Building Healthy Communities

By Annette McBeth, RN, MS and Alice Weydt, RN, MS

"Imagine an integrated, holistic system that serves people throughout their life span. Imagine achieving not just the vision but the reality of healthy people living in healthy communities." (Bill Manahan, M.D.)

Health care in the 21st century must move beyond a focus on access, quality, and cost of care to a broader vision of building healthy communities. A primary care model built on community needs and choices improves health outcomes. Setting goals focused on the health of people and communities is a unifying force. Managing change, networking with community builders, preparing leaders for new roles, and using the latest innovations in information technology are strategies for achieving these goals.

Models for Building Healthy Communities

Throughout the country, communities have found ways to reduce mortality and promote healthy lifestyles. Research on health promotion and disease prevention has expanded, and new objectives were presented in the Surgeon General's report, *Healthy People 2000: National Health Promotion and Disease Prevention Objectives.* The three broad approaches of heath promotion, health protection, and preventive services provide a framework for individuals to assess and modify their personal health behaviors, and for communities to evaluate their population's health.

According to the resource guide *Developing Objectives for People 2010* (US Department of Health and Human Services, 1997), advances in preventive therapies, vaccines and pharmaceuticals, assistive technologies, and computerized systems will change the face of medicine and how it is practiced. New relationships will be defined between public health departments and health care delivery organizations. Demographic changes in the U.S. reflecting an older and more culturally diverse population will place new demands on the health care system. Global forces including food supplies, diseases, and environmental interdependence will present new public health challenges.

The national goals of increasing years of healthy life and eliminating health disparities are to be achieved by four enabling goals:

- Promoting healthy behaviors
- Protecting health
- Assuring access to quality health care
- Strengthening community prevention.

Activities that promote health of individuals and communities are an important part of this framework.

A Case Study of an Uninsured and Underserved Population

Open Door Health Center (ODHC) was founded in 1993 in Mankato, Minnesota, as a low-cost health center providing preventive services to uninsured and underserved clients. ODHC is now the primary full service, sliding-scale center providing integrated medical, dental, and medication assistance in its region, designated as a high priority by both the Minnesota Department of Health Office of Rural Health and Primary Care and the Minnesota Association of Community Health Centers (MACHC).

Mankato is the county seat for Blue Earth County and a regional hub of south central Minnesota. ODHC serves people from the surrounding eight counties. According to the 2000 census, 13% of Blue Earth County residents have incomes at or below the 100% poverty level; 31% have incomes at or below 200% of the poverty level (compared to the statewide average of 21.6%); 11.9% of children live in poverty; 12.5% of the population is age 65 and older; approximately 5% identify themselves as non-Caucasian. The infant mortality rate is 10 deaths per 1,000 live births, almost 50% higher than the state as a whole.

Before 1990, south central Minnesota was Anglo and middle class. This has changed with increases in refugees, immigrants, and migrant farm workers seeking employment in area food-processing and meat packing plants. From 1990-2000, the Latino population has increased by 200%. and is projected to increase by another 50% by 2010.

The population served by ODHC includes Latinos, Somalis, Sudanese, other refugee/immigrant populations, migrant and seasonal workers, aging adults, children (particularly those in poverty), people whose public assistance is being reduced by welfare reform, and farm families. Volume of patients is increasing due to rising insurance costs; funding for MNCare, a state-administered insurance program for low-income people, has been reduced significantly, with further cutbacks expected in the next two years.

With its 13-year history, ODHC is well integrated into the community, with a referral network of more than 50 agencies. ODHC has a proven track record of leveraging resources and obtaining external grant funding from a variety of sources including HRSA, the Minnesota Department of Health, foundations, and the local United Way. In addition, the area's three major physician clinics and hospital have contributed dollars and in-kind services including specialty care, radiology and laboratory services.

ODHC plays an important role in the community health of the region. It acts as a safety net for the underserved, and provides culturally competent care to the region's diverse populations, working closely with health and social service organizations across the region to improve the health status of the most vulnerable people.

Poverty and Ethnicity

Latinos comprise approximately 30% of ODHC's clients and 45% of medical patients. ODHC also sees African refugees from five countries, many of whom have high stress levels including anxiety, depression, sleep disturbances, and irritability. Many have experienced torture and persecution, and even children have lived through incredible violence. Somali and Sudanese refugees are very different culturally from Americans, with varied and intense needs and dramatically different cultural concepts. Approximately 33% of ODHCs medical patient visits required an interpreter.

Before ODHC committed to providing culturally appropriate services, 36% of Latinos surveyed had not received needed medical care in the past year. Language barriers and cost were the largest barriers to health care, followed by facility hours and transportation. Less than half reported a regular source of primary care. Many factors that create barriers to health care access for Latinos also affect other refugees and immigrants. In addition, these populations experience income disparities that creates barriers to services.

Children and Youth

ODHC is seeing increasing numbers of children, especially children in poverty. Statistics show that 33% of children seen for primary care are overweight or obese, and more children are living with diabetes. ODHC ensures that all children seen are updated on immunizations and receive preventive dental care. Often primary care providers refer children and families to other services including dietary counseling, mental health counseling, social services, and dental care. ODHC works with the school district and Head Start to provide required physicals before the start of school.

