Center *for* Rural Health

North Dakota Rural Health Dialogues Summary

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EXECUTIVE SUMMARY

Introduction

In the fall of 2003, the Center for Rural Health (CRH), University of North Dakota School of Medicine and Health Sciences engaged in dialogues in rural communities across the state of North Dakota. The purpose of the dialogues was to identify health priorities among rural populations including current and emerging health care challenges and share information about resources available through the CRH. On the following page is a map that illustrates the sites of recent CRH activities across the state.

CRH staff visited 13 rural communities during the months of October and November 2003. Five of these were tribal communities.

Results

Nine themes were identified related to major health priorities and four categories for CRH activities were delineated.

Major Health Priorities

- Access and Transportation
- Community and Population Issues
- Health Insurance
- Networking and Communication
- Prevention
- Quality Care
- Reimbursement, Cost and Funding
- Technology and Equipment
- Health Care Workforce

Recommended CRH Activities

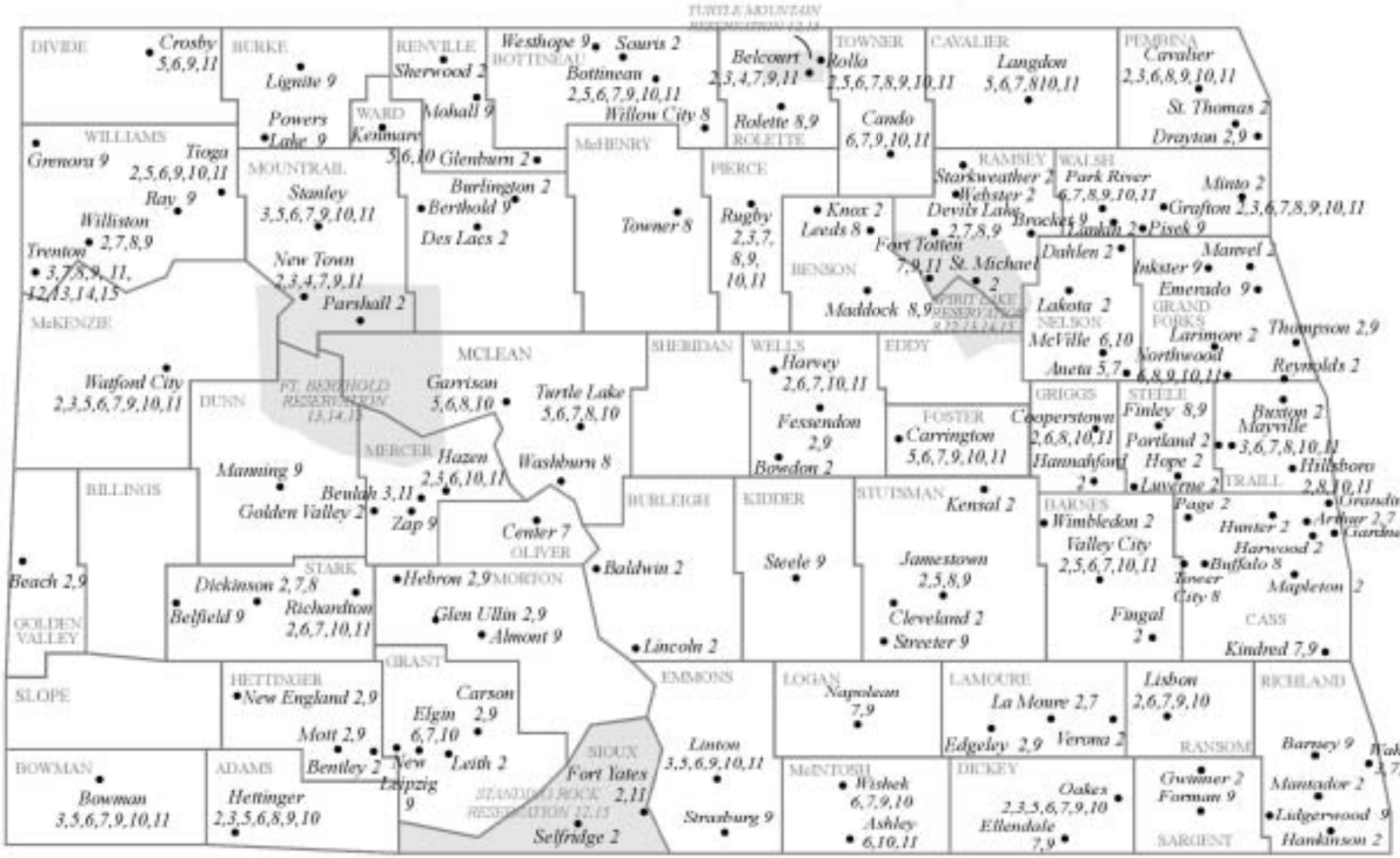
- Research/community assessments
- Training on sharing information with policy makers
- Health occupations training
- Grant writing assistance

