Encouraging Collaboration to Enhance Population Health: A Perspective for Rural Wisconsin

Emphasizing The Role of Preventive Health Services in Rural Community Economic Development

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“What Policies Encourage Local Collaboration for Population Health in Rural Communities?”

Implications for public health:

Increased access to preventive health services leading to improvement in rural health indicators.

Increased acceptance for the role of health in workforce security and regional economic development.

Development and expansion of efficient collaborations for the promotion of community health, particularly drawing in rural businesses.
Research Topics

designed to inform SRCI/RHDC policy development process

- Rural medical, public health, and business as the triad base for rural collaborative models.

- Means to increase rural community access to, and utilization of, preventive health services.

- Existing evidence linking collaborative environments to health status, community economic development and benefits to participating partners.

- Barriers to rural uptake of existing “best practice” evidence and policy to overcome these barriers.

Project Timeline & Design

- **PHASE ONE** - Summer 2006: Systematically analyze current literature for supporting evidence.

- **PHASE TWO** - Fall: Determine current levels of collaboration between: Businesses, Private Medical Providers, and Public Health in rural Wisconsin.

- **PHASE THREE** - Spring 2007: Integrate research findings with MPH and MS-IsyE program knowledge of community health, community economic analysis, and process improvement into policy recommendations.

- **SRCI project runs through 2009** – All phases have fluid beginning and end points determined by the work at hand and the nature of revelations over three year period. Each phase will have a summary report but no report will be considered “final”.

- **Time permitting - Fall/Spring**: Finalize evaluation tools for the RHDC and SRCI at state level.
PHASE ONE Methods:
Preliminary Stage

Step One: Identified Search Engines on E-Gateway – reviewed 59 search engines & retrieved 400 articles

Step Two: Identified Relevant Web Sites – reviewed 121 sites to identify 41 of immediate relevance

Step Three: Retrieved 80+ Bound Resources – review in progress

Step Four: Synthesized Concepts of Accumulated Resources – to facilitate development of methods for primary search

Phase One Methods:
Primary Search – in progress

1. Definitions
2. 16 search engines & 8 key words
3. Determination of Relevance – scoring system
4. Inclusion and Exclusion Criteria
5. Evaluation of all articles meeting inclusion criteria
6. Compare new findings to preliminary sweep
7. Compilation of Impressions for Final Report
8. Begin series of articles for Eye on Health, the RWHC newsletter
The SRCI model for community collaboration is very unique in its necessary inclusion of area businesses, and a triad linkage including but not limited to governmental public health, business and private medical providers.

No evidence yet found to support our belief that “collaborative effort”, by and of itself, produces positive health effects. Key informant interviews confirm this view. Now searching for practices/policies which will enhance the ability of collaborative models to facilitate uptake of proven prevention programming.

The most promising and innovative of our policy concepts is how community wide, triad based collaborative efforts can forge the link between health and economic development.

Key to success and sustainability for models created by this initiative will be our ability to assure that all agents receive benefit from participation, are supportive of the benefits and needs of other collaborative agents even though resource input levels will vary between agents.

Mountains of literature already exist on “best practices” for collaboration in general. Use patterns and gaps identified in the existing evidence to both inform and lend credibility to SRCI and RHDC policy efforts.
Conclusion:
Impressions of Phase One Activities

Collaboration is a concept widely discussed about which much has been written. However, initial findings suggest:

Much remains to be done on transferring this knowledge into rural communities, identifying specific barriers to collaboration and prevention uptake, and increasing actual uptake of recommended practices.

The SRCI model for community collaboration is very unique in its:
- Necessary inclusion of area businesses, minimum of a triad collaboration including, but not limited, to governmental public health, business and private medical providers.
- Long term vision of community wide collaborative development instead of the frequently found short term focus on programming alone.

?? Questions ??

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Thank You