

Review & Commentary on Health Policy Issues for a Rural Perspective – June 1st, 2004

## A Wired Future for Rural Health Networks

From *Information Technology and Rural Health Networks: An Overview of Network Practices* by Keith J. Mueller, Ph.D., Brandi Shay, J. Patrick Hart, Ph.D., Dianne Harrop, M.S. and Donadea Rasmussen at the RUPRI Center for Rural Health Policy Analysis, 3/04:

“The future of IT in rural health network development can be viewed in terms of phases of communication enhancement. In the first phase, we should expect to see even more use of email as a principal means of communication. Network respondents in this study reported cost savings associated with that technology, as well as improved communications. At the time of the study, not all networks were equally adept at using email, in part because some of them faced problems of slower-speed lines, which frustrated email users. Not all network members were optimal users of email; some were not users at all.”

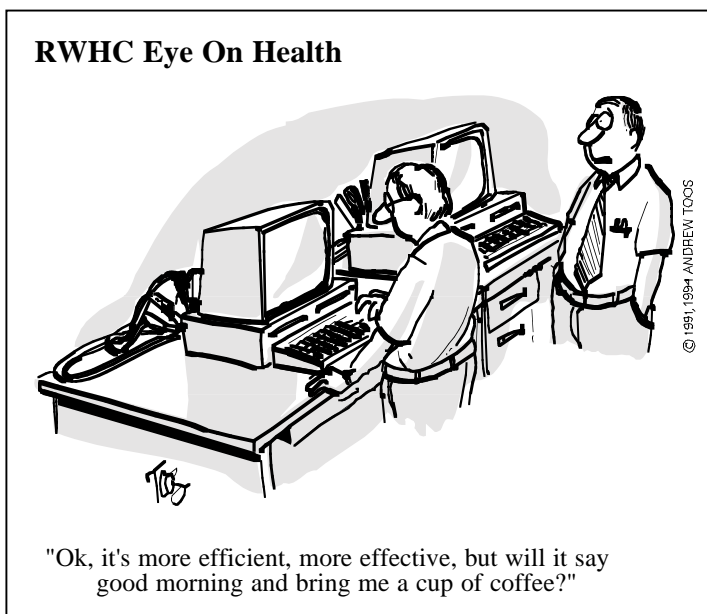
“A second phase of enhanced communication is collecting and exchanging information via electronic media. Collecting common information in a central place, such as the network office, can enhance planning for the network to improve services in the region. Electronic information can also help in evalua-

“Even a stopped clock tells the right time twice a day.” Anonymous  
RWHC *Eye On Health*, 5/19/04

tion of network activities. Creating list-serves would allow network members to communicate more effectively and share information. As one network representative pointed out, using list-serves could enable them to reduce the number of meetings currently held to exchange ideas and share information.”

“A third phase of enhanced communication is interacting with the public through electronic media. Several network representatives described a desire to do

more with their websites. A regional network that includes a community health center envisioned a broader network of 10 community health centers sharing the same website. Specific community-oriented programs could be managed through a website: ‘I think the increasingly widespread use of email and websites could be used locally to provide information to the public as well as the providers.’ ”



“A fourth phase of enhanced communication is using IT to administer health services. Three networks discussed using IT for clinical purposes. One respondent saw clinical application as the next step in the evolution of their system: ‘I’m hoping that at some point we get beyond patient information, demographics, and eligibility and into more clinical support services around mental health issues and physical health issues, especially around drug regimens and things like that.’ A second network respondent described uses in telehealth that included communication, i.e., the

transmission of data and imaging, between practitioners. The third network respondent described a desire to set up telehealth with a large regional hospital for the purposes of accessing physicians in the emergency room to help with interpretation of x-rays and EKGs. At the time of the interview, they were preparing a grant application for that project.”