Conclusion

Rural communities across the state identified similar challenges regarding access to health care, workforce, and funding of health care services. Isolation and socioeconomic status play a major role in the ability to access health facilities and services. The communities believe the use of technology and networking among nearby communities will assist in increasing access and quality of care to their populations. Although not highlighted often during the regional dialogues, prevention was stated as a major priority during the tribal dialogues. The CRH can assist communities by providing information about current health care trends in the state and their region and possible funding sources, conducting community assessments, training on how to share information with policy makers and assisting with grant writing. The CRH has begun to initiate activities related to these major health priorities.

Center for Rural Health

Center for Rural Health: 2001-2003 Activities in Rural Areas by Town



Map Key

2 Family to Family Network
3 SEARCH Sites
4 Project CRISTAL
5 NHSC/JI Placements
6 Medicare Rural Hospital Flexibility (FLEX) Grant Program
7 The State Office of Rural Health Program (SORH)
8 Blue Cross Blue Shield of ND Rural Health Grants
9 Rural Automatic External Defibrillator Grant (RAED)
10 Small Hospital Improvement Grants (SHIP)
11 Polycom Placement
12 Needs Assessment Training
13 Elder Social and Health Needs Assessment Project
14 ND Native American HIV/AIDS Assessment Project
15 National Caregiver's Survey
Indian Reservations

State Wide Initiatives

Studies:
- Rural Assistance Center
- Recruitment/Retention Assistance
- Nursing Needs/Focus Groups
- Attitudes Toward diabetes and related care
- Cardiac catheterization rates in ND
- ED utilization for non-urgent conditions
- Ambulance transport patterns for pediatric head-injured patients

PROCESS

What Thirteen "Rural Health Dialogues" were conducted in rural communities across North Dakota.

Why The goals of the dialogues were to: 1) provide participants with an overview of the programs and services offered by the Center for Rural Health, as well as new information about rural health topics important to North Dakota; 2) gather information from each community about current and emerging issues that rural health care providers face, including both local challenges and success stories, and 3) discover how the CRH can work with providers and communities to address these issues. The dialogues were meant to facilitate the exchange of information, ideas, and concerns and elicit feedback on how the CRH is performing.

