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MHA5032

Health Policy Agenda

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Introduction

Changes in health policy don't just happen. They happen because activists, legislators, researchers, and others work together, sometimes for long periods of time, to advocate for change. For advocates of change, successful advocacy requires a thorough knowledge of the issues at hand, familiarity with the ongoing problems and their causes, and the solutions that might address those problems.

In this activity, you will be asked to seek information from others so that you can help with advocacy on an important health policy issue: veterans who need more access to behavioral and mental health services in rural areas.

Learning Objectives

After completing the activity, you will be prepared to:

- Identify changes needed in the health policy, outlining the vision for the changes and the legislative process to accomplish the change.
- Describe the problems and how the proposal would resolve them.
- Challenge the status quo by comparing it to an ideal vision of change.

- Define a strategy for delivering the message or vision for change to those affected, including methods of influencing the legislative process to achieve the change.
- Evaluate the impact of the health policy issue (enacted or possible), projecting the strategic influence on population health and impact on the health industry over the next 3–5 and greater years.

Health Policy Agenda

You are a new staff member at the recently created Barnes County Telehealth Alliance, a consortium of nonprofits, providers, and other organizations that want to advocate for funding to support telehealth initiatives to improve mental health services and outcomes for veterans in Barnes County.

You'll be working with Peggy Trueblood, the executive director of the Alliance. She's going to be traveling a lot in the days to come, so she'll be counting on you to help get the campaign to advocate for telehealth off the ground.

Voicemail from Peggy Trueblood

Hi, and welcome to the Barnes County Telehealth Alliance! Sounds fancy, doesn't it? I'm glad you'll be working with us. I'm afraid I'll have to throw you right in; we'll be going before the legislature to ask for some funding for a telehealth clinic, and there's a lot to get done before the session opens. I'll be on the road a lot, so I'm going to need to lean on you.

First, I'd like you to get up to speed on the background. Hopefully someone explained that we're an alliance of several organizations that are on board with solving the problems veterans in our county are having with accessing behavioral and mental health services. Basically, we've got a large population of veterans in the county, and they're encountering some roadblocks to getting good care, whether it's for pain management or PTSD or general mental health help. We need to find some better ways to deliver that care, and the Alliance is pushing for us to use telehealth (it's also called telemedicine) to deliver it. I'm about to send you some files that I hope will give you some context.

After you've had a chance to review them, I've set up some interviews for you with stakeholders around the county who will explain more about what's going on. Let's connect again after you've had a chance to talk to them. Thanks, and good luck!

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Documents #1

[Legislative Environment and Interested Groups](#)

[Barnes County Quickfacts from the US Census Bureau](#)

[PTSD and Telehealth](#)

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Stakeholder Interviews

Joseph Turner, Barnes County Veterans Service Office Director

What is your involvement or interaction with the veterans living in Barnes County?

I'm the county Service Officer for the North Dakota Department of Veterans Affairs. I help veterans who live in the county to get the benefits they're entitled to through the VA. Sometimes I help veterans from other counties too, because the VA's clinics and offices often cross county lines, but it's mostly the ones in Barnes County.

What unique problems do they face?

I'm a veteran myself, but I can't speak for all of them. We've got our share of both Iraq and Afghanistan vets – some of them served in both theaters – and it really depends. Almost any vet might have a tough time getting used to being out of combat and around civilians all the time. But some of them have it rougher, depending on what happened during their service. The thing is, I think we're getting a lot of the ones who did have it worse. I don't know if you've heard of that Eagles Healing Nest place in Minnesota? It's an abandoned reform school this woman has turned into a place for veterans to live for free. It's in a little town, can't remember the name, but it's 100 miles from the city and it's quiet and veterans can go there and avoid the traffic and the noise and the crowding that can sometimes trigger PTSD episodes. Anyway, people have been coming here with the same idea. We got a few after Desert Storm, a few more after the first few years of Afghanistan, and a lot after Desert Shield. These guys seem to need more quiet, they kind of operate on a hair trigger, and they don't want to be crowded. So they move to the family farm or live in town and try not to have episodes.

Do they have access to the treatment and services they need?

