Rural Wisconsin Health Cooperative

Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective – April 1st, 2005

Collaborative Leadership Matters

From Working Paper #55, *Sustaining Community Health Services Over Time: Models from the Rural Health Outreach Grant Program*, by Walter Gregg, Astrid Knott, Ira Moscovice, Rural Health Research Center, University of Minnesota, 11/04:

"This monograph summarizes the results of site visits to three rural health consortia conducted during mid-summer and early fall of 2003 as part of an assessment of exemplary models from the Rural Health Outreach Grant Program that have sustained community health services over time. The three sites included a medical rehabilitation project, the Wyoming Rehabilitation Clinic in Sheridan, Wyoming; a prenatal outreach project, the Fassett-Magee Community Health Center in Cambridge, Maryland; and a community health center, the Providence Health Center in Shady Cove, Oregon."

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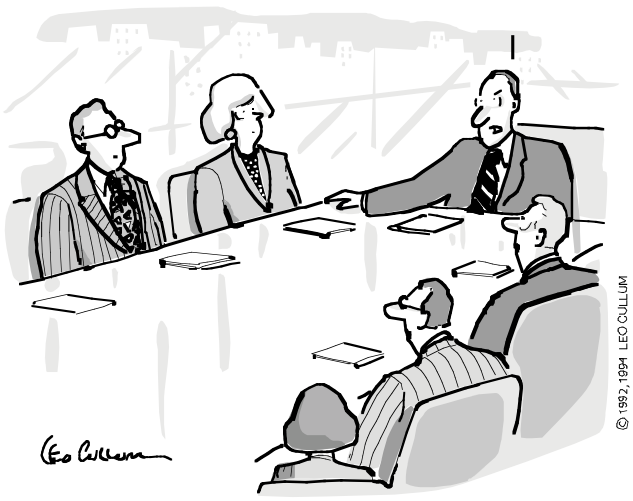

"Setting hospital goals independent of our community's health reminds me of the old joke: 'the surgery was a success, even though the patient died.' "

"The services and activities initially supported by Rural Health Outreach Grant Program funding continued to be available in each of the projects for up to six and seven years following the expiration of the grant. All had demonstrated a post-grant expansion or development of services to meet new and growing community health needs." "Each also relied on a strong business plan to balance their need for sustainability and a desire to provide necessary community services. This combination of compelling community service need and the inherent difficulty in being supported through existing reimbursement mechanisms contributed to the level of emphasis given to sustainable strategies and strong business plans."

"In each case consortium members faced a clear and compelling need for action, were able to identify participant self-interests and benefits of collaborative action, and were able to rely upon strong leadership and a clear vision to pursue the identified course of action. Each engaged in preliminary efforts (e.g. identifying partners, developing a business plan that incorporates the goal of self-sustainability and community service) for as much as a year prior to submitting their grant application. An important factor in each project's success has been strong visionary leadership keeping each consortium on course and focused on its long-term goals."

"**Essential components of this leadership are: (1) the ability to understand the social and cultural context of the community and to use this knowledge to integrate the project into the community; (2) a willingness to do whatever it takes to make contact in the community and market the value of**

the consortium's role in the community; and (3) the ability to stimulate and maintain open communication and trust between consortium providers and between the providers and the community at-large. The case studies demonstrated that it is critical to maintain a degree of flexibility and adaptability to make the most of environmental changes. Few organizations can stand alone and those consortia that are able to identify external organizations to collaborate with will be more likely to survive and continue to serve their communities in the future."

Hospitals as Community Builders

From "Beyond the Medical Model: Hospitals Improve Health Through Community Building," a *Community Care Network Brief*, Fall 2001:

"Hospitals across the country support activities that go beyond the delivery of medical care to improve health status and quality of life in local communities. Committed to addressing the root causes of health problems, these hospitals invest their financial, human, and technical resources in areas such as housing, education and economic development to strengthen the ability of communities to create and sustain a healthy environment. In many cases, community stakeholders play a lead role, and local hospitals are supportive partners."

"The strategic investment of resources in local communities, which we refer to in this brief as 'community building,' has been advanced during the last two decades as an alternative to an emphasis on professional service delivery. Common community-building approaches include building upon existing community resources or 'assets,' reducing duplication of effort, and increasing the ability of residents to solve local problems."