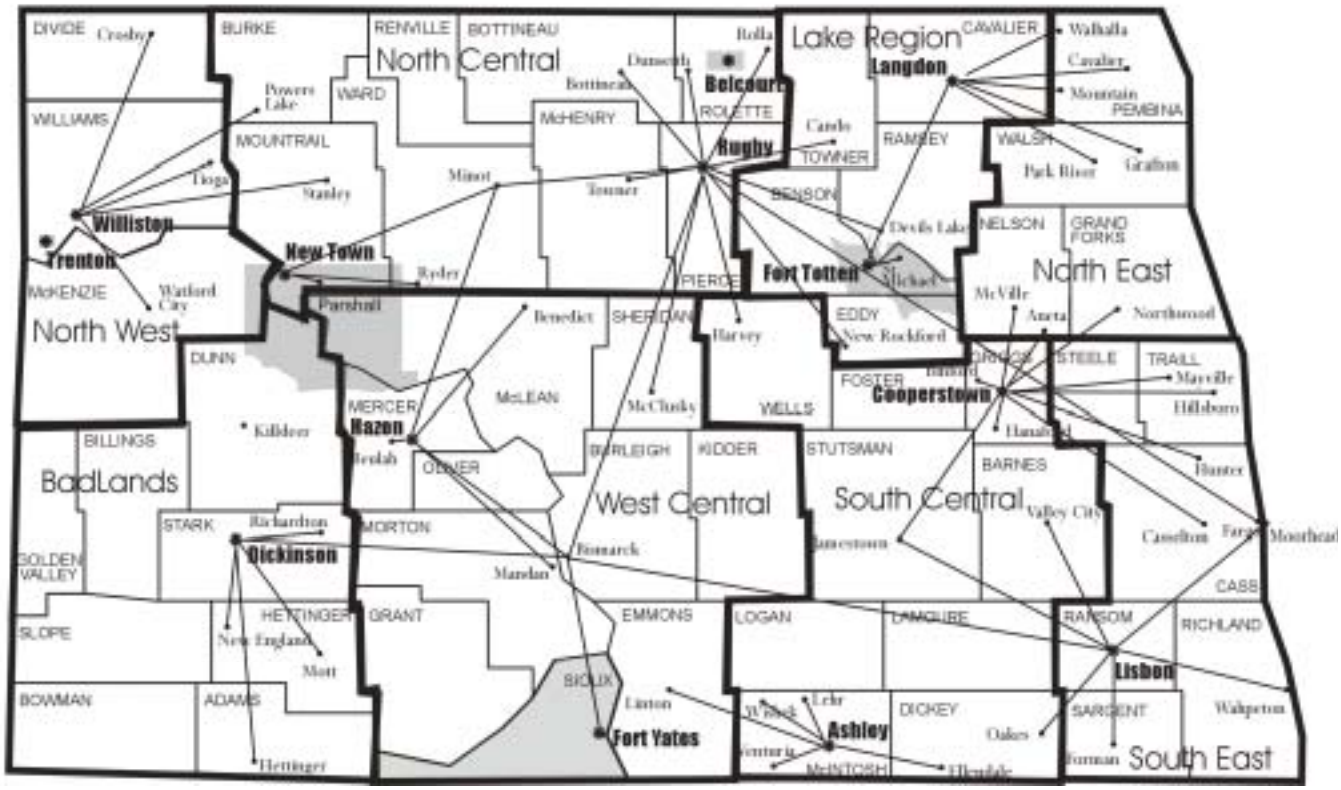
Who Two hundred eighty-two people attended the 13 dialogues with an average attendance of 22 people per community. The majority of participants at the regional and tribal sites were from the region in which the dialogue was held.

Participants included rural hospital administrators, board members, physicians, directors of nursing, nurses, first responders, long-term care administrators, nurse practitioners/physician assistants, pharmacists, social workers, medical records and lab technicians, dentists and dental assistants, legislators, educators, tribal officers, press, representatives of community development, special services and other public and private health care organizations.

In addition, for the dialogues held in tribal communities, the CRH invited tribal leaders and representatives of tribal agencies such as diabetes, maternal, child health programs, community health representatives, healthy start, senior services programs, and early childhood tracking. Representatives from Indian Health Service, Bureau of Indian Affairs, and local tribal community colleges were also invited.

Where CRH selected dialogue locations based on a regional healthcare service area rather than a particular community. The intention was to offer a location that was convenient for participants and logistically covered all rural areas of North Dakota. The regional sites included Dickinson, Hazen, Williston, Lisbon, Ashley, Langdon, Cooperstown and Rugby. For the five tribal sites, each site had a tribal headquarters and a health facility serving multiple tribal communities from a central location. Dialogues were held at Standing Rock Sioux Nation in Fort Yates, Mandan Hidatsa Arikara Nation in New Town, Turtle Mountain Band of Chippewa in Belcourt, Spirit Lake Nation in Fort Totten and the Trenton Indian Service Area.

2003 Center for Rural Health Dialogue Meetings



Map indicates the meeting locations with lines referencing where participants came from. The regions are the eight North Dakota Human Service Center Regions as defined by the state.

When Conducted in October and November 2003, each dialogue was two hours in length.

How Participants were asked two questions during the discussion:

1. What is the key current or emerging health care priority for your facility or your community?
2. How do you think the CRH should align its efforts to assist your community in meeting these needs?

CRH also surveyed the participants. Questions posed on the survey included:

1. What do you think are the three greatest threats to healthcare in rural North Dakota?
2. List the top three issues faced in your organization related to healthcare. What role could CRH play in addressing these issues?
3. Additional comments or questions

Summary: Tribal Rural Health Dialogues

This summary describes the major themes from the discussions and completed surveys at tribal locations. American Indians represent the largest minority group (five percent of the total population) in the state. The topics are listed according to the frequency at which they were mentioned.