It can be tough to get services through the VA. I'm not supposed to say that, and I wouldn't say it publicly, but it's a problem. Some of them go to the VA clinic in Jamestown when they can't get what they need here, but the problem with that is they often just get a referral to someone in Fargo or even Minneapolis. That's not where these guys want to go – hell, that's why they're here in the first place!

What happens when they can't get that access?

It's not good. There's a guy who had a place on the river, maybe 15 or 20 miles northwest of the airport? That guy stepped on an IED in Iraq in 2009. They took, I don't know, about 50 pieces of shrapnel out of his legs, but there's still a good bit in there. That guy's in pain all the time, and while he can walk, he couldn't walk all that well, or for long. Anyway, he killed himself two years ago. Left a note, said he couldn't take the pain anymore. I don't blame him. Who knows what he went through? But maybe if he'd gone on different meds, gotten different physical therapy, something, he'd still be here. I don't know.

What do you think would be a good solution to their problems of access?

There's a VA clinic in Devils Lake that vets can use to get care. It's staffed by nurses, and there's a doctor who oversees the clinic, but he isn't there much. But it doesn't matter, because it has monitors that let patients talk to doctors in Fargo, Minneapolis, Grand Forks, wherever they've got the equipment and staff! If we had one of those clinics in Valley City, it would make it so much easier for vets to see a doctor without having to drive forever in bad weather and maybe risk a PTSD episode.

Richard Waters, North Dakota Veterans Affairs Commissioner**What is your involvement or interaction with the veterans living in Barnes County?**

I'm in charge of making sure that all the veterans in North Dakota get the benefits they've earned. I'm basically the liaison between the state and national VA and the county Service Officers. And of course, I'm a veteran myself. Desert Storm.

What unique problems do they face?

Some have physical problems from combat injuries. Prosthetic limbs, serious wounds, sometimes both. When you combine that with visible disfigurement, it's tough on some of them. They don't all live out in the sticks, but plenty of them do, and that military training of self-reliance is big. We're soldiers! We're supposed to tough it out, right? But the problem is you can only tough it out for so long, and some of these guys have real serious physical limitations and a lot of pain. And unfortunately, whether they've had serious injuries or not, a lot of them have PTSD – but they don't all realize it.

Do they have access to the treatment and services they need?

Sometimes. For the physical stuff, the hospital is pretty good. But for the mental stuff, there's not much to go around. I mean, there are some services available, but this is a rural area. All the hotshot psychiatrist types would rather practice in a city where they can spend their money, right? And for guys who don't really like running around town or being seen anyway, it's not great to have to drive down Main Street or 6th Avenue and walk from a parking spot to some therapist's office.

What happens when they can't get that access?

Well, military guys will tough it out. We don't always know. I think there's something like 1,000 veterans in the county, and you can't keep track of them all. Some of them get hooked on painkillers, or drink a lot, and there's harder stuff to be had if that doesn't do the trick. I'm glad we're not closer to the fracking, because the drugs up there...yikes. We do what we can, and there are addiction counselors around town, and of course there's the three or four AA meetings around town. But when the underlying problem doesn't get solved – the pain, the PTSD, whatever it is – it's not easy for guys to quit once they're hooked on something. Especially if the Twelve-Step model doesn't really work for them.

What do you think would be a good solution to their problems of access?

It's a small town, so whatever isn't here, they've got to go to it. I'd like to get one of those telehealth clinics operating here, like the one in Devils Lake. But there's no money in the VA's budget for another one, and there may not be next year either. Those damn politicians will horsetrade and grandstand and shut the government down, and meanwhile my fellow service members just have to wait and hope.

Don Gruman, Barnes County Sheriff

What is your involvement or interaction with the veterans living in Barnes County?

Personally, I'm friends with some guys who are vets, but other than that, not much. Professionally, though, my deputies and I have noticed a bit of an uptick in the number of times calls involve the vets around here. Now, it's not that they're robbing banks or breaking and entering! The vets I know are law-abiding guys, even if a few of them have pretty wicked tempers. It's just...I don't know, when we go on domestic violence calls, they don't always involve vets. But when they do, they're the ones that come out of nowhere and get scary fast. The vets with a lot of combat time don't all operate on a hair trigger, but man, the ones who do...

And it's not just that. We're doing more welfare checks than we used to. We'll get a call from someone's boss or estranged wife or whatever, and they want us to go out there and make sure they're okay. It's part of the job, but it worries me. A couple of times we've found guys – and once, a woman – who had killed themselves. In a county where that almost never happened, now it's happened more than once. Know what I mean?

