INSIDE THIS ISSUE:

Achieving Health Equity 1
The Importance of Interpretation 1-2
Affiliate Spotlight 2
Co-Director to Serve on Health IT Task Force 3
Missouri Medicaid Chartbook 3
Missouri Health Policy Summit 4
Recent Publications 4

THE IMPORTANCE OF INTERPRETATION SERVICES
By Ghazala Irshad

According to Grace Vega, the best part of her job is the look of relief on parents’ faces when she is able to tell them that their child no longer needs a doctor’s care. “It is bittersweet,” she says. Having worked closely with the patient and the family, she feels their joy as they are ready to take their child home, but at the same time, she is sad to see them go.

Vega is not a doctor, she is a Spanish-language interpreter for Limited English Proficiency (LEP) patients, and is the University of Missouri Hospital’s language services coordinator. Vega’s job includes ensuring that interpreters of several languages are available and scheduled for LEP and hearing-impaired patients, educating hospital staff in cultural competency, and recruiting and training new interpreters.

Vega concedes that it isn’t easy being a one-person department with limited personnel and equipment resources. In spite of the challenges, Vega is passionate about her work because it reduces disparities in health care for minority language speakers. Health care disparities are differences in conditions and the quality of care available and delivered to minority groups, reflecting broader societal inequalities. “The degree of disparity isn’t just influenced by socioeconomic

“Technology has the potential to allow interpreters to provide more efficient face-to-face interpretation.”

ACHIEVING HEALTH EQUITY
By Kristin Witt

The Center for Health Policy (CHP) in collaboration with The Center for Health Policy at Washington University (WUCHP) recently held a conference in St Louis on April 11, 2006 to raise awareness about achieving health equity in Missouri.

In the welcoming speech, Dr. William Peck, founder and director of the WUCHP, stated that the ultimate goal is to provide proper healthcare for people deprived of it, so that they can participate in all aspects of society. By taking small steps, this overall goal can be accomplished, even in the face of setbacks, such as recent Medicaid funding cuts.

Dr. Kristofer Hagglund, co-director of CHP, helped organize the conference and spoke about the importance of making a difference in decreasing racial and ethnic disparities in rural and urban Missouri.

“If anyone isn’t receiving adequate health care, it affects the whole community,” Dr. Hagglund said. “If a person’s health problems are allowed to worsen, it creates larger problems in the community. It’s simple economics.”

Though the issue of health disparities is extremely important, it receives little attention in research and the media. An annual event specifically focused on health disparities is a small step toward raising awareness to achieve health equity for all Missourians.

The conference served as the first of what is anticipated to be an annual event. However, it was not the first time health disparities in Missouri have been issue in a public forum. In 2005, the issue of health disparities was one of the two overarching themes of the Annual Missouri Health Policy Summit sponsored by CHP.

“Health professionals who attended the summit agreed the topic was significant enough to warrant its own conference, to bring together key stakeholders in the health care industry to confront the issue of health disparities in Missouri,” said Dr. Hagglund. CHP and WUCHP have developed joint research and outreach programs since 2003, according to Leslie Reed, vice president for Health Policy for Missouri Foundation for Health (MFH). The conference, supported by a grant from the MFH, featured several expert keynote speakers. Themes included asthma disparities, the social and psychological implications of poverty on individuals and society, and how to effectively work with communities to overcome health disparities.

The free conference attracted both health care providers and researchers, making for a turnout that was better than expected, according to Dr. Hagglund. The conference targeted key stakeholders in the health care industry along with legislators and policy makers. These leaders are the ones who can influence policy and begin to reduce and eliminate health disparities.

As Dr. Hagglund says, “If the influential don’t do something, who will?”

(cont. on page 2)
status, but also by factors such as administrative processes and the cultural understanding of health care providers.

The University of Missouri Center for Health Policy became interested in establishing initiatives to reduce the problem after participating in the University of Missouri Task Force on Health Disparities. The Task Force recommended strategies to recruit more minority students in health care and to incorporate cross-cultural education into provider training.

Vega is particularly interested in the Center for Health Policy plans for a telehealth interpretation network. The project uses interactive videoconferencing technology allowing rural clinicians to connect in a fast, easy and cost-effective manner with doctors and interpreters at other hospitals at any time to facilitate access to quality consulting.

Technology has the potential to allow interpreters to provide more efficient face-to-face interpretation. The interpreter can stay in one central location and is not forced to travel to each facility. This would allow interpreters to serve more clients in a more timely fashion, while providing higher quality care compared to using telephone interpretation. Currently, Vega is acquiring more and improved equipment, such as conference phones, in all areas of the hospital for phone interpretation. Although face-to-face interpretation is ideal, University Health Care lacks interpreters who can work nights and weekends and who speak less common languages like Cambodian, Vietnamese and Swahili.

