

# HEALTHY TOMORROWS

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Dayton Community • Wright State University • Sinclair Community College

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*The Center for Healthy Communities is a community-academic partnership committed to improving the health and well-being of the community and enhancing health professions education.*

*Our partners include: the Dayton community; Wright State University Schools of Medicine and Professional Psychology, the Department of Social Work, College of Liberal Arts, and the College of Nursing and Health; Sinclair Community College Division of Allied Health Technologies and Division of Extended Learning and Human Services; Dayton Public Schools; Dayton Metropolitan Housing Authority; Kettering Medical Center Network; Premier Health Partners; the Combined Health District of Montgomery County; many community and regional health, human services and faith-based organizations, and local and state governments.*

**In addition to the direct and in-kind support provided by our academic partners,** the Center is funded through the Area Health Education Centers (AHEC), Montgomery County Children Services Board, Montgomery County Department of Job and Family Services, Ohio Department of Health, Planned Parenthood of the Greater Miami Valley, and the United States Department of Health and Human Services.

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## HIEx: HealthLink Information Exchange

**W**ith support from the U.S. Department of Health and Human Services, Health Resources Services Administration, Community Access Program, the HealthLink Miami Valley (HLMV) project has developed the **HealthLink**

**Information Exchange, or HIEx.** This recently unveiled data system has been designed to support access from any health or human/social services organization in the community because HIEx is a database that is accessible, with appropriate authorization, through the Internet. Currently housing a patient registry of health uninsured, HIEx can be used as an electronic data management, storage and retrieval system for an individual organization and/or as a central data repository facilitating shared client records across organizations.

At this time about 30 health and human services organizations in the Miami Valley have identified themselves as HealthLink Miami Valley Portal Agencies and refer clients who are in need of health care services to Community Health Advocates. The Advocates work in partnership with case managers from health and human services organizations, providing targeted outreach focused on accessing health care. HIEx functions as the database, and currently houses over 15,000 client records, each of which includes demographic and household information, information about health status related to asthma and hypertension, and use of services information, particularly Medicaid enrollment status. A special feature of HIEx is that when a client needs to complete a Medicaid application,

HIEx can create a completed application in less than a minute, automatically transferring the appropriate information from the client record to the Medicaid application.

For the past three years, HLMV Portal Agencies have been making referrals to the Community Health Advocates on paper. Now, using HIEx, HLMV Portal Agencies can make referrals electronically. HIEx is designed to be compliant with the privacy and security regulations of the Health Insurance Portability and Accountability Act, as well as multiple other standards applicable to web based systems which house protected health information. Additionally, HIEx is designed to serve multiple functions, and development is currently underway on an electronic health record. HLMV Community Health Advocates have been using HIEx since July 2004 and have most of the bugs worked out. Community Health Advocate Karen Doty reports, "I am 90% paperless now. I love this system. It helps me do my work much more effectively." Community Health Advocate Barb O'Meara said, "At first I was pretty nervous about the computer, but HIEx is not that hard to use, and it really helps me with follow-up and record-keeping."

*See related article on Health Information Technology, page 6*



## 2004 CHC Health Promotion Award Winners

**T**he Center for Healthy Communities presented its **8th Annual Health Promotion Awards** at the Center's Annual Meeting on June 9, 2004. To be eligible for a Health Promotion Award, community-based health promotion programs must: 1) have been developed and implemented by two or more organizations, 2) serve the residents of the City of Dayton, and 3) involve the collaboration of two or more groups/organizations.

### **New Program Winner: The Specialized Clinical Case Management Service through Health Care Interventions and AIDS Resource Center Ohio**

**AIDS Resource Center Ohio** and **Health Care Interventions** have initiated a collaborative effort to enhance the health status of persons living with HIV/AIDS through an integrated provision of healthcare and supportive services to clients and their families.