"Often, a community-building approach grows from existing partnerships between hospitals and local community members. As hospitals and community stakeholders assess local needs and explore alternative approaches to health improvement, they may conclude that large investments in human services are both impractical and unlikely to produce a sustainable impact on persistent health problems. Partners may agree that all local stakeholders need to take action in order to build a strong neighborhood infrastructure that will support community health and well-being."

"The significance of community building as a population health strategy emerges in an environment in which nonprofit hospitals must balance their mission with competing financial and political demands. Nonprofit hospitals are under increasing pressure from stakeholders to justify their tax-exempt status. Public evaluation of these hospitals' fulfillment of their charitable obligations is often narrowly measured as the volume of charity care they provide."

"The strategic investment of resources to address the underlying causes of persistent health problems may be the best expression of a nonprofit hospital's charitable mission, one that sets aside issues of financial return or competitive advantage."

In Memoriam

Ron Shaffer
1945 – 2005

Ron received his doctorate in agricultural economics from Oklahoma State University and joined the faculty in the Department of Agricultural and Applied Economics with a joint appointment at the University of Wisconsin-Madison and UW-Extension in January 1972.

He was the director of the Center for Community Economic Development from 1990-2000 and the director of the National Rural Economic Development Institute from 1990-1998. In 2001, the National Rural Development Partnership established the Ron Shaffer Award given annually for outstanding collaboration in rural America.

Throughout his career Ron was interested in helping people come together and have fruitful public dialogues about the economic future of their communities. The desire for a community level approach to economic development was the common thread of Ron's 29-year career with the UW-Madison and UW-Extension.

A Pulver/Shaffer Community Development Award Fund has been established through the University of Wisconsin Foundation, 1848 University Ave, P.O. Box 8860, Madison, WI 53708.

"**A hospital that has committed to a community-building approach to health improvement would:**

1. **Engage community members as partners rather than simply as consumers**, with shared accountability for improving health and quality of life in the community.

2. **Identify existing assets that serve as entry points** for efforts to address the causes and impacts of health-related problems.

3. **Make strategic investments in existing community assets** to increase their effectiveness, efficiency, and sustainability.

4. **Emphasize community problem solving** through direct actions by community stakeholders to address the underlying causes of persistent health problems.

5. **Make long-term investments in community quality of life** (i.e., activities unlikely to yield near-term improvements in health status or financial returns for the hospital)."

Rural Dental Access Continues Blocked

From *Rural Healthy People 2010: The State of Rural Oral Health* by Pete Fos and Linnae Hutchison at the Southwest Rural Health Research Center, 2003:

Scope of Problem

- "Shortages of dentists are much greater in rural areas in all four regions of the country.

- Dental visits tend to be lower among 18-64 year-old people in rural areas than in urban areas across all four regions of the country.

- Nationally, areas record higher rates of 65 and older with total tooth loss than do their urban counterparts.

- Dental shortages were identified as a major concern among state offices of rural health."

Prevalence

"Dental caries is the most common chronic disease suffered by children. More than 50 percent of all children experience dental caries by the age of eight years, and about 80 percent of all children have dental caries by age 18. Compounding the problem is the fact that 25 percent of children in the U.S. have not seen a dentist by age six."

"**A distinct disparity is seen in the survey data between urban and rural areas, revealing dental caries among children and adults to be more prevalent in rural populations than in urban populations.**"

"In 1999, rural adults were less likely than urban adults to have had a dental visit in the past year. Within urban areas, 67.1 percent of the total survey sample had a dental visit in the past year. In rural areas, only 58.3 percent of the sample survey had a dental visit in the past year. Studies also indicate that children in rural areas have more dental caries experience than urban children."

"The age-adjusted prevalence rate of total tooth loss in the United States is also higher in rural areas than in urban areas. The same condition is more prevalent among low income than high income people. Those in rural areas are more likely to have such loss."

The **Rural Wisconsin Health Cooperative**, begun in 1979, is 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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Impact

"**Oral health directly affects general health. Oral diseases and conditions are not limited to the oral cavity and supporting structures, but they affect the entire body and body systems. Associated health problems include pre-term low birth weight babies, cardiovascular disease, diabetes, and respiratory disease.**"

Barriers

"The causes of the oral health disparity between urban and rural areas can be traced to several factors that can be categorized as access to care and utilization, economic, and dental resources."