Prevention

Frequently mentioned was the need to increase exercise, healthy eating and mental illness education along with decreasing drug, alcohol, and tobacco use, cardiovascular morbidity and mortality. Other issues included prevention of chronic illnesses such as diabetes, cancer and asthma.

Access and Transportation

Access issues included lack of transportation, distance required to access health care services and closures of rural health facilities thereby limiting locally available health care services. Other issues included the need for mental health and substance abuse services, home health and hospice care for elders, cancer support groups, equipment and facilities for cancer screening, access to urgent and emergency care, and continuity of care.

Health Care Workforce

Most frequently mentioned was the need for physicians and nurses. Other health care workforce needs included licensed practical nurses, nutritionists, pharmacists, mid-level providers, ambulance workers and health managers. Concerns were expressed about role models to encourage pursuit of health care careers and the aging of the workforce. Increasing the availability of financial aid to American Indian students was suggested.

Reimbursement, Cost and Funding

The Indian Health Service formula (based on square feet) that determines funding for reservation health care leads to funding limitations. Funding is also not available to support care for those individuals living in Montana who use healthcare services on North Dakota reservations. Physician assistants and nurse practitioners are not reimbursed at the same level as physicians, which contributes to funding problems.

Health Insurance

Affordable health insurance for and inadequate insurance coverage were cited as limiting health care access. Other issues included limits to Medicaid allowable visits and recipient liability. American Indians who leave reservations do not have access to IHS health care and also face challenges accessing dental care and obtaining prescriptions.

Community and Population Issues

Comments were made about population aging, racism, poverty and flooding which produce a range of challenges affecting health and health care.

Technology and Equipment

Comments identified the need for automatic external defibrillators at Pow Wows, more space for exercise equipment and the need to expand/build space for clinic services.

Networking and Communication

A few comments cited the need to coordinate reservation programs to provide continuity of care. There was also concern that federal program evaluation tools do not accurately reflect efforts in rural areas.

Quality Care

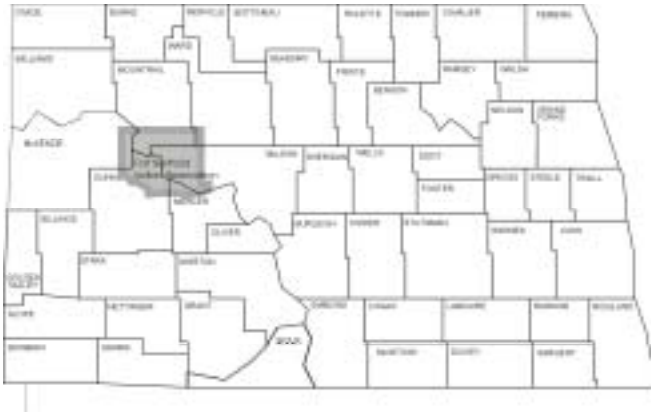
Some individuals cited the lack of quality services and misdiagnoses leading to a decrease in trust in local health care.

Suggested Center for Rural Health Activities

- Create and/or link with databases to analyze incidence/prevalence of chronic diseases/cancer
- Coordinate a meeting of service unit directors
- Include American Indians under age 55 and veterans in rural health research
- Assess capacity and staffing of clinics
- Support increased appropriations in Congress
- Work with tribal government
- Assist in finding funding for mental health services
- Write grants for reservation-based health care
- Evaluate current asthma clinic services
- Assist with strategic planning
- Offer workshops on grant writing and grant administration
- Help with project development and implementation
- Assist with sustaining community development
- Conduct community needs assessment associated with facility services

Summary: Mandan Hidatsa Arikara Nation, New Town

The need for prevention activities in a variety of areas was the main topic here. Another strong area was access and transportation.