Clients in the metropolitan Dayton area were in need of case management, emergency financial resources, and supportive services in order to improve and maintain their quality of life. To achieve this, two organizational outcomes were key: increased utilization of services and coordinating an integrated continuum of services. The collaboration between these two

agencies has helped to address improving access to case management, financial aid, and other supportive services to patients while they receive their medical care. Since the program's inception, not only are patients receiving a broader range of services, but the collaboration has strengthened the medical safety net for these clients, permitting fewer persons to fall between the cracks of the service delivery system due to missed appointments or other setbacks. In addition, the collaboration has enhanced each agency's education, prevention, and support programs.

### **Established Program Winner: Brighter Futures**

**Brighter Futures** is a comprehensive community-based nurse home visiting program for pregnant and parenting women age 21 and younger. Brighter Futures was originally a program of Miami Valley Hospital. In 1999, it expanded and became a collaborative project managed by the Greater Dayton Area Hospital Association, with primary funding provided through the Family and



*Kate Cauley, center, presents the Established Program award to Holly Hall (left) and Pam Albers (right) of Brighter Futures.*

Children First Council and Help Me Grow. Since its inception, collaboration with many Dayton and Montgomery County providers and agencies has been a major foundation for Brighter Futures' success.

In addition to assisting low income pregnant women with prenatal and postpartum support, education, and service referrals, Brighter Futures continues serving these families until the child turns three. The mentoring nature of the relationship between Brighter Futures nurses and their clients has been key to the improved physical and mental health experienced by young girls and women before and after the birth of their children. The nursing staff encourage and model healthy behaviors, and education is focused on prenatal health and postpartum parenting skills, including bonding and attachment, language development, school readiness, and immunizations. By cultivating healthy newborns and children, and preparing



*Kate Cauley, center, presents the New Program award to Bill Hardy, AIDS Resource Center Ohio (left), and Robert Brandt, Healthcare Interventions (right).*

them for school and life, families are strengthened, relationships are enhanced, and the Dayton community as a whole is vastly improved.

### Nominations for 2005

The Center is seeking nominations of community-based programs for the 2005 health promotion awards in the New Program and Established Program categories. To receive a nomination form or to learn more about the Health Promotion Awards, contact Carla Lachecki by e-mail at [carla.lachecki@wright.edu](mailto:carla.lachecki@wright.edu) or by telephone at (937) 775-1125.



To obtain a 2005 nomination form, visit the CHC website at [www.med.wright.edu/chc](http://www.med.wright.edu/chc) and click on the links "About Us" then "Awards" and finally "Annual Health Promotion Award Nominations".

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**Editor:** Carla Lachecki

**Contributors:** Kate Cauley, Carla Clasen, Kimberly Conner, Mary Crimmins, Dionne Henderson, Kay Parent



For previous issues of *HT* and other CHC news, visit us on the web at: [www.med.wright.edu/chc/](http://www.med.wright.edu/chc/)

## Kinship Caregiver Coalition Helps Grandparents Navigate Ohio HB 130

**O**hio HB 130, which went into effect on July 20, 2004, creates two ways grandparents can obtain "care, physical custody, and control" of grandchildren in their care *without changing legal custody*: 1) Caregiver Power of Attorney (POA), completed by

parent(s), a custodian, or a legal guardian of a child; and 2) relative Caregiver Authorization Affidavit (CAA), created by the grandparent when the child's parent(s), guardian, or custodian cannot be located. POA and CAA are valid for one year unless terminated earlier as specified in the bill. They may be renewed after one year, subject to court review.

In response to the high volume of inquiries from Montgomery County grandparents regarding Ohio HB 130, the **Kinship Caregiver Coalition** (formerly known as GP/GCI) formed the **HB 130 Task Force** to meet the needs of grandparents seeking assistance with filing and forms. The task force will coordinate educational trainings, develop local protocols, educate the public on HB 130, and

track the utilization of HB 130 by caregivers. The task force is composed of Legal Aid of Dayton staff, a family court clerk, kinship navigators, school registration administrators, a children services representative, a registered nurse and representatives from other social service agencies. Since August, the task force has assisted caregivers with the preparation of 33 POA and 22 CAA applications, demonstrating that Ohio's grandparents were in need of a legal way to quickly ensure the safety and security of grandchildren in their care.

