that medicine sets itself apart from other professions with its ability to serve others on an extremely intimate and delicate level. There are few professions that are expected to participate in so much unreimbursed work. While many people go into medicine for the prestige, perceived autonomy, and handsome income, I believe we in the medical field are bound by our selfless duty to care for others.

This desire has led me to an interest in health policy pertaining

to underserved populations. The importance of the issue, combined with my personal belief that addressing the problem of health care access and coverage is as much a moral issue as a societal concern, led me to seek a project that dealt precisely with these matters for the summer after my first year of medical school. Fortunately, one of the nation's leading researchers in expanding access and coverage to underserved children works at the Medical College of Wisconsin—Glenn Flores, MD. After I met with him, we quickly developed a project designed to investigate qualitatively the perceptions, beliefs, attitudes, and anticipated behavioral changes of the parents of Medicaid-covered children in response to the Deficit Reduction Act of 2005 (DRA). The DRA reformed the federal Medicaid program by increasing patient cost-sharing through increased premiums and co-payments, as well as reducing benefits. Our project consisted of ethnographic interviews with parents of Medicaid-covered children to examine how this reform could potentially affect the health and health care of Medicaid-covered children.

My interaction with these families opened my eyes to many of the decision-making realities facing the Medicaid population daily. Growing up in an upper-class family, I was unfamiliar with many of the frustrations these poor families expressed about unemployment, difficulty paying bills, and the need for government health care assistance. These families' challenges and stressors truly touched me and underscored in my mind the importance of the medical school-emphasized bio-psycho-social model of health care. The unique trials of these families affect their health and well being in a way that goes beyond simple biology, and calls for physicians to truly compile a com-

prehensive portrait of the patient's life.

Few in this profession are unaware of the political tug-of-war between those preferring a completely privatized health care system and those who prefer a public system. It is a loaded debate that has been going on for many years. I think that at least one of the intentions of these reforms in the DRA is to instill more autonomy and accountability in those who require governmental assistance. While I do not think many would argue with the appropriateness of that intention, our research this summer suggests that increasing patient cost-sharing among Medicaid recipients would not bode well for the health of these children and families. My interviews with many of these families with Medicaid-covered children suggests that a reasonable approach to teaching accountability and independence will require more than simply increasing patient cost-sharing.

I have been involved in research before, but never to the extent that I was involved with this project. This is also the first project I have been engaged in that was not basic scientific research. This project has enabled me to appreciate health services research and its crucial role in shaping medical practice. The consequences of the DRA hold many implications for the practice of medicine for Medicaid-covered populations, and the physicians who care for them. This perspective adds an appreciated piece of the puzzle to my studies as I enter the clinical years of my medical education.

My understanding is that this summer fellowship is intended to help medical students better understand the pros and cons that public and private parties may offer to the dilemmas of the profession, and explore various ways these two entities can work together to better provide health services to the community.

I do not have the answer for the ideal health care system, though the work I did this summer opened my eyes to certain challenges that need to be addressed in order to provide adequate access and coverage for those who are most disadvantaged. The perspective gained from my project not only has fueled my passion in working with those who most need assistance, but it has also served to teach me another dimension of medical altruism.

Acknowledgments

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