"Challenges to access to care include lack of dentists, inadequate supply of dentists who accept Medicaid or other discounted fee schedules, reluctance by dentists to participate in managed care programs, socioeconomic nature of rural populations (poverty, low educational attainment, cultural differences, lack of transportation), and absence of a coordinated screening and referral network."

"Ability-to-pay, including access to health and dental insurance, is an important determinant of receiving adequate and necessary dental care. According to the Surgeon General's report, children with dental insurance are 2.5 times more likely to receive dental care than children without dental insurance. However, less than 20 percent of children with Medicaid insurance coverage receive one dental visit each year."

"A significant barrier to oral health care in rural areas is the lack of an adequate dental workforce. The distribution of dentists in large metropolitan areas is over 60 per 100,000. In rural cities, the ratio is 40 dentists per 100,000; and in rural non-city areas, it decreases to about 30 per 100,000 population."

Managing Leadership Transitions

<http://www.transitionguides.com/>

A change in executive leadership is one of the most important, challenging and powerful opportunities a nonprofit organization will face. TransitionGuides is sponsored by a collaboration of consultants with extensive track records in working with nonprofit organizations and leadership transitions. Their web site at is particularly rich in practical resources dedicated to sustaining and strengthening nonprofits through better managed leadership transitions and related organizational development.

"**This disparity may become more serious as the supply of dentists decreases due to declining numbers of dental students and an increase in the number of retiring dentists."**

Proposed Solutions

"A number of approaches have been utilized in an attempt to improve the oral health status of the United States especially for at-risk populations. Partnerships between states and dental providers have been attempted to increase access to care through Medicaid. 'Health commons' is an approach that has been used for low-income rural populations. 'Health commons' is a creative, community-based approach that is designed to develop collaborative activities in an attempt to solve oral health problems in disadvantaged populations. 'Health commons' sites are integrated primary care practices that include medical, dental, behavioral, social, and public health services."

"It has been found that children who participate in Head Start have high rates of dental caries. Given this finding, another method proposed to address the oral health dilemma is expansion of the Head Start programs to target areas in which children demonstrate unmet need as well as move toward a comprehensive, integrated treatment program."

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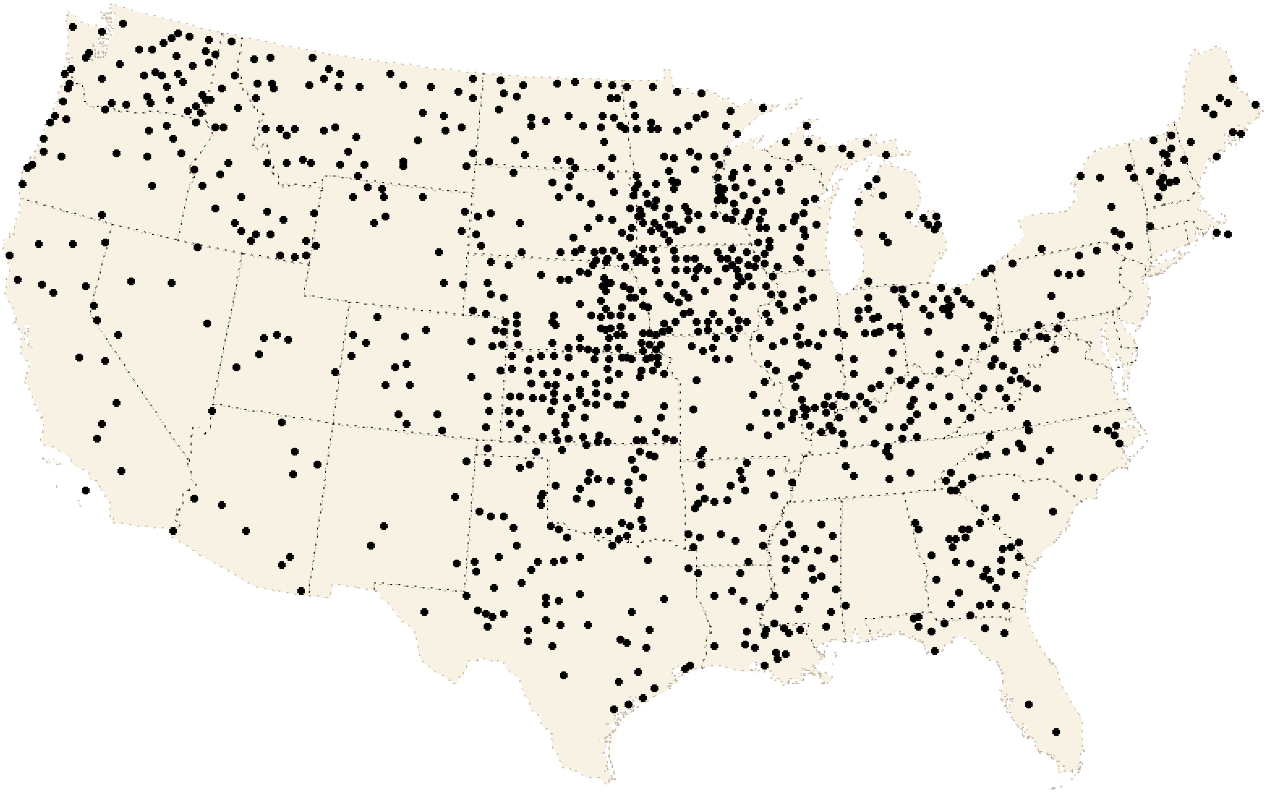
"They lived happily ever after, with no child ever bothered by a dentist."