Hailing from a small town in southwestern Missouri herself, Vega understands the value of the Telehealth project. After obtaining her bachelor’s degree in Spanish, she lived in Guatemala, Bolivia and Chile before returning to her hometown to work with children of immigrants with limited English. When word of her translating and interpreting skills spread, Vega was called upon so frequently and to so many rural areas of Missouri that she started her own interpreting and translating business, which led to medical and legal interpreting work.

Vega enjoyed medical interpreting so much that she left her business a few years ago to get into part-time medical interpreting with MU Health Care, before assuming her current position as full-time language services coordinator. “I love what I do,” she says, “not only for its variety or chances to learn more about different cultures, but because it is truly rewarding—I can actually see the benefits of the work I do.”

---

**CHP Affiliate Spotlight**

By Dan Cornwell

Daniel R. Longo, ScD
Professor, Department of Family & Community Medicine
Director of Graduate Studies

Dr. Daniel R. Longo, is a researcher and professor who holds joint positions with the Family and Community Medicine and Journalism schools at MU. He is a member of the Center for Health Policy and the Health Communication Research Center. Much of Dr. Longo’s research has implications for public policy interests.

Longo became involved with health policy early on in his career through his publicized doctoral dissertation work on hospital closures, and through his first post-doctorate job at the Joint Commission on Accreditation of Health Care Organizations.

Some of Longo’s notable research has been in tobacco cessation and how consumer reports relate to quality of health care.

After hospitals went smoke-free, Longo performed a study on hospital employees to look at the effects of the ban on workers. Through his research, Longo found that a side effect of the smoking bans was that smokers quit smoking at a remarkably high rate. The rate was even higher than if they had been on medication or any other kind of intervention.

The article, published in the Journal of the American Medical Association (JAMA), gave national exposure to the idea of policy being effective in getting people to stop smoking. “This article showed that a policy could make a difference in health,” Longo says. Although the bans were originally implemented to protect patients and other hospital workers from second hand smoke, the new bans ended up protecting smokers as they increasingly gave up the habit themselves.

Longo has also done extensive research regarding consumer reports and patient care. This research, also published in JAMA, found that there are indirect effects of rating hospitals publicly. Longo’s study suggests that publicly reporting on hospitals can lead to a change in hospital behavior. “Hospital behavior changed as a result of the dissemination of our report, so we concluded that when a government agency releases publicly available data, they have an indirect effect on quality of care,” he says. This research exemplifies that when data is released, hospitals and doctors can become more accountable. This has a bearing for health care nationwide, as having responsible hospitals is in the best interests of all citizens.

Most recently, near the end of 2005, Longo released a study on patient safety plans. These plans range from systems ensuring the correct prescriptions are given to patients to ensuring the correct limbs are operated on in surgery. The study, which took five years to gather and release, has national implications for the safety and well-being of all hospital patients. The study received numerous mainstream media hits in December of 2005 and early on in 2006.

---

**We’re on the Web!**

http://healthpolicy.missouri.edu
FEATURED REPORT: MISSOURI MEDICAID CHARTBOOK
By Shan-Shan Liu

Dedicated to improving health care in Missouri, the University’s Center for Health Policy is analyzing data to understand the effects of health policies under the Medicaid program, a program providing health coverage for people of low-income.

Recently, by request of the Missouri Medicaid Reform Commission, the Center for Health Policy took the lead in producing the Medicaid Chartbook. The Chartbook includes graphical information about Medicaid enrollment and expenditure data from 1998 to 2005, such as who and where the recipients are, what services they receive, and the cost of providing each service. It serves as a factual presentation to inform policymakers about the program and how it may be improved by making appropriate decisions that will ultimately enhance the welfare of recipients.

Teaming up
The Center for Health Policy has collaborated with various groups to work on the Chartbook. Researchers and staff from the Community Policy Analysis Center, Institute of Public Policy, Department of Health Management and Informatics, and the Office of Social and Economic Data Analysis comprised the work group. Each group contributed its expertise to obtaining, analyzing and compiling Medicaid enrollment data to produce charts and maps for the final Chartbook.

Amy Lake, an extension associate in the Community Policy Analysis Center, felt the collaboration among groups was “mutually respectful.” Everyone was cooperative and willing to do their share.

Challenges and joys
A big challenge of the project was getting comparable data from various sources. “Sometimes data from different people were not based on the same time period,” said Dr. Lanis L. Hicks, professor in the Health Management and Informatics Department. “Some were based on the calendar year, and some the fiscal year.” Team members from the Office of Social and Economic Data Analysis expended a great deal of effort to put the data into a common format.