Preventive care for children is one of the first things dropped by stressed families, and preventive services tend not to be covered by insurance plans. Children are seen regularly in the Medication Assistance Program for prescriptions and insulin. Depression has been identified as a key problem by a statewide student survey and the local Yellow Ribbon Suicide Program. The rate of youth suicide is high in the region.

The Elderly

In the region, 12.5% of the population is 65 years or older; in some counties the elderly make up as much as 22% of the population. These elders tend to be on fixed incomes, and rely on ODHC's medication assistance program for affordable prescription drugs. In 2003, this program provided prescriptions worth $585,000.

Gaps in Services and Health Disparities

Most patients served by ODH are uninsured or underinsured and utilize the sliding fee scale. This population is poorer, sicker, and more in need of health care than the general population. They face barriers to health care services including inability to pay, transportation issues, and cultural and language barriers. About 30% of patients seen are employed but have no benefits. Approximately 30% are Latino, and 30% need an interpreter. The medically underserved population includes a high proportion of patients with chronic diseases. If untreated, these patients are likely to present in emergency departments for costly treatment. A conservative estimate is that ODHC saved local emergency departments $200,077,670 from Sept. 1, 2003 to Aug. 31, 2004.

Women's health is at stake in the area. The *Status of Women in Minnesota Counties* report ranked the area medium to low in women's health and well-being in 2003 (www.wfmn.org). Latinas fare worse. In a recent clinic for Latinas, ODHC providers discovered a 34% rate of abnormal Pap tests, reflecting a cervical cancer rate of 13.6% (compared to a statewide rate of 7.2%). All of the women screened required some form of follow-up care.

The most common causes of chronic disease and mortality in the target population are cardiovascular disease, cancer, COPD, Alzheimer's disease, and diabetes. The most common infectious diseases are influenza and pneumonia. HIV/AIDS and tuberculosis cases are increasing. The suicide rate is high, particularly among youth.

Dental Care

A regional health survey indicated that 26% of adults in Region Nine did not see a dentist or hygienist in the last year. Major barriers were cost and lack of insurance. The majority of children seen at ODHC have not had dental care at all. In rural areas, where drinking water is often from wells without fluoride, lack of dental care is a risk to long-term dental health. ODHC partners with Head Start to provide all children with dental examinations. Private dentists are reluctant to provide care to people on medical assistance because of low reimbursement and a high rate of no-shows. The Minnesota legislature recently imposed a $500 cap on coverage for adults in state-sponsored programs, causing many dentists to drop the program.

The rural areas served by ODHC expect a significant decrease in access as dentists age and retire. New dental graduates are not choosing to practice in rural areas; with debts of $100,000 on graduation, a metropolitan area practice is more appealing. The model of dental care provided at ODHC, together with its outreach programs and mission-driven orientation, allows the Center to overcome many barriers experienced by dentists in private practice.

Mental Illness/Depression/Substance Abuse

The Region Nine Regional Health Profile, a survey of residents of the region, found that the percentage of adults with depression is higher than comparable national data. Suicide is the third leading cause of death in youth ages 15-24.

No Place to Hide: Substance Abuse in Mid-Size Cities in Rural America, released by the U.S. Conference of Mayors in 2000, revealed that rural youth are at greater risk for substance abuse than their urban counterparts. In Region Nine, individuals seeking treatment for depression often wait six months or more for an appointment. Youth in crisis are often sent 200 miles away for treatment. Additionally, 25% of the adult population report binge drinking, and 8% are chronic drinkers.

Culturally Specific Characteristics

ODHC is unique in the area as the only clinic that provides culturally and linguistically appropriate care. ODHC has a full-time Spanish interpreter and utilizes community workers fluent in African or Arabic languages. Region Nine's racial and ethnic minorities are less healthy than whites. Lack of the most basic preventive health has potentially devastating effects on quality of lives as well as longevity. They are also unlikely to receive health care from someone who looks like them and understands their language and culture, because 98% of nurses, 97% of dentists, and most other care providers in Minnesota are white.

Relationship-based care reflecting an understanding of client values and beliefs is the key to serving everyone; with our population, it is paramount. ODHC offers a safe haven where the most vulnerable can seek assistance without judgment or value-laden responses from providers. The reward for providers is in empowering clients to achieve higher levels of wellness.

Summary

Open Door Health Center's community health plan enables it to increase access to an integrated array of health, social, and mental health/substance abuse services. This plan is divided into life cycle segments. Chronic disease treatment and management are built into each segment as appropriate. This plan for the underinsured and uninsured takes a proactive approach to preventive care and includes health education and promotion in all of its services. Consistent with our mission and the needs of our patient population is a strong emphasis on culturally and linguistically appropriate services. Our commitment to health education and empowerment to help clients manage their health and related issues are having an impact on the health of the community.

Annette McBeth, RN, BS, MS, FAAN, is the Chair of the Board of Directors of Open Door Health Center and Project Manager for "BSN in the 21st Century". She is the retired Vice President of Patient Care at Immanuel St. Joseph's Hosptial in Mankato, MN.