For more information about the task force or HB 130, contact **Dionne Henderson, Program Director, Kinship Caregiver Coalition**, email: [dionne.henderson@wright.edu](mailto:dionne.henderson@wright.edu) or telephone: (937) 775-1116.

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## GP/GCI Name Change

**A**t the **Grandparents/Grandchildren Initiative (GP/GCI)** August 2004 meeting, the group voted to change its name to the Kinship Caregiver Coalition (KCC). The Grandparents/

Grandchildren Initiative (GP/GCI) is a coalition of 41 community agencies and individuals formed to explore, understand, and help address the unique needs of families in which grandparents and other relatives are caring for children in the absence of their biological parents. The Kinship Navigator Program is administered through GP/GCI to provide direct assistance to kinship families.

Over the past several years, there has been some confusion about whom

GP/GCI supports and whether the Kinship Navigator program was a separate program. Many social service agencies felt the name "GP/GCI" was misleading and that its programs only served grandparents raising grandchildren. In fact, the coalition wants to serve all kinship families and eliminate barriers to services in the community. The term "kinship" includes aunts, uncles, cousins, siblings, grandparents, and non-relatives.



# An Apple a Day

Health News from the Center for Healthy Communities Health Promotion Program

## Smoke-Free Dayton Striving for a Healthier Dayton

**T**hree years ago, the **Montgomery County Tobacco-Free Coalition** began working for a smoke-free Montgomery County. Two years ago, the Cancer Prevention Institute, Inc. conducted a survey of registered voters to determine local attitudes concerning second-hand smoke. The survey concluded that:

- 70 percent of respondents favored a local ordinance that would make all enclosed public places “smoke-free.”
- 90 percent said that they would be more likely to go to a restaurant if it was non-smoking or it would make no difference in their patronage if the restaurant were smoke-free.
- 78 percent said they would be just as likely to go to non-smoking bars if they were smoke-free.
- 85 percent of respondents recognized that secondhand smoke exposure was harmful to their health.

Following the survey, the Tobacco-Free Coalition began developing grassroots support for legal action to make public places smoke-free. Today, over 4,000 individuals and over 177 businesses have publicly endorsed the efforts of **Smoke-Free Dayton (SFD)** to protect families and workers from secondhand smoke exposure by passing a clean indoor air ordinance in Dayton. From fairs and festivals to forums and meetings with local elected officials, SFD is leading the way toward achieving the goal of smoke free public spaces community-wide.

This summer, SFD brought together city leaders from Dayton, Oakwood, Centerville and Kettering. Elected officials from those communities heard Bostonian D.J. Wilson from the Massachusetts Municipal League and a councilman from the City of Toledo speak about their decisions to make their cities smoke-free. SFD has sponsored two events in 2004 aimed at moving the coalition to forming a

smoke-free policy for the city. On September 14, a news conference was held in Dayton to highlight the accomplishments of two other Ohio cities that have recently passed a smoke-free policy. Charleta Tavaris, Councilwoman for the City of Columbus, and a representative from the City of Toledo presented information about their newly passed smoke-free city policies to Dayton area elected officials. On October 4, SFD teamed up with LEAD (Leaders for Equality and Action in Dayton) and held a public forum at the First United Methodist Church on Salem Avenue. The goal of these events has been to advocate for a firm commitment from Dayton’s city leaders regarding a smoke-free ordinance for the city.

Smoke-Free Dayton has been equally active in the Dayton suburbs. Kettering, Centerville and Beavercreek have all participated in Smoke-Free Kickoffs throughout the summer, with individual and business endorsers growing each day. The Centerville City council is considering proposing a smoke-free policy this year as a result of Smoke-Free Centerville supporter activism. Additionally, Smoke-Free Dayton representatives have made presentations to elected officials in Kettering and Centerville at their council meetings.