“In sum, the future for IT in rural health network development, based on responses from this set of networks, is nearly boundless. **The evolution of networks and the use of IT are parallel tracks.** From these interviews, we learned that there is a progression in the use of IT that makes a great deal of sense. As a network first comes together and implements a management plan for collaboration among network members, the most logical use of IT is email. Even that modest use of IT may require considerable effort to overcome resistance by some network members and the frustration of sometimes-limited capacity in rural communications networks. When a network begins to implement collaborative projects, more sophisticated means of sharing information and taking actions based on what is available in a centralized database become relevant. Beyond these basic applications of IT, the networks we interviewed described more creative applications that included sharing information with the public through websites, improving clinical care through information sharing and making information available at the bedside (palm pilots), and using telehealth applications.”

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## A Consumer Role In Care Requires Literacy

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From News Release “IOM Report Calls for National Effort to Improve Health Literacy,” 4/8/04; copies of the report can be read for free on-line or purchased at < <http://books.nap.edu/catalog/10883.html>>.

“Nearly half of all American adults—90 million people—have difficulty understanding and using health information, and there is a higher rate of hospitalization and use of emergency services among patients with limited health literacy, says a new report from the Institute of Medicine of the National Academies. Limited health literacy may lead to billions of dollars in avoidable health care costs.”

“More than a measurement of reading skills, health literacy also includes writing, listening, speaking, arithmetic, and conceptual knowledge. Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their health.”

“ ‘Health literacy is fundamental to quality care,’ said committee chair David A. Kindig, professor emeritus of population health sciences, University of Wisconsin, Madison. ‘The public’s ability to understand and make informed decisions about their health is a frequently ignored problem that can have a profound impact on individuals’ health and the health care system. Most professionals and policy-makers have little understanding of the extent and effects of this problem.’ ”

“A concerted effort by the public health and health care systems, the education system, the media, and health care consumers is needed to improve the nation’s health literacy, the report says. If patients cannot comprehend needed health information, attempts to improve the quality of care and reduce health care costs and disparities may fail.”

“Limited health literacy affects more than just the uneducated and poor, the report says. At some point, most individuals will encounter health information they cannot understand. Even well educated people with strong reading and writing skills may have trou-

The **Rural Wisconsin Health Cooperative**, begun in 1979, intends to be a catalyst for regional collaboration, an aggressive and creative force on behalf of rural communities and rural health. RWHC promotes the preservation and furthers the development of a coordinated system of rural health care, which provides both quality and efficient care in settings that best meet the needs of rural residents in a manner consistent with their community values.

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## RWHC Eye On Health



"Don't tell me, but we really don't have the least idea what each other is saying, do we?"

ble comprehending a medical form or doctor's instructions regarding a drug or procedure."

"Health literacy skills are needed for discussing care with health professionals; reading and understanding patient information sheets, consent forms, and advertising; and using medical tools such as a thermometer. Over 300 studies indicate that health-related materials cannot be understood by most of the people for whom they are intended."

"Individuals are increasingly responsible for managing their own health care, the committee noted. They are assuming new roles in seeking information, measuring and monitoring their own health, and making decisions about insurance and options for care. Patients' health often depends on their ability and willingness to carry out a set of activities needed to manage and treat their disease. This self-management is essential to successful care of chronic diseases such as diabetes, HIV, and hypertension. Patients with chronic illness who have limited health literacy are less knowledgeable about disease management and less likely to use preventive measures."

"Limited health literacy is not a problem that starts and ends with patients, the committee added. Health systems are becoming increasingly complex, involving new technologies, scientific jargon, and complicated medical procedures and forms. All of these aspects of the health system can be confusing to patients. Moreover, care providers frequently need to communicate with patients who have different lan-

guage and cultural backgrounds. Culture and ethnicity may influence patients' perceptions of health, illness, and the risks and benefits of treatments. Differing cultural and educational backgrounds between a patient and provider also contribute to problems in the patient's comprehension."

"Health care systems should develop and support programs to reduce the negative effects of limited health literacy. Responsibility for improving health literacy must be borne not only by the health system, but also by educators, employers, community organizations, and other groups with social and cultural influence."