What unique problems do they face?

I don't know. I only know what I see when we get into it with them or have to go check in on them. They're not necessarily different than other people, but these emergency situations seem to be happening more.

Do they have access to the treatment and services they need?

It sure doesn't seem like it. And isn't the VA notorious for that kind of thing? I know it took my fishing buddy a year and a half to get his disability officially recognized or whatever it is they do.

What happens when they can't get that access?

Well, not always, but sometimes, we get called. That's what happens. You get someone who's had an argument with his girlfriend and waves his gun, and off we have to go. Not that there aren't civilian guys around here who would do that, but they also get into fights at the bar and get tossed for driving drunk. Not the vets. These are law-abiding guys, otherwise.

What do you think would be a good solution to their problems of access?

Get 'em the care they need! I mean, who can blame a guy for drinking to kill the pain when he's had a leg blown off?

Joann Reese, Admissions and Discharge Director at Valley City Regional Hospital**What is your involvement or interaction with the veterans living in Barnes County?**

Some of the veterans are coming to us for physical care, behavioral care, or both. Of course, they need treatment for the same things civilians do – accidental injuries, disease management, that sort of thing. But for the ones with needs for wound care or prosthetic limb management, we're pretty much the only game in town. We get some vets coming through the ER, mostly for pain problems, although a few come in with prescription drug intoxication or alcohol poisoning. Our psychiatric services unit is set up for mental health or substance abuse crisis management, and we have one doctor who does medication management consultations. But he's not full-time staff here, he just has visiting privileges, and if I remember right he's only here one day a week. It's not easy to get specialists here, and we don't really have the revenue base to sustain them.

What unique problems do they face?

Well, they're not the only ones who have PTSD, but they're the population we're least surprised to see it in. And although we're getting better at it, hospital staff aren't always as familiar with military culture as they could be. That can be a problem in care coordination. After-care reviews often reveal that staff missed opportunities to ask about depression or anxiety when veterans are here for other types of treatment. Plus, when they do ask, they don't know how strong the instinct for self-reliance is, so they miss the signs or they don't follow up. We're getting better at it, because we're making an effort to be. But I don't know what happens at outpatient clinics or other providers.

Do they have access to the treatment and services they need?

Yes and no. For example, like I said a moment ago, we can provide medication management consultations. But not every day of the week. You're talking about asking people who never wanted to come to the hospital in the first place to come back later in the week, or the next week. That doesn't really work. And as far as managing PTSD symptoms, we're limited. We can help resolve a crisis. Sometimes ex-soldiers show up at the ER because they're hallucinating or feeling suicidal, and we can help them get stabilized and on meds. But we can't make them take their meds afterward. And we

don't have the capacity to offer regular, ongoing treatment, which is really a good idea with PTSD. People need to learn skills for managing those symptoms, and they need to practice them, but we don't have the staff. And the rest of the mental health providers in town are generalists. It's like we've got the capacity to manage a crisis, but not enough to head off the crisis before it happens.

What happens when they can't get that access?

Mental health and physical health go hand in hand. So it depends. Some people just troop it out. Some people get better. But a lot of folks come in to the ER more than a few times a year. Sometimes we don't know what's going on, but we'll have one veteran come in here one month with alcohol poisoning, the next month with injuries from a fistfight, and the next with severe depression...it just doesn't tend to get better unless there's some kind of intervention. And it often tends to get worse.

What do you think would be a good solution to their problems of access?

The hospital has been talking for years about a telehealth initiative, and I think that's the best idea we've got. I've visited the Devils Lake clinic. They've got small individual rooms with monitors for patients to use when they have a tele-appointment, and three nurses on staff for testing or hands-on treatment. Veterans go into their own room for their appointment, and they don't have to drive to Fargo or Duluth or Minneapolis but they can still get an appointment with a psychiatrist or a pain specialist or other specialists.

Ned Walsh, Barnes County Health Department Director

What is your involvement or interaction with the veterans living in Barnes County?

I encounter them in the data I look at, or at least I'm reasonably certain I do. As Health Department director, I keep an eye on the county-level statistics. They tell me about the different health challenges folks in this county are facing. Lately, what they're telling me is that more veterans are having physical and mental health outcomes that we don't want.

