



Identifying Effective Catalysts for Action Toward Community Health Improvement in Underserved Communities in Wisconsin

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Funding Amount \$199,995

INTRODUCTION

The goal of this project is to promote broad-based community health improvement in underserved rural communities in Wisconsin through a low-cost health communication intervention.

The objectives of the project are to:

- Increase media advocacy knowledge and advocacy skills among the public health community.
- Increase earned media coverage of the results of the *County Health Rankings* among Wisconsin's least healthy rural counties.
- Increase awareness of the broad determinants of population health among local public health, health care, and community leaders.
- Stimulate policy-makers and other community health leaders to engage in program and policy planning and implementation to improve community health and reduce health disparities.

POLICY/PRACTICE IMPLICATIONS

Almost a decade ago, Wisconsin's Turning Point Initiative established *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public* (DHFS, 2002). The goal of this strategic health plan is to improve health and reduce disparities by promoting the vision of a new "public health system" of broad community partnerships, beyond governmental public health (IOM, 2002).

But engaging multiple stakeholders in the vision of Healthiest Wisconsin has been challenging, especially in smaller underserved communities. Funding for local public

health agencies is limited and either diminishing or being redirected away from community health improvement (Boeke, 2008).

The staff of small rural local health departments often has limited experience and skills in building these partnerships. Many health departments may not see their most effective role as agents to improve social determinants that may improve population health (Longest and Rohrer, 2005). And perhaps most importantly, nontraditional partners do not see themselves as part of the public health system and few recognize the benefits of broad-based, population health improvement efforts. And if community leaders do see population health change as essential, they do not view the public health department as a leading agency for change.

RESEARCH FINDINGS

Small, rural, governmental health agencies with significantly higher health disparities generally do not have the fiscal resources, human capital or political resources to mobilize either the broad population or community leaders to change social determinants of community health in a meaningful way.

KEY LESSONS

- *Interest in working with the media, as well as access to the media, varies widely from community to community.*

There is wide diversity among communities in the saturation of mass media, access to existing media, as well as interest in and capacity for interaction. Media in many communities is limited to a few radio stations that rebroadcast from a central location. These stations typically have very limited community news. These communities generally also have one or more weekly newspapers that are much more reliant on advertising than revenue from paid circulation.

Because of the reliance on business advertisers, news that is “controversial” or that may relate to a conflict with a significant community interest group is limited.

Some county health departments have communities with daily newspapers where their participation is welcome. However, we found that while most health department leadership regularly used the media to provide periodic information on health department activities, they were reluctant to use the media to publicize the specific proposals that would call attention to deficiencies in health determinants. Such an act would be considered harshly “critical” of their communities (and friendships) and jeopardize long-standing social relationships.

Despite these barriers, strategies are available where we can make improvements in the level and quality of media activity. These strategies include customized press releases when statewide reports are published and the use of “third-parties” (such as

state organizations or educational institutions) rather than public employees to submit letters to the editor or news stories on health determinants.

- **Rural county health departments often lack the political capital necessary to lead an effort to either change local health determinants or to effectively engage their communities in a meaningful health improvement effort.**

County health departments are among the smallest operations of county government in terms of overall staff and county revenue. Additionally, because their core functions include providing access to basic health care services, many of their clients are among the poorest county residents. These factors contribute to the paucity of political capital necessary to mount long-range health improvement projects.

The “natural” reluctance toward broad community engagement is reinforced by elected county government officials who approve health departments’ budgets. These officials are likely to discourage appointed health officers from engaging either the local population or community leaders in an effort for community change. Systemic change alters the social ecology of the community and thus disrupts the political status quo. For example, a proposed community change such as a proposal to restrict alcohol-sales licenses is likely to anger business development interests. A proposal to reduce environmental pollution that affects water quality caused by a major employer (Ibsen, 1982) would alter some element of the social and political ecology and would also threaten business interests.

One indication of this power deficit is that the boards of health that provide oversight of the health agencies in county government are populated by a majority of nonelected representatives. Those that are elected are among the least powerful members of the county boards. This configuration provides an insufficient power base to engage in most evidence-based prevention activities.

Using a tool such as the *County Health Rankings*, local health departments can work with the media to highlight the fact that public health is everybody’s business and draw other community leaders into discussions about ways to improve community health.

- ***Rural county health departments tend to be underfunded and understaffed and are required to focus on responses to episodic public health crises, preventive care for indigent populations and monitoring of specific environmental conditions.***

Rural county health agencies tend to be underfunded relative to their requirements to meet their ongoing program requirements (e.g., immunizations and well-water testing) as well as local (e.g., flooding) or national (H1N1) emergencies. The low level of fiscal resources prevents health department leaders from deploying already overextended staff toward long-range health improvement strategies.