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## Balanced Scorecards & Population Health

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From *Cooperative Opportunities for Balanced Scorecard Driven Strategic Planning and the Potential Relevance to Population Health Initiatives*, by A. Clinton MacKinney, MD, MS, & Gregory Wolf, MBA, of Stroudwater Associates for and with the Rural Wisconsin Health Cooperative, 4/04:

"The Rural Wisconsin Health Cooperative (RWHC) (with support from the Robert Wood Johnson Health and Society Scholars Program at the University of Wisconsin) contracted with Stroudwater Associates to explore with them the opportunities for RWHC, both the cooperative as a whole and as individual members, to further the use of Balanced Scorecard (BSC) driven strategic planning as well as its potential relevance to population health initiatives."

### Initial Questions

"The project was organized around an examination of four questions."

1. "How can RWHC most effectively evolve/bundle its current performance measurement data sets to be more useful to rural hospitals using Balanced Scorecards as part of their strategic planning process?"
2. "How can rural networks most effectively promote individual members linking of these per-

**The 2004 RWHC Monato Rural Essay Prize** has been awarded for “Recognition of Childhood Overweight and Disease Risk among American Indian Caregivers” by Rachel A. Quinn. She is a May 2004 graduate of the University of Wisconsin Medical School.

The Essay Prize, established in 1993, is open to anyone who has been a student at the University of Wisconsin within the preceding year (all campuses, programs, graduate, under graduate, part-time, non-degree included.) The competition was established to honor the memory of Hermes Monato, Jr., a 1990 UW graduate and RWHC employee, as well as to make rural health more visible within the university community. Essays must be received by April 15<sup>th</sup>, applicant info is available at <[www.rwhc.com](http://www.rwhc.com)>

formance measurement sets to their ongoing strategic planning processes?”

3. “What population-based measures are available which can most readily, appropriately be added to the Balance Scorecards for rural hospitals?”
4. “What arguments for the inclusion of population-based measures are most relevant or effective with the administration and boards of directors of rural hospitals/networks?”

### General Findings

“This Report is the result of a review of RWHC data and programs by Stroudwater Associates consultants, a 2-day information gathering meeting with RWHC staff, representative Cooperative hospital CEOs and representatives of the Wisconsin Flex Grant BSC Initiative. In addition, the same group was reconvened to respond to an initial draft of this Report.”

“The project demonstrates that great opportunities exist for RWHC to help lead the nation in rural hospital performance improvement and population health consideration. Yet, the current state-of-affairs is challenging.”

1. “Re Question #1: Focus group participants expressed an interest in using the existing RWHC data reporting capabilities to support individual Balanced Scorecard efforts but did not believe that RWHC needed to reconfigure its current data collection and benchmarking services to be prescriptively consistent with any Balanced Scorecard models.”

2. “Re Question #2: There is widespread interest among RWHC focus group hospital representatives in pursuing the development of a Strategic Planning Roundtable Group, consistent with the collaborative but autonomous spirit of other RWHC ‘roundtables’ (bi-monthly or quarterly meetings of professional or managerial counterparts for the purpose of formal and informal networking) to support member strategic planning processes, including in some but not all organizations, use of Balanced Scorecards.”
3. “Re Question #3: Traditional population-based health measures (e.g., preventive health care utilization, personal risk behaviors, socioeconomic factors, environmental factors) are currently less suitable as Balanced Scorecard measures because they do not represent focus group hospitals’ ‘core’ services. However, proxies for population health deserve further consideration. In particular hospital data specific to ‘ambulatory care sensitive conditions’ may be an appropriate bridge between the hospital and population-based interventions.”
4. “Re Question #4: Because purchasers currently do not reimburse hospitals for population health improvement, and (consequently) population health improvement is not a ‘core’ hospital service, population-based measures are less relevant to hospital administration and Boards at this time.”

### Next Steps

“The project’s conclusion must not be paralysis. The Report details specific opportunities under each of the four questions that can be summarized as follows:

1. Assessing RWHC hospital performance measurement needs and packaging applicable measures into a format that highlights management cause/effect and informs strategy.
2. Tailoring data collection and reporting functionality to facilitate the use of performance data throughout different levels of the hospital Performance Improvement programs.