What unique problems do they face?

Well, let's look at the data for suicides in the county. There were three times as many suicide attempts – 27! – in Barnes County in 2014 as there were in 2001. And that's not an outlier or a weird year; it's been climbing, if slowly. And it's not just that our population is growing too. It's out of proportion to the county's growth rate, which is climbing much more slowly. The hospital data shows that more of their emergency hospitalizations for suicidal ideation, overdose, and accident-related injuries involve veterans than they used to. So I suspect we have a problem. But frankly, even if we didn't, veterans with injuries, PTSD, or other combat-related problems deserve to have reasonable access to care. And they don't, at least in this county.

Do they have access to the treatment and services they need?

I've heard anecdotally of veterans who finally force themselves to make an appointment with one of the town's three psychiatrists, only to be told that they'll have to wait three weeks. Now, in the bigger cities, even civilians might have to wait three months, so I get that that isn't a veteran-specific access issue. But it's still an issue. There has to be a way to get these people some treatment so that the ER isn't their first point of contact. The stakes are higher with someone who has untreated PTSD.

What happens when they can't get that access?

It's not always suicide or violence or an obvious bad outcome. But when you think about how closely related behavioral health and physical health are, I suspect there's a cost even when we don't see it. Diabetes, heart disease, other illnesses that can be managed but have a behavioral component...you get the idea.

What do you think would be a good solution to their problems of access?

If vets here could get connected to the same kinds of distance solutions that vets in other part of the state can, that would be a great start.

Christopher Wilshire, Veteran who lives in Valley City

What is your involvement or interaction with the veterans living in Barnes County?

I'm with the VFW Post 2764. We've got an office right on Main. I know a lot of the guys – and gals – who live in Valley City, and some of the ones who live farther out in the county. We have something like a thousand veterans in the county, from what I hear, though I'm not sure that's still true. Anyway, I talk to a lot of them, if not all the time. I'm more likely to know them if they're members of the Post, and not all of them are.

What unique problems do they face?

Well, they're not all the same. Some of them came back just fine. Not everybody was stepping on IEDs in Iraq or getting in firefights in Kandahar! I think everybody who's been in combat feels a little weird about normal life. But there are some guys who had it rougher. Some are in wheelchairs, some are missing part of an arm or a leg, that kind of thing. And they feel really different from other people. They don't like being stared at, they don't like being asked what it was like in Afghanistan, and they don't like going to the doctor. At all.

Do they have access to the treatment and services they need?

I think it's more a question of whether they want to use that access. Sure, guys can get appointments, but do they want to go to them? Road trips are great when the weather's okay, but it can be hairy to get to Fargo or Minneapolis. There's a guy named Mike who has an eye injury from the Second Battle of Fallujah. He lives out near Lisbon, not far from Sheyenne. Technically he can drive, but his depth perception isn't great, and he hates to drive, especially if it's overcast. That makes it worse for some reason. Anyway, maybe he can get appointments, but he doesn't make them. He knows he needs to get his eye looked at, he knows he's kind of paranoid and doesn't sleep well, but Fargo is just not the place for him.

What happens when they can't get that access?

Sometimes they just tough it out. And sometimes they can't. We've had more than our share of funerals in the last couple of years. One guy wrecked while he was drinking, another just died but they think pills were involved...it's terrible to make it through a war and then not be able to survive the aftermath.

What do you think would be a good solution to their problems of access?

Valley City is a small place, and for the ones who actually need treatment, it would be great if they could come here and not have to go anywhere else.

Pam Miller, Pastor of Faith Lutheran Church of Valley City**What is your involvement or interaction with the veterans living in Barnes County?**

I have much more interaction with wives, girlfriends, mothers, fathers, and friends of veterans, actually. In the last couple of years, I've been having a lot more conversations with people who are worried about a veteran and who don't know how to help them. Not every veteran has PTSD. That's a myth. But a lot of the veterans who do have PTSD have been moving to rural areas, and that's us. And when a veteran has untreated PTSD, the odds are just higher that someone in their life – spouses, children – are going to suffer along with them.

What unique problems do they face?