Hospitals Designated as Medicare Critical Access Hospitals Now Serve Over 1,000 Communities



Map: RWHC, 3/12/05
Data: The DHHS Rural Health Resource Center's Technical Assistance & Service Center shows 1,060 hospitals designated by Medicare as Critical Access Hospitals, including Alaska (9) and Hawaii (6), as of 1/24/05.

"Another mechanism that may prove effective is dental insurance reforms. Less than 20 percent of all Medicaid children receive preventive dental services each year. Additionally, Medicaid programs in most states do not provide any adult dental services."

"Fluoridation or alternative methods to deliver fluoride (toothpastes, mouth rinses, and professionally applied gels) may also improve the oral health status of rural areas. Benefits from fluoridated community water supplies have been reported to range from an 11 to 40 percent reduction in dental caries. Dental sealants have also been proven to be a cost-effective preventive strategy."

"**Finally, improving oral health is contingent on the availability of professionals, especially in underserved areas.** Given the decreasing trend in the number of dental care professionals, other health care professionals must be included in the dental professionals must be included in the dental team. A coordinated, collaborative effort is needed to address the disparity in oral health status throughout the nation. Several potential efforts include involving pediatricians and others in the oral health care of children. Establishment and/or expansion of school-based dental services utilizing school nurses may also prove valuable in improving children's oral health."

Summary

"The overriding cause of disparity seems to be access to care. There are many determining factors for access to care, including: income, educational attainment, area of residence, dental workforce, and dental insurance. An interaction effect exists among these factors, compounded by specific subgroup characteristics. Many efforts have been undertaken to improve access to care, with some success. Ultimately, it is

important to recognize that no one intervention will successfully eliminate the existing oral health disparity in the United States."

Medicare $$$ Attract National Health Plans

From "Defying Experts, Insurers Join Medicare Drug Plan" by Robert Pear in *The New York Times*, 3/6/05:

"The new Medicare drug benefit has passed a major milestone as a substantial number of big insurance companies said they would offer prescription drug coverage to Medicare beneficiaries next year, defying the predictions of many industry experts."

"Some companies intend to offer the new benefit nationwide; others will offer it in certain states or regions. It is too soon to know how many of the 41 million beneficiaries will enroll. But it is clear that they will have access to drug coverage offered by commercial insurers and pharmacy benefit managers."

"John K. Gorman, a former Medicare official who is now a health care consultant, said: 'It seems as if the dam broke in January. Ninety days ago everybody was on the fence. In January, many insurers and pharmacy benefit managers completed their feasibility studies, and green lights started popping off all over the country. We now see widespread interest in offering a prescription drug plan to Medicare beneficiaries.' "

"Companies gave several reasons for moving aggressively to stake out positions in the Medicare market. They see a business opportunity, with the aging of the population. They say that heavy federal subsidies will minimize the financial risks, and they do not want to cede the market to their competitors."