Prevention

- Reduce cardiovascular morbidity and mortality
- Prevention efforts for accidents, obesity and chronic illness including diabetes
- Prevention efforts for stress, depression and mental illness
- Prevention education
- Increase immunization education
- Prevention efforts for methamphetamine use

Access and Transportation

- Lack of local resources
- Lack of access to home health care
- EMS access and service is limited
- Lack of access to Veteran facilities
- 24 hour health care access concerns
- Need cancer facilities on-site
- Need mental health and abuse programs on-site

Health Care Workforce

- Lack of health care providers
- Shortage of EMS workers, nurses
- Need to retain quality physicians and other health care providers
- Many health care workers will be retiring soon
- More staff for home health

Reimbursement, Cost and Funding

- Square footage is a factor in IHS funding
- Decreasing funding for IHS
- Insufficient funding

Health Insurance

- Medicaid limitations
- Patient payments need to be streamlined
- Insufficient coverage for patients
- Need case management
- High recipient liability

Community and Population Issues

- Issues with racism

Networking and Communication

- Organizations need to work together

Suggested Center for Rural Health Activities

- Need access to research on incidence/prevalence rates of chronic disease
- Hold a meeting of service unit directors
- Increase use of CRH services
- Make North Dakota Medicare Rural Hospital Flexibility (Flex) program available to non-hospital services on reservations
- Studies on health care access and mortality of American Indians
- Assess capacity and staff needs in tribal health care facilities

Summary: Spirit Lake Nation, Fort Totten

Participants her were largely concerned with health insurance coverage areas. They also cited a need for increased and varied health care workforce.

Prevention

- Promote exercise
- Stress management
- Prevention efforts for obesity, asthma and diabetes
- Prevention education
- More proactive responses to health instead of reactive

Access and Transportation

- Flooding limits transportation to facilities
- Small hospitals are closing
- Lack of transportation and access to facilities

Health Care Workforce

- There is no INMED physician
- Need more nurses and a nutritionist
- Lack of qualified health services workforce
- Need American Indian role models for students in health careers
- Need opportunity programs for American Indian students interested in health care
- Need to broaden college to a four-year program
- Students need more financial aid
- Need to work with tribal community

Reimbursement, Cost and Funding

- Physician assistants and nurse practitioners not covered or reimbursed by insurance
- Funding sources limited due to economy
- Insufficient funding

Health Insurance

- Insurance does not cover physical therapy
- Lack of coverage for cardiac rehabilitation
- Need to travel too far to use insurance
- Many have to finance their own health care

Community and Population Issues

- Flooding increases stress, compromises water quality, damages housing and causes mold problems
- Increased aging leads to increased need for services
- Need a cancer support group

Technology and Equipment

- Need automatic external defibrillators at Pow Wows

Suggested Center for Rural Health Activities

- Tribe needs to complete Native Elder study
- Assist with grant writing
- Evaluate the asthma clinic
- Help administer program support
- Provide access to resources and information

Summary: Standing Rock Sioux Nation, Fort Yates

Need for more health care professionals and increased access to services were cited as high priorities here.

Prevention

- Disease prevention efforts
- Mental illness prevention and education
- Increased education and resources on healthy cooking and eating (e.g., community garden program)

Access and Transportation

- Need transportation to health care services
- Rural clinics are closing
- Health care is distant
- Lack of immediate care access

Health Care Workforce

- Recruitment and retention of quality physicians and other health care providers
- Lack of health care management expertise
- Lack of qualified health care providers
- Lack of IHS doctors at IHS clinics

Reimbursement, Cost and Funding

- Funding decreasing to IHS
- Insufficient funding

Health Insurance

- Lack of affordable health care

Community and Population Issues

- Community is poor and lacks economic development

Suggested Center for Rural Health Activities

- Advocate changes in federal program evaluation tools to more accurately reflect efforts of staff in rural areas
- Change Sioux logo: UND not a good place to get an education because of it

Summary: Trenton Indian Service Area, Trenton

Access and transportation was the major issue discussed. Prevention was also cited as an issue.

Prevention

- Provide preventive services
- Educate on cancer causes
- Increase prevention education for youth

Access and Transportation

- Increase facility space
- Increase access to dental services
- Provide public health services
- Continue first responder programs and training
- Continue domestic abuse program
- Travel distance to services is great

Health Care Workforce

- Issues with staff overload
- Need to hire more physicians and pharmacists

Reimbursement, Cost and Funding

- Need more funding, IHS reimbursements do not cover all the people in the service area
- Need other funding sources

Suggested Center for Rural Health Activities

- Help with strategic planning
- Locate CRH office closer
- Help to measure staff workload in health facilities
- Help research cancer causes

Summary: Turtle Mountain Band of Chippewa, Belcourt

Prevention for a variety of topics was the major issues raised. The issue of affordable health insurance was also a priority.