3. Serving as a catalyst and facilitator for Cooperative hospitals to enhance strategic planning efficacy and applicability.
4. Advocating for improved population health measurement techniques and increased population health improvement valuation.
5. Assisting RWHC hospitals (and external stakeholders) to begin to link the mission of community health improvement to budget, operations, and performance measurement.
6. Partnering with academic institutions to design research projects that test hypotheses related to hospital performance improvement and population health measurement.”

**Project With RWHC Wins Prized 2004-05 University of Wisconsin Idea Fellowship**—The Wisconsin Idea Undergraduate Fellowship Program supports innovative service-learning and community-based research projects. These fellowships provide a unique opportunity for UW-Madison undergraduates to work closely with a faculty mentor and a community organization to meet local, national or international needs.

Christopher Miller was awarded one of this year’s 16 fellowships for his proposal “**The Stories of Rural Health in Wisconsin**” with Family Medicine Professor John Frey III and the Rural Wisconsin Health Cooperative. Qualitative and quantitative data concerning the status of Wisconsin’s rural health care system will be collected from rural residents. The stories will be compiled as a resource to improve medical student education and rural health services in Wisconsin and the U.S. Info on the Fellowship Program is at [www.news.wisc.edu/9768.html](http://www.news.wisc.edu/9768.html).

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## Community Health Improvement Support

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The Association for Community Health Improvement web site offers a valuable resource at:

[www.hospitalconnect.com:80/communityhlth/about/vision.html](http://www.hospitalconnect.com:80/communityhlth/about/vision.html)

“The Association for Community Health Improvement is committed to its VISION of community leaders everywhere creating health where people live, work and play.”

“The Association pursues its MISSION to strengthen community health through education, peer networking and practical tools.”

“The creation and growth of the Association for Community Health Improvement comes at an exciting and challenging time in the evolution of community health and healthy communities. It was conceived in mid-2002 as a successor to three national community health initiatives that were approaching the end of their grant cycles or were otherwise ripe for renewal and growth: the Community Care Network Demonstration Program, ACT National Outcomes Network, and Coalition for Healthier Cities and Communities.”

“These three programs had made complementary contributions to community health since the mid-1990s, focusing on topics including:

- health care delivery and preventive health systems that ensure accessibility and are accountable to local needs;
- careful planning for and measurement of progress toward defined community health goals, and;
- broad community engagement in resolving systemic challenges to community health and social well-being.”

“The Association adopts the key tenets of each and blends them with additional ingredients of effective community health practice, to create a unified professional association with broad value as a hub of networking and continual learning. It is informed by experienced advisors and a rich base of members from the health care, public health and healthy communities sectors. The Association is a program of the Health Research and Educational Trust, an American Hospital Association affiliate.”

**2004 Wisconsin Rural Health Conference** presented by WHA in collaboration with WORH, RWHC & WPHCA.

**June 23-25, Kalahari Resort, Wisconsin Dells**

Registration information available at [www.wha.org](http://www.wha.org).

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## Catholics Advocates Economic Development

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From “A New Vision of Rural Health Care, Today the Pressing Need of the Rural Areas We Serve Is Economic Development.” by John T. Porter, president and chief executive officer, Avera Health, Sioux Falls, South Dakota in the Catholic Health Association’s *Health Progress*, 4/04:

“The story of Avera Health is typical of the experiences of other Catholic health care systems serving rural areas. A century ago, when the Benedictine and Presentation Sisters arrived by train to open the first hospitals in the dusty frontier towns of the northern Great Plains, the need, which the sisters met admirably, was for clean, quiet places of healing.”

“Today, however, the pressing need of the rural areas we serve is economic development. It’s not only that the population of rural America is decreasing, or that its citizens are older and tend to be poorer than those in urban and suburban areas. It’s also that the seasonal palette of field colors is increasingly painted by corporate farmers. The remaining family farmers, on the other hand, earn most of their income from off-farm jobs in the service and retail sectors, and they often commute dozens of miles each day to jobs that typically pay low wages and are less likely to offer health care benefits.”