"The participation of private plans, while necessary for the success of the new law, does not guarantee that beneficiaries will be satisfied. They may be baffled by a confusing array of options, disappointed with the savings or dismayed by the standard benefit, which requires them to pay all drug costs from $2,250 to $5,100 a year. Likewise, they may find that some drugs are not covered. Insurers also face daunting challenges to develop and market products, establish lists of preferred drugs, enroll and educate beneficiaries, and move through a thicket of federal regulation."

"The new law relies heavily on competing private plans to deliver the Medicare drug benefit. If too few plans participate, the government can intervene. But the Bush administration and business groups want to avoid that at all costs because they do not want the government to manage the benefit, set prices or decide which drugs are covered."

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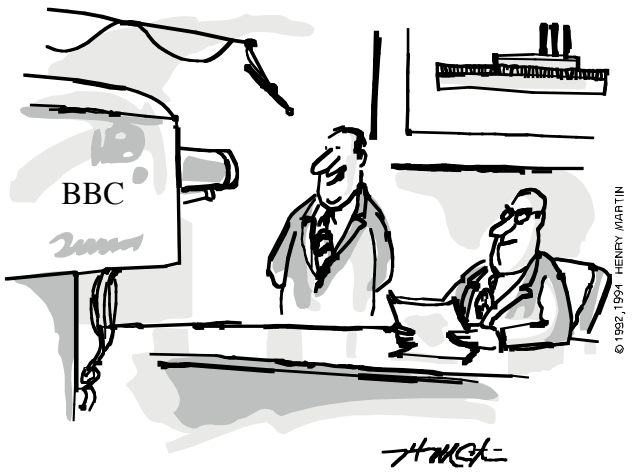

"Just in from America: The U.S. Government announced today that it will spend billions in subsidies to avoid getting overly involved with health insurance companies adding older covered lives to their book of business."

" 'This may not be the best book of business we've ever seen,' said Mr. Crawford of Caremark, 'but we pledged to the administration that we would support it. We are very supportive of what the administration and Congress are trying to do.' "

"AARP said it was considering offering a drug plan. As a trusted advocate for older Americans, it could attract many customers. UnitedHealth, which runs a mail-order pharmacy service for AARP, would be a potential partner."

" 'It's a reasonable risk for a new line of business,' said Robert E. Meehan, vice president of Horizon Blue Cross and Blue Shield of New Jersey. 'In the last eight weeks, some of the early naysayers have come around and said they will be involved in the new program. We could have five well-known providers offering drug coverage to Medicare beneficiaries in New Jersey.' "

"One reason for the keen interest, he said, is that 'there's a lot of money at stake.' The Bush administration estimates that Medicare payments to private plans for the drug benefit will total $59 billion in 2006 and will double in five years."

" 'The demographics are positive,' Mr. Meehan said. 'Lots of people are coming into Medicare. But seniors don't like to switch insurance coverage. If our competitors pick up these people, it might be hard to persuade them to switch to our plan.' "

No Chocolate Chip Cookies Without The Chips

From "Cold Meds: A Rural Drug Epidemic?" at <**http://www.cbsnews.com/**>, 3/2/05:

"There's a drug epidemic in the country's heartland. And the raw ingredient fueling it isn't poppies from Afghanistan, or coca from Colombia. It's cold medicine from the corner store. The ingredient is called pseudoephedrine and it's found in dozens of over-the-counter cold medicines. It's being used to make methamphetamine, a drug considered as addictive as heroin or crack cocaine at a fraction of the price."

"As Correspondent Vicki Mabrey reports from Missouri, a state with the dubious distinction of being No. 1 in meth labs, it's where America's war on drugs has become a war on one drug alone. How big a problem is meth in Missouri? 'Huge. There's no time to do cocaine, heroin, all those other drugs. Methamphetamine is so prevalent. One of the local police chiefs said in a recent interview that you're more likely to find methamphetamine in someone's pocket than chewing gum.' "

"Franklin County, Mo. Det. Cpl. Jake Grellner says you can put an entire meth lab into 'a 48-quart cooler and just haul it around with you. That's the thing about meth labs, is this is the first time in the country's history that you have the ability to feed your own addiction,' says Grellner. 'You can manufacture what you need.' "

"It's called 'cooking,' and once you start cooking meth—and smoking, snorting, injecting or eating it—the craving for it grows. It floods the brain with the pleasure-inducing hormone dopamine, causing a high that lasts up to 12 hours, and often leading to violent behavior. And when you crash, you crave more."