Many of the health departments have had substantial reductions in their funding from state and federal agencies in the past decade (Boeke, 2008). Counties have been

reluctant or unwilling to substitute property tax revenue for lost aid as a means of continuing programs.

As a result of the reduction in funding, the breadth of program services has shrunk and, along with that, the penetration and awareness of the health agency in the community has also shrunk. Health agencies commonly provided well-child clinics, tobacco control and cessation programs, and home visits for newborns. However, few have been able to sustain these efforts. Now, typically, a handful of professionals with many years of experience focus on individual services. The transition to working collaboratively with employers, the media, community members and the regional health care system to assure the conditions of population health is difficult in that it would require both a completely different strategy and staff skill set.

In essence, the shift in orientation would be from individual care for categorical illnesses to community transformation away from systemic dysfunction. However, alternate, new, or renewed sources of funding for community health will be necessary for small rural health departments to make this transformation.

- ***As a result of the scarce resources, limited capacities, and the low level of community-wide impact of the health agency, community leaders that might otherwise collaborate with the health department may opt to choose other primary partners.***

In rural communities, community improvement projects generally attempt to enroll all possible organizations, institutions and individuals for support. Some are expected to participate as key decision-makers and others as auxiliary supporters. Community improvements projects that focus on social and economic issues that are core determinants of health are perceived by key decision-makers as an activity outside of the sphere of health department interest. Examples of such activities include family or parent education programs, land-use planning, economic development and truancy prevention. As a result, public health perspectives on issues such as the built environment, retail development and educational policies that directly influence health outcomes are often not adequately considered.

In contrast, county health departments either initiate or implement community health improvement projects that are explicitly concerned with health behaviors or access to health care. These initiatives primarily focus on increasing community awareness of the negative impact of the problem rather than the promotion of evidenced-based policies for change.

- ***Community health assessment methods are usually too complex for the staff because they require analytic resources that are not available to rural health departments.***

Community health assessments (CHA) generally require significant time and resources that are not readily available for small rural health departments that struggle to meet their immediate organizational objectives. State health departments can

provide some assistance but are often confronted with the same demands on time and resources as the local departments. A revised CHA strategy should be developed that can balance quality with simplicity along with a recognition of the actual capacity to accomplish priorities. Failing that, community health improvement planning (CHIP) may be perceived as an unrealistic and impractical “exercise” that requires manpower that would otherwise be dedicated to service delivery.

Partnering with a graduate program in public health offers one solution to this problem for small rural health departments. Students are afforded an opportunity to learn about public health in practice while conducting community health assessments and assisting with community health improvement planning, thus helping out with activities that resource-starved departments would otherwise have difficulty conducting.

- ***Local health departments feel that assessments should focus on health determinants that can be realistically addressed by the community and county health agency.***

There is a strong consensus that social and economic status and social and governmental policies play a formative role in individual and community health outcomes. However, in a globalized economy and highly mediated communication system, the ability of local communities to make structural or fundamental changes in the most critical determinants is limited. This limitation becomes incrementally more palpable for poorer, less populated and, thus, less powerful communities. Their ability through their own efforts to improve upon key standard measures such as median family income and the percentage of the population with four-year college degrees and high school diplomas is quite limited.

While this information is critical to health officials as well as the community as a whole, health officials feel that the focus should remain on elements for which there is achievable change at the appropriate governmental unit of analysis. For example, there is a greater capacity to change the density of alcohol distribution at the municipal level than there is a capacity to address broad economic development issues.

KEY PEOPLE

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RESOURCES

[The Community Toolbox](#) provides a wide range of information and resources for communities looking closely at health or community development issues to assist with gathering information about the needs of individuals and the organizations that serve them, as well as the resources that communities have available to solve those needs.

[County Health Rankings: Mobilizing Action Toward Community Health](#). With funding from the Robert Wood Johnson Foundation, in February 2010, the University of Wisconsin released [County Health Rankings](#) for all 50 states.

[Juneau County Community Health Needs Assessment](#). This community health needs assessment was prepared by a local health department in a rural Wisconsin county, building on the Wisconsin County Health Rankings model.

[Wisconsin County Health Rankings, 2003-10](#). The University of Wisconsin Population Health Institute ranks the health of Wisconsin's counties and examines a number of factors that influence health, including health behaviors, access to and quality of health care, social and economic factors, and the physical environment.