Approximately 20,000 Ohioans die of tobacco-related deaths every year. There are about 400,000 Ohioans – that’s more than one out of 30 of us –

who are sick or dying of a tobacco-caused illness which costs our state billions of dollars in direct medical costs and lost productivity.

If you or your organization would like to get involved in supporting smoke free ordinances, please contact Tracey Carson, Smoke-Free Dayton’s regional policy coordinator, at [tracey.carson@heart.org](mailto:tracey.carson@heart.org) or by telephone at (937) 224-3571 x28.

### Quick Health Facts

One out of every 5 breast cancers could be prevented if women would simply walk briskly for 30 minutes each day. *JAMA Sept. 10, 2003*

Obese Americans spend \$700 more per year on medical bills than those who are not overweight.

Nearly 90% of those with newly diagnosed type 2 diabetes are overweight. *Weight Loss Matters, American Diabetes Association, 2003*

Americans pay \$150-\$200 or more yearly in taxes for additional medical care expenses for overweight Medicare and Medicaid recipients. *Time magazine, Sept. 8, 2003*

People with one or more major (but modifiable) risk factors (smoke, high cholesterol, high blood pressure, high blood sugar) are 80% to 90% more likely to have a heart attack. *JAMA Aug. 20, 2003*

# CHC Staff Update



County Community School Corporation in Bloomington, Indiana, and over the years with several senior living facilities in her home state of California. **Donald Freeman**, having previously worked in various capacities with both Wright State University and Sinclair Community College, joined the CHC as a Community Health Advocate in January 2004. Both Karen and Donald are working at the Sinclair office.

## HealthLink Miami Valley

Although it's old news today, we have not officially introduced **David A. Roberts**, who serves as a Programmer Analyst with the CHC and Wright State University School of Medicine. David began with the CHC in January 2003 with the HealthLink Miami Valley project and has been the technology brains behind the HealthLink Information Exchange (HIEx) developed for the HealthLink Miami Valley project (see article on page 1 of this issue about HIEx). David is originally from Venezuela and has been in the U.S. since 1995. Prior to joining the CHC, David worked previously as a Network Operator, Supervisor, and Software Engineer with companies in Fairfield and Cincinnati, Ohio. David's office is on campus with Network Services in the School of Medicine.

Also joining the HealthLink Miami Valley team is **Catrina Baker**. Katrina is not new to the CHC, having worked with several programs through the

**J**ust to officially catch everyone up with some of the changes in the Center for Healthy Communities over the past year...

## Kinship Care Coalition (KCC) (formerly the Grandparent/Grandchildren Initiative)

As we reported in the Summer 2003 issue of *Healthy Tomorrows*, **Dionne Henderson**, formerly with Miami Valley Hospital and the American Heart Association, started working with the Center in July of 2003 heading up the GP/GCI program. Recently, in order to better describe the continuing growing services of this group, the name has been changed to the Kinship Care Coalition (see page 3). Working as Kinship Navigators with this program are Community Health Advocates **Bonnie Grooms** and **Crystal Wirts**. Bonnie has been with the Center for a number of years serving as a Community Health Advocate with Reach Out Montgomery County. In November 2002 she began working with the KCC and has gained excellent experience over the years. Crystal Wirts has been with the Center since January 2004. Prior to coming to the Center, Crystal worked in several other health and social services organizations including Regina House, Senior Resource Connection and St. Joseph's Treatment Center.