Mostly I hear about drinking, painkiller abuse – or at least dependence – and unwillingness to go see somebody. And I can't blame them, because it can be very difficult to get in to see someone here. We're in a small city and an underpopulated county, and we just don't have the revenue base to support the specialists who practice in larger cities.

Do they have access to the treatment and services they need?

It sounds to me like they do, but I'm sure it depends. And of course access is important, but access doesn't matter if there are obstacles that prevent the person from taking advantage of it. So I hear about secret drinking, for example. But it's not just the veteran; their wife or girlfriend maybe starts drinking more because of the stress. And family members can't get treatment at the VA, so they have fewer options. Shame and embarrassment at "not being able to deal with it" are big obstacles.

What happens when they can't get that access?

It depends. But if they can't, it affects everyone around them, not just them.

What do you think would be a good solution to their problems of access?

I don't know.

Deborah McNary, communications director of Mental Health America North Dakota

What is your involvement or interaction with the veterans living in Barnes County?

I don't have much direct interaction, but our organization promotes mental health through education, advocacy, understanding, and access to quality care. My job is to stay in touch with all areas of North Dakota about the state of mental health in general. And it's not good.

What unique problems do they face?

They face what other people with a need for mental health services face: budget cuts. Critical services like suicide prevention, mobile on-call crisis, residential services for crisis patients, and other resources have been gutted by a legislature that seems determined to pay for everything else by cutting mental health. So any veteran with a mental health disorder is going to have a hard time getting the care they need if they venture outside the VA system. And with no VA clinic in Barnes County, they have to drive to Jamestown or Grand Forks or even farther to get help in the VA system.

Many people with mental health disorders will remain on waiting lists and receive no services at all. Families and advocates are left to scramble to find any help to prevent or address a crisis. People end up homeless, in jail or hospitalized without available preventive services.

Do they have access to the treatment and services they need?

I don't know, but there are a lot of people across the state who just stay on waiting lists and don't get any help. They end up homeless or in jail or worse, and it's because there aren't services for them. I'd guess veterans have the same problems with access as others, but with the VA in the picture I'm not sure.

What happens when they can't get that access?

What happens to anyone when they can't get access? They get worse. It's the same problems, only if the veteran in question has PTSD and a combat injury, they're probably even more challenged.

What do you think would be a good solution to their problems of access?

If the legislature would demonstrate that they care about this problem, that would be a good start. I'm sure they're good people but they seem to see mental health services as an add-on, a sort of nice-to-have thing, rather than a necessity for a healthy community.

It would also be good if they would help distribute resources more efficiently. There are a lot of resources in the cities, not so much in the small towns. If people in the more rural areas could take advantage of the expertise in the more urban areas, I think the crisis wouldn't be so acute.

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Email #1

Telehealth and Veterans Report

From: Peggy Trueblood, Executive Director

Now that you've gotten some background on the issue, I'd like you to take a look at a report that an intern at my office prepared. Nobody in the Alliance has seen it yet, but we're planning eventually to include it as part of our pitch to the Legislative Assembly. The trouble is that I haven't had a chance to read it in detail and make sure that it has everything we need.

Can you give it a close read and take note of which sections are solid and which ones still need some work? We'll talk about what you found when you're ready.

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Documents #1

[Veterans in Barnes County: Gaps in Care](#)

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Meeting with Peggy Trueblood

Peggy Trueblood

Hey there! I finally have a few minutes. Let's go through the report 'Veterans in Barnes County: Gaps in Care' section by section, and you can tell me what you thought of the different parts within each section. Let's start with Section 1: Background of the Issue.

Section 1: Background of the Issue

This first section is supposed to describe the provisions of current law or policy. How would you rate it?

Poor You're absolutely right. There's no discussion of any law or policy in North Dakota as it relates to telehealth, so we'll need to add that information. Let's move on.

How do you think this section explains the current problems veterans are facing and the changes needed?

Fair I agree. It does describe the problems that veterans are facing, but it doesn't connect those problems to a specific solution for addressing them. Having explained

what veterans are struggling with (distance from providers that could help them with their health issues), the report needs to say that needed changes include making it easier for veterans to connect to those providers. Let's move on.

As a whole, what do you think about this section's treatment of the issue's strategic impact?