Prevention

- Prevention education
- Prevention efforts for obesity, smoking
- Prevention efforts related to methamphetamine abuse
- Prevention efforts related to smoking, prescription drug abuse, heart disease and drug and alcohol abuse (especially in youth)

Access and Transportation

- Need cancer treatment in community
- Lack of home health services
- Lack of hospice care
- Lack of access to healthy lifestyle activities

Health Care Workforce

- Lack of providers

Reimbursement, Cost and Funding

- Funding sources limited due to federal appropriations

Health Insurance

- Affordable health insurance for entire family
- Dental insurance
- Affordable prescription drugs
- Lack of health care for American Indians off reservations
- Costs causing people to go to Canada for health care

Networking and Communication

- Coordinate all tribal health activities; work together

Suggested Center for Rural Health Activities

- Assist with funding/grant searches
- Work with tribal governments on grants
- Facilitate elder needs assessment
- Work with Rolla Hospital
- Provide information on IHS loan repayment program

Summary: Regional Rural Health Dialogues

This summary describes the major themes from the discussions and surveys completed at regional community locations. The topics are listed according to the frequency at which they were mentioned.

Health Care Workforce

Most frequently mentioned was the inability to recruit and pay health care providers. This included nurses, x-ray/radiology techs, physicians (including specialists) and dentists. Participants mentioned the loss of health care providers (dentists, pharmacists and nurses) due to an aging workforce and retirement and insufficient numbers of mental health providers (including psychologists). Concerns were also expressed about inadequate numbers of nursing assistants, long-term care staff and ambulance staff. Suggestions included requiring medical students to work three to four months in rural areas, setting up a rural provider network that includes a specialist traveling to rural areas; recruitment targeted at second and third career individuals and individuals tired of living in larger cities. Providing local education and distance learning opportunities were also suggested.

Reimbursement, Cost and Funding

Most frequently mentioned was inadequate reimbursement from Medicare, Medicaid and Blue Cross/Blue Shield, contributing to the closing of a clinic, decrease in services, reduction in hiring of health providers, problems with retention of physicians, and a lack of mental health services. Reimbursement is also an issue in small hospitals and health facilities with low volumes. Other issues included the need for congressional support for increased funding in rural areas and the difficulty in providing medical care under fragmented payment schemes.

Access and Transportation

Priority issues included access to specialists and specialty services, problems with transportation distances to obtain health care and mental health services for children age 10-14, adults and the elderly. Other issues included the loss of a pharmacy, access to dental care, nursing home services and long-term care services for elderly. Larger service areas for emergency services coverage was also noted as a challenge.

Community and Population Issues

Out-migration leading to a reduction in the younger population and a proportional increase in the older population was cited as a concern. Concerns were also expressed regarding the lack of jobs in rural areas, the distribution of legislative representation, community support, poverty and an orientation that urban areas are better.

Health Insurance

Most frequently mentioned was the lack of insurance for parents and individuals over age 21, underinsurance and the number of uninsured. Other issues included the high cost of

health insurance for small businesses and farmers wanting to offer employee coverage and the cost of medications for elderly.

Technology and Equipment

A few comments cited the need for funding for new technology including new computers and "state of the art" technology along with money to remodel facilities. A participant suggested that nursing continuing education credits should be available through conference call classes.

Prevention

The lack of primary prevention activities including the need to prevent alcohol and tobacco use and to increase healthy behaviors were priority issues. Concern was expressed about the use of public health as a provider rather than a prevention role for public health.

Networking and Communication

Comments included the need to organize associations and agencies to have a stronger voice, create a rural health consortium, offer regular community meetings and engage school systems, human service centers and others in communication with each other.

Quality Care

A few concerns were expressed regarding issues about quality of care regulations, standards and paperwork that take providers away from providing care to patients.

Suggested Center for Rural Health Activities

- Use technology to get CRH rural health dialogue opportunities to more people
- Expand community resource coordinator concept
- Use research to inform public policy makers
- Have more general forums like this one
- Assist in developing a skill set on sharing information with legislators
- Assist in promoting utilization of local health