"Selena McDowell, 31, was married with three children when she got hooked on meth. Within five years, she'd lost her job, her husband and her home. 'I lost everything. In a blink of an eye, it was gone,' says McDowell. 'And I don't even know how I did it.' McDowell and the kids were living in a car when they moved in with a man who knew how to make the drug himself. 'After that, it was uncontrollable. I couldn't control it; there was nobody that could control it,' she says. 'And I tried. No matter how hard I tried to control it, it wasn't gonna happen.' At home, she was surrounded by containers of flammable ether, ammonia, starter fluid and thousands of cold pills, cooking meth every day. In 2002, she was arrested, and her children were taken away."

"Last April, Oklahoma passed the nation's toughest law regulating the sale of pseudoephedrine cold pills. But it took the deaths of three state troopers to make it happen." Linda Green's husband, Trooper Nik Green, was the third officer killed. Fourteen months ago, he went to investigate a suspicious car by the roadside. 'The man had a weapon, which is common,' says Green. 'He overpowered my husband in the struggle and shot him twice in the head.' "

"With Green lobbying hard, the Oklahoma legislature reclassified pseudoephedrine as what the DEA calls 'Schedule 5.' That means it is only available from pharmacists. Buyers have to show ID, sign a register. 'If I ever had any way that I felt like I could possibly help to protect the next wife of a law enforcement officer or their children, I felt like this was it,' says Green. Since the law passed, Oklahoma meth lab seizures are down about 60 percent. And that has inspired Grellner to help write a similar bill for Missouri."

" 'Who wants to be No. 1? If you don't pass this legislation, you're going to be No. 1,' says Grellner. 'After this year, it'll be up for grabs. Who wants it, 'cause we don't want it anymore.' So when Grellner isn't enforcing the law, he's lobbying to change it. And he says the whole country should follow suit. Now, 37 other states, and the federal government, are considering tougher laws to regulate pseudoephedrine."

" 'We've got people driving as far away as Chicago and Indiana to buy cold tablets and bring them back into Missouri right now,' says Grellner. 'And that problem is only gonna get worse for those states if we go to Schedule Five and they don't.' Some retailers are voluntarily taking tablets off the shelves, and Pfizer, which makes Sudafed, just announced a new formula that can't be used to make meth. But it'll continue to manufacture the old formula, too."

"Some drug company lobbyists support limiting sales of pseudoephedrine, but they oppose Schedule Five legislation, which they argue would make it too hard for legitimate consumers to buy cold medicine. 'You're gonna go see the pharmacist and you're gonna show identification, and you're gonna sign a log, and you're gonna get your Sudafed,' says Grellner. 'That's inconvenient,' says Mabrey. 'I wanna run in the store. I wanna get my cold medicine and I wanna go home and get back in bed.' 'Right. And if I let you do that, your neighbor's house blows up and kills your children and burns down your house. Which is more inconvenient,' asks Grellner."

National Rural Health Association
28th Annual Rural Health Conference
May 19th-21st, 2005
Sheraton New Orleans Hotel
Information & Registration at <**http://nrharural.org/**>

"He adds that the law he wants to pass won't inconvenience people who really have colds: 'Under the Missouri state legislation that we're proposing, each man, woman and child in the state of Missouri will be able to buy, throughout the year, 36 boxes of cold tablets. You're gonna be able to get three a month. When's the last time you bought 36 boxes of cold tablets in one year? Meth addicts do. Meth lab people do. They'll buy 36 boxes a day!' "

" 'They're going to find a way around this, aren't they,' Mabrey asks Grellner. 'No, it's a recipe,' says Grellner. 'Can you make chocolate chip cookies without chocolate chips? You can't make methamphetamine without pseudoephedrine hydrochloride. And if it ends up that three days from now, they start using marshmallows to make meth, then I guess we'll have to do something about marshmallows.' "

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