Poor I agree. The section describes the impact of poor health access on veterans. But it doesn't describe the impact on the industry; that part is missing. What's more, the report has to project that impact three to five years out, and detail the likely needs in that time frame. When we advocate for the clinic, we need to be able to show what will happen if the problem isn't solved. Let's move on to Section 2: Proposed Solution.

Section 2: Proposed Solution

How would you rate this section on how well it articulates our specific vision of change?

Fair I agree, this needs some work. It does articulate a general vision (telehealth). But our specific vision is a telehealth clinic like the one in Devils Lake. The report needs to make it clear that we're not asking for money for generally improving telehealth access — it has to show that we have a specific plan for making that happen. Let's move on.

How would you rate the section's description of the legislative process?

Poor I agree. The section doesn't address the legislative process at all, so we'll need to add that. Let's move on.

How would you rate it on how well it explains the status quo regarding veterans in the area?

Good I agree, there's a good bit of detail in here about the status quo and what it looks like. If we can find more numbers that support what we've said, that would improve it, but the basic information is here. Let's move on.

How would you rate this section on its comparison of the status quo to our vision for change?

Poor I agree, this part needs to be more explicit. Part of the problem is that the report doesn't articulate our specific vision for change. Using that specific vision — the clinic — this part has to explain how it would change the status quo. Let's move on to Section 3: Justification.

Section 3: Justification

Okay, this section needs to start by articulating the problems and how the proposal would resolve them. What do you think?

Fair I agree. The report does talk about the problems connected to veterans' lack of health access here. But it doesn't say how the proposal would solve them, so we need to make that connection explicit. Let's move on.

This section should include some studies that support our proposal of a telehealth clinic. What do you think?

Poor I agree. The section doesn't cite any studies in support of our proposal. There are some studies listed in that VA article I sent you that would probably work well here. Let's move on to Section 4: Advocacy.

Section 4: Advocacy

This section needs to start by identifying the special interest groups that support our proposed policy and explaining our political action structure. How would you rate it?

Fair I agree. The report does identify all the groups in the Alliance, but it doesn't explain our political action structure. Let's move on.

This section should include a description of who would be impacted by the proposal. How would you rate it?

Fair I agree. Once we have a more specific vision articulated — the clinic — this part will be easier to improve. It does say who will be impacted, but we need to say more about how the proposal will affect the different interest populations, not just that it will affect them. Plus, even if it seems redundant, we need to say why we, the Telehealth Alliance, are supporting it. Let's move on.

What do you think of this section's description of our strategy for delivering the message?

Fair I agree. It's good that this part talks about the tactics we want to use, and which ones will be best to reach more people. But the report needs to detail a strategy. We need to explain who we want to influence and how we think that will help us. From there, we can articulate what kind of messages and what kind of media would be most effective in reaching those specific people. So we need to talk here about who we think would be most likely to help us promote this proposal, and then articulate what kind of messages and what kind of media would be most effective in reaching those specific people. Let's move on.

This section is supposed to describe our methods for influencing the legislative process. What do you think?

Poor I agree. The report doesn't discuss how to influence the legislative process at all. Richard Starzynski had some good ideas about how to get some support for the clinic, and we need to get those in this section. Okay, let's check out the last part.

How would you rate this last part on describing potential barriers to implementing the proposal?

Poor I agree. It's true that this section talks a little about using multiple methods of advertising. I assume the writer was thinking that one barrier might be figuring out how to reach the people who might support us. But the report needs to state that specifically. There are also plenty other barriers that aren't discussed. What about

legislators who don't want to fund this? Or doctors at the hospital who don't think the clinic should be housed there? Or veterans who just don't hear about the clinic, or don't want to use it because it's unfamiliar? There are a lot of potential barriers and we need to get them listed here. Our proposal will be better — and more successful — if we show that we've thought it through and come up with potential solutions for those barriers.

Thanks for your help! The report is a good start but it's going to need some additions and polishing before it's ready to use. So I guess we'll put that on our to-do list!

Conclusion

Now that you've learned about how a telehealth clinic might help veterans in the area get better health care, and seen a report on the topic that had some flaws, you should have a better understanding of how to write your own report on the health care issue you've selected.

The choices you've made at each step of this activity have been logged for you. If you would like to see how different decisions affect your outcome, you may go through the activity again. Doing so will not remove any previous attempts from your activity log.

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