“Moreover, as Charles Fluharty, director of the Rural Policy Research Institute, Columbia, MO, has pointed out, governmental responsibility for public rural policies is fragmented and often based on a definition of ‘rural’ as ‘agricultural,’ a definition that no longer reflects reality. (Information about the Rural Policy Research Institute can be found at <[www.rupri.org](http://www.rupri.org)>.)”

“In short, a way of life has changed. If we in Catholic health care are to sustain our long tradition of serving rural communities, we must understand that we are called to provide new responses to new needs.”

“How can Catholic health care help rural America? At Avera Health, we’re discovering several ways, and no doubt we’ll find more as the years go by. In one initiative, we’ve established the Avera Center for

Public Policy, which gives rural constituents a more united and powerful voice on state, regional, and national issues. In another initiative, we’re collaborating with other organizations to provide leadership training for people in rural communities. A third initiative is our commitment to invest a percentage of our pooled financial reserves in companies that create jobs and benefit the economies of the rural communities in our service region.”

“If you think that these initiatives go beyond what has normally been considered part of rural health, you’re right. But it is clear that the survival of health services in rural communities depends on the economic vitality of the communities. Like the Presentation and Benedictine Sisters, and like all the valiant religious women who pioneered health services across America, we must respond to current needs.”

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## WISC Health Center Grows Its Community

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From “Integrating the Environment, the Economy, and Community Health: A Community Health Center’s Initiative to Link Health Benefits to Smart Growth” by Peter McAvoy, Mary Beth Driscoll, Benjamin Gramling in the *American Journal of Public Health*, 4/04:

“The Sixteenth Street Community Health Center (SSCHC) in Milwaukee, is making a difference in the livability of surrounding neighborhoods and the overall health of the families it serves. SSCHC is going beyond the traditional health care provider models and working to link the environment, the economy, and community health through urban brownfield development and sustainable land-use planning.”

“In 1997, SSCHC recognized that restoration of local air and water quality and other environmental conditions, coupled with restoring family supporting jobs in the neighborhood, could have a substantial impact on the overall health of families, and recent events indicate that SSCHC’s pursuit of smart growth strategies has begun to pay off.”

## A Holistic Health Approach

“Operating as 1 of 15 federally qualified, community-based health centers in Wisconsin, the Sixteenth Street Community Health Center (SSCHC) has for more than 34 years relied on a place-based mission in offering primary health care to families living in Milwaukee’s Near South-Side neighborhood, which primarily comprises low-income Latinos. SSCHC’s Department of Environmental Health was created in 1997 to address environmental factors that affect health, including deteriorating lead paint in housing and poor air and water quality. The department was charged with achieving a healthy environment within its service area through restoring abandoned, environmentally contaminated industrial sites; attracting high-quality investment; and creating family-supporting jobs to increase the prosperity of the low-income families it serves, thereby increasing constituents’ ability to pay for quality health care, nutritious food, and suitable housing.”

“SSCHC’s Department of Environmental Health program promotes sustainable development which will create a viable alternative to the sprawling suburban development that has come to characterize southeastern Wisconsin. Sustainable development features the reuse of existing buildings and land (including brownfields), conserving residential neighborhoods, maintaining local community character, promoting the health of the community, and protecting the environment for future generations.”

## Milwaukee’s Menomonee River Valley

“SSCHC’s service area includes the Menomonee River Valley, a 1500-acre collection of properties that is adjacent to downtown Milwaukee and Lake Michigan and surrounded by the most densely populated neighborhoods in Wisconsin. This valley was the center of Wisconsin’s industrial production for a

century, employing more than 50,000 people at its peak. Many of the workers lived in neighborhoods bordering the valley and either walked to work or rode a trolley.”