Team members seemed to enjoy the teamwork. They felt they worked well as a team, and enjoyed the process of contributing to the public good. “I really liked to work in a team,” said Dr. Jane M. Mosley, research assistant professor in the

The Chartbook is available at: http://healthpolicy.missouri.edu/medicaid.htm

CO-DIRECTOR NAMED TO MISSOURI TASK FORCE
By Rachel D. Van Tuyl

Imagine if all Missourians carried a card that stored their entire medical history. With a swipe of this card, doctors could quickly review their patients’ entire medical past: family history, allergies, etc. Or, imagine if a doctor could monitor a seriously ill patient’s vital signs while the patient recuperated in the comfort of his or her own home.

With advances in the field of health technology, these may soon be possibilities, and Center for Health Policy Co-director Dr. Karen Edison will be helping make it happen. Edison recently received the honor of being named to the Governor’s Health Information Technology Task Force.

“I am delighted to have the opportunity to participate in the Task Force,” Edison said. The Task Force was formed to study technological advances in the field of health care and to examine how Missouri could implement this new technology to benefit Missourians. Edison, who often uses cutting-edge technology in her positions as chairman of the department of dermatology at MU and medical director for Missouri Telehealth Network, believes the Task Force’s goal is an important one.

“It’s important that we take a good look at new health technology...It has the potential to both lower the cost and raise the quality of care.”

Health information technology is one focus of the health policy summit this October.

“Hopefully we will have done some good work and will have lots to talk about” Edison says.

The 14-member task force is chosen from people with backgrounds in health care from across the state. Preliminary recommendations from the task force are due July 1 and their final report will be due Sept. 1. The task force will disband at the end of this year.
MU's Center for Health Policy presents IMPACT, an e-newsletter about timely local, state and national health policy issues and initiatives. MU’s Center for Health Policy is dedicated to helping Missourians achieve better health care through objective analysis and in-depth understanding of key policy issues facing our state.


Cravens, D, Mehr, D, Law, Vol. 30, No. 6, December 2005.


**ANNUAL MISSOURI HEALTH POLICY SUMMIT**

By Kara Krautter

Even before the buzz abates from the 2005 Health Policy Summit, the center is making plans for a repeat performance. The selection of Health Information Technology (Health IT) and Public Health as the core agenda topics lays the foundation for another influential and informative summit for all participants.

For the past three years, the Health Policy Summit has been a vital force in providing objective information for policymakers and disseminating that information to physicians and the people of Missouri. A major yearly event, the summit helps to fulfill the Center for Health Policy’s mission of improving health and health care through increasing the understanding of health care delivery and policy.

“To really improve health in Missouri, the right information needs to get out to the people,” said Kris Hagglund, co-director of the Center for Health Policy. “We work hard at making the summits as non-partisan or bi-partisan as possible.”

The Third Annual Health Policy summit held Oct. 28 of last year in Jefferson City addressed health disparities and Medicaid in Missouri. Dr. David Satcher, 16th Surgeon General of the United States and interim president of Morehouse School of Medicine, opened the first session on health disparities and spoke on what it will take to eliminate such disparities. Melanie Bella, former Indiana director of Medicaid and current vice president for policy of The Center for Health Care Strategies Inc., opened the second session on Medicaid and spoke on the importance of investing in quality Medicaid services. Panel discussions lead by presenters on a variety of related topics followed each keynote address.

As the only academic and social scientist on the health disparities panel, Dr. Cynthia Frisby, an associate professor in the Department of Advertising, Missouri School of Journalism, was not sure how significant her research would be for participants. Frisby presented her research on developing breast cancer health campaigns aimed at African-American women. She gave reasons why early detection is avoided, emphasized how correctly targeted advertising could be beneficial, and provided insights for future directions for the topic.

For several months after last year’s summit, Frisby received phone inquiries from participants about the possibility of using information from her presentation. The networking during and after the summit provided opportunities for presenters and participants to find ways they could help each other out. Frisby, a first-time presenter and attendee of the summit, was overwhelmed by the large turnout and pleasantly surprised by the reception of her research presentation.

“When media and health care work together, both patients and providers benefit from the information and knowledge,” said Frisby.

“Utilizing identifiable black women in advertisements will help patients identify and relate to the issue being addressed.”

The Center for Health Policy is currently considering a number of possible individuals to bring in as keynote speakers or panel presenters this year. Each year the keynote speakers provide a national perspective on the topic, and the panel serves as a way to localize national issues.

At the 2006 summit, the Center hopes to promote more participant collaboration and provide additional networking opportunities. The center also hopes to recruit more private organizations to sponsor the summit and expects a sellout similar to last year.

“It’s a summit about Missouri health policy,” says Hagglund. “It provides a forum to help make policy changes that will affect thousands of people over time.”