## Community Health Advocate Program

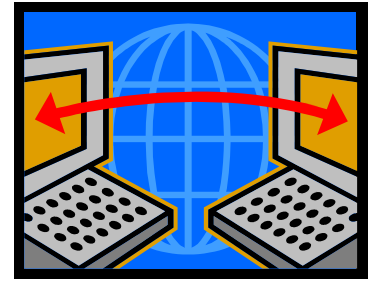
In late 2003, **Marilyn Rodney**, Program Director of the Community Health Advocate Program and Assistant Director of the Center for Healthy Communities (CHC), accepted a position as Service Learning Coordinator at Sinclair Community College. When, after a long career in clinical nursing, Marilyn started the Community Health Advocate program, she was

completing her Master's degree at the WSU College of Nursing and Health. As its founding director, Marilyn developed a solid program for the Dayton community that serves as a national model for programs around the country. Marilyn remains in the position of Assistant Director with the Center for Healthy Communities, but her primary professional responsibilities are in strengthening the service-learning program at Sinclair Community College. Look for a story describing this work in the next issue of *Healthy Tomorrows*.

Recently promoted to Program Coordinator of the Community Health Advocate Program, **Kimberly Conner** now heads up the CHC Sinclair office in Building 13. Kim had been named Community Health Advocate Supervisor with the HealthLink Miami Valley project almost two years ago and officially assumed responsibility for supervising all of the Community Health Advocates in the Sinclair office last fall. Now she also serves as the Program Coordinator for the Medicaid Outreach Consortium and as a Co-Chair of the HealthLink Miami Valley Outreach Task Force. Kim brings a wealth of experience to her position, both as a former Community Health Advocate, and before that from her work with the Greater Dayton Area Hospital Association. Since coming on board last fall, Kim has added two new Community Health Advocates to her staff. **Karen Doty**, a certified activity director for skilled nursing facilities, joined the Center in November 2003. Karen is relatively new to the Dayton community having worked previously with the Monroe

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# Health Information Technology Series, Part I: Overview



**T**he **HIEx system** developed through **HealthLink Miami Valley** is part of a larger national effort working toward the long-term goal of having health records available electronically. The trend toward **health information**

**technology**, known by the acronym **HIT**, captures all aspects of electronic record keeping in the health care industry. HIT has been supporting *electronic billing* for quite awhile.

Increasingly, *electronic practice management* systems are being used to schedule appointments, verify insurance status in real time and monitor workflow in a provider's office. *Computerized Physician Order Entry (CPOE)* and *e-Prescribing* systems are being used by physicians to electronically send orders for

laboratory and radiology tests as well as medications to the appropriate providers of those services. Several of the national pharmacy chains keep a central database so that anywhere you travel in the US, information about your medications is available. For example, if you typically use CVS in Dayton and you travel to Florida and need a new prescription filled, a CVS in Florida can electronically check for drug interactions against all previous prescriptions you have had filled at CVS. Clinical information systems that include **electronic health records (EHR)** have been used for many years throughout the Veterans' Administration Hospital and Health Care facilities. If you are a veteran and your physician works within the VA system, your medical record is available electronically, with appropriate authorization, to any physician at any other VA facility in the US.

In general, increasing the quality of care and reducing the cost of care drive the trend toward HIT. First, having access to as much information as possible contributes to the provider's ability to ensure the best possible care. Second,

having the information available in electronic formats facilitates rapid integration of lots of information, and this helps to reduce medical errors. Third, having access to a full set of comprehensive and integrated information in real time helps to reduce duplication of services and unnecessary services. Finally, all three of the quality improvements cited above contribute to decreasing the cost of care.

The Institute of Medicine produced a comprehensive report (<http://www.iom.edu/report.asp?id=16663>) outlining these and other issues, and there is a growing body of research demonstrating significant enough improvements in quality of care and reduced cost of care that the general consensus of leaders in the health care industry is to move toward widespread adoption of HIT in both the public and private sectors. To that end, in June of 2004 the US Department of Health and Human Services launched the "Decade of HIT" and introduced the concepts of the National Health Information Infrastructure (NHII) and subsets of this, Regional Health Information Infrastructures (RHII), and Local Health Information Infrastructures (LHII) (<http://aspe.hhs.gov/sp/nhii>). HIEx is an example of the early stages of an LHII. To really make all this work, two things are critical: the appropriate technology and a willingness on the part of patients and providers to move into the electronic age. From a technology perspective the two key factors are standards and interoperability.