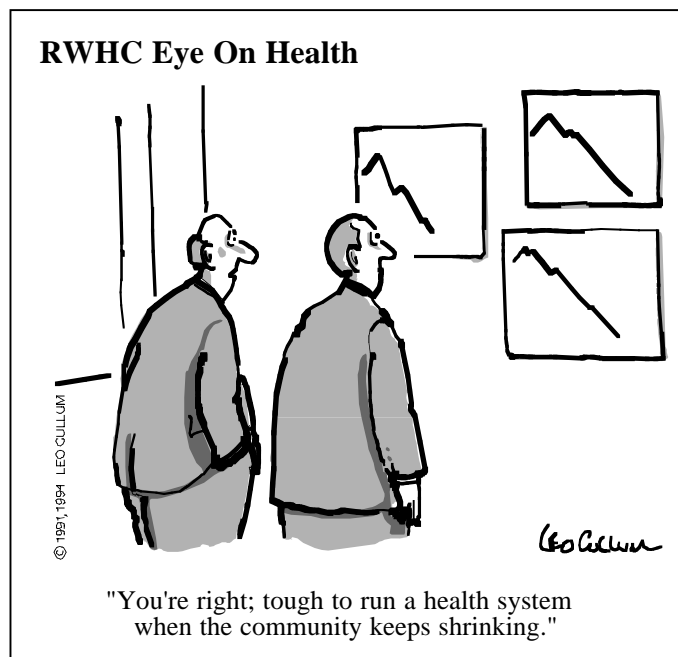
“Over the last 25 years, many industrial manufacturers have either closed or relocated. With the loss of nearby jobs, many family breadwinners are forced to commute an hour or more to jobs in surrounding suburbs. Because few mass-transit alternatives are available, the few workers who own cars must join countless other commuters using the region’s interstate highways. Local and regional transportation patterns, coupled with industrial and environmental factors, are associated with high rates of asthma and respiratory illness. In addition, poor land stewardship, non-point-source pollution, and contaminated harbor

sediments resulted in poor water quality, which contributed to beach closings (1 of every 4 days in 2003) and ongoing fish-consumption advisories.”

## Beyond Policy

“The success of the SSCHC-led 1999 Sustainable Development Design Charrette for Milwaukee’s Menomonee River Valley provided visions that fueled the need to develop site-specific land-use plans that would accommodate SSCHC’s sustainability

and ‘smart growth’ objectives. The charrette, or visioning workshop, involved over 140 local design professionals from the public and private sector. In collaboration with these and other partners, SSCHC hosted the 2002 Menomonee River Valley National Design Competition: Natural Landscapes for Living Communities, which focused on a 140-acre parcel within the Menomonee River Valley. This property historically supported 5000 employees of the Chicago, Milwaukee, St. Paul & Pacific railroad company (the Milwaukee Road), but it employed increasingly fewer persons in the second half of the 20th century, a trend typical of many Menomonee Valley enterprises. Barriers to redeveloping this site



are characteristics shared by most Menomonee Valley properties: poor access, decrepit buildings, impaired soils and ground-water, and low property values.”

Findings

“The 1999 design charrette and the 2002 national design competition have been critical in providing residents of Milwaukee with a vision of how a revitalized Menomonee River Valley could look and function. They combine to illustrate an exercise in moving from conceptual analysis and brainstorming to real-world planning and implementation of sustainable redevelopment practices. Their outcomes, and the widespread media coverage they received, have served as a catalyst for achieving high-quality, well-designed redevelopment that will ensure that people of the adjoining neighborhoods and surrounding communities are reconnected to the valley through new jobs and recreational opportunities.”

“A community health center can make a difference in the livability of surrounding neighborhoods and the overall health of the families it serves by going be-

yond traditional health care provider models and working to link the environment, the economy, and community health. SSCHC and its partners are working to establish measurable standards for private-sector, sustainable development by developing sustainable design guidelines and marketing the Menomonee Valley to investors committed to ‘smart growth’ principles.”

“Although redevelopment of Milwaukee’s Menomonee River Valley began only recently, the area is already undergoing significant change. Ultimately, success will be achieved when the valley’s environment is cleaned up, new family-supporting jobs located close to housing are created and held by neighborhood residents, and the health and livability of neighborhoods surrounding the valley are substantially improved.”

**Rural Assistance Center Community Development Guide**

From this web page: FAQs , Tools , Documents , Organizations , Terms & Acronyms , Contacts , News , Funding

[www.raconline.org/info\\_guides/communities/](http://www.raconline.org/info_guides/communities/)

