

Healthcare Reform Without Communitywide Prevention Misses The Target

by Tim Size, Executive Director, Rural Wisconsin Health Cooperative

Along with going cold turkey from the Internet for a week, one of my summer rituals is to review the University of Wisconsin Population Health Institute report, “Wisconsin County Health Rankings.” This county by county comparison of health is unique in the view it gives us of our state—it is intended “to summarize the current state of health and distribution of key factors that determine health.” Like any report of this type, there are limitations and the reader is left with as many questions as answers. Which is the point—the report isn’t intended to be the last word, but to begin long overdue local community conversations.

What struck me this year is that the report has two halves, that must be seen as complementary. Not made explicit, but easy enough to calculate is the following: three-quarters of Wisconsin’s urban counties have health outcomes that are better than average while only one-third of rural counties can say the same. At first glance, not a rural health success story. But before rural Wisconsin healthcare providers get defensive, let’s look at the rest of the story.

In addition to calculating “health status” the report also shows a ranking of key factors that are thought to determine health status in each county. The ranking is based on the University’s best guess of the relative weight or importance of four key factors: 10% for health care, 40% for health behaviors, 40% for socioeconomic factors, and 10% for the physical environment. When you look at these rankings, three-quarters of Wisconsin’s urban counties have health “determinants” that are better than average while only one-third of rural counties do. If you follow the math, there is a simple bottom line; rural counties are predicted to have worse health status and they do. Because individual behaviors like smoking and exercising matter, as do education, jobs and income—the cumulative effect can be, quite literally, deadly.

Does this let rural healthcare providers off the hook? I don’t think so. It just means we have a large hook with plenty of room for company. Some “healthcare reform” advocates figure if everyone has health insurance and healthcare providers can be properly “controlled,” problem solved! As one prominent state supporter of single payer health care once asked me, “what am I supposed to do, campaign door to door and tell folks to ‘drop the donut.’ ” No, but we need to get real. Healthcare reform isn’t health reform. What we care about is our health and the health of our family, friends and neighbors. It is the lack of community health that drives costs that we increasingly can no longer afford.

With over thirty years of more than a little disagreement with the American Hospital Association (AHA), I now have to say that miracle of miracles, we couldn’t agree more. Perhaps I am mellowing but the AHA is definitely on target when they call for America’s hospitals to get serious about individual and community wellness. They have begun to circulate a framework for health



reform that makes more sense than anything I have seen to date, “*Health for Life, Better Health, Better Health Care*”—a set of goals and an agenda for creating better, safer, more affordable care and a healthier America. It is a work in progress; their stated objective is to be a “catalyst for change.”

From AHA: “Without change, America’s health care capabilities and finances will be overwhelmed. As a society we must: provide access to education and preventive care, help all reach their highest potential for health and reverse the trend of avoidable illness. As individuals we must achieve healthier lifestyles, take responsibility for our health behaviors and choices and each one of us must take action... Chronic illness is on the rise, half of Americans have one or more chronic illnesses; 80% of spending is linked to chronic illness, much of this is avoidable; obesity has doubled; diabetes is on the rise... Not all illness is preventable. But good primary care, health education and a healthy lifestyle are essential to improving health. Costs for health coverage and health care can be controlled as health improves.”

Real reform must address universal access to healthcare and yes, the cost of healthcare. But equally important, it must focus on what individuals and communities can do to become significantly more healthy and less dependent on what will always be very expensive medical interventions. To do less is not reform, but a collective self-deception we can’t afford.

The American Hospital Association’s “Health for Life, Better Health, Better Health Care” is online at <http://www.aha.org/aha/issues/Health-for-life/index.html> and the University of Wisconsin’s “Wisconsin County Health Rankings” is at <http://www.pophealth.wisc.edu/uwphi/>.