**Standards.** Remember the Health Insurance Portability and Accountability Act (HIPAA)? The original focus of this piece of legislation was to ensure that when I leave Company A, which provides health insurance through Anthem, and I get a new job with Company B, which provides health insurance for their employees through United Health Care, I can still get health insurance regardless of my pre-existing conditions. Under the assumption that health care records might be transported electronically, a set of standards has been implemented under HIPAA. For example, privacy standards ensure that protected health information (PHI) can be transmitted electronically, with proper authority/authorization, for purposes of determining eligibility, treatment and payment; security standards ensure that the systems in which PHI is stored have appropriate back-up and barriers to unauthorized access; transaction standards ensure that the way we code and exchange information has some uniformity.

As we continue to adopt health information technology, particularly the EHR, there are additional standards that will be needed, such as a system of unique identifiers for providers and patients that will be coupled with developing standards for data elements of the EHR. Of course, there are already diagnostic and billing codes in use like ICD9 and CPT, but these do not cover the full range of information that needs to be standardized in the EHR.

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**Interoperability.** Once we have language and codes that everyone agrees with, how do we ensure that the computer system used by Dr. Jones can talk to the computer system used by Dr. Smith? There are still relatively few national standards for how this will all work. Private technology companies have been moving forward in response to industry demand and developing proprietary systems. This means that Dr. Jones may have hired Tech Company A to develop an EHR system that works well in his office and Dr. Smith may have hired Tech Company B to develop an EHR



To learn more about HealthLink Miami Valley and HIE, please visit [www.med.wright.edu/healthlink](http://www.med.wright.edu/healthlink)

system for his office, but typically these systems will not be able to talk to each other. To solve this problem, there are two general strategies. One is to create technology programs to facilitate cross-system communication, like HL7. A second strategy is to encourage non-proprietary, shared source and open architecture systems. Shared source systems are created using programming codes that can be shared under broad-based licensing agreements. In open architecture systems, operating specifications are made public by the designer.

In the next two issues of *Healthy Tomorrows*, there will be more articles in our series about health information technology. Parts II and III will review some of the work being done in the Dayton community and some of the progress being made statewide to shift to health information technology.

Kettering Center office for a number of years as a Research Support Technician. Toward the end of 2003, Catrina accepted a position at the Sinclair office to assist with the implementation of the HIE program (see article on page 1 in this issue) and to provide office operations and other support duties.

### Administrative Support

The most recent addition to the CHC staff is **Annemarie Halfpap**, who came on board in February 2004. Serving as a Research Support

Technician for CHC, Annemarie has previous experience in health and human services as a counselor and office manager as well as in her own business as a web page designer. Annemarie works at the Kettering Center office of the CHC and is frequently the friendly voice on the phone when you call in to register for CHC-sponsored workshops and events.

## Award Winning Community Health Advocates

**A**t the Annual **Community Care Coordinators Conference (C4)** in Columbus, Ohio in the fall of 2003, **Barbara O'Meara and Cecelia Ann Smith**, Center for Healthy Communities Community Health Advocates, were recognized

for their exemplary outreach and advocacy work. At the conference dinner, Barbara and Cecelia each were presented a beautifully framed certificate identifying them as exemplary Community Health Advocates. The annual conference, sponsored by Ohio Department of Health, is held to recognize the valued work of outreach workers. Several hundred participants attended the conference, which featured keynote speakers, several educational break out sessions, and opportunities for networking among outreach workers and program coordinators.



C4 Award Winning Community Health Advocates Barbara O'Meara (l.) and Cecelia Ann Smith (r.)

**Congratulations Barbara and Cecelia!**

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*For more information or to make suggestions, please call Kate Cauley, Ph.D., Center Director, at (937) 775-1114.  
Contributions to the Center may be made through the Wright State University Foundation. All contributions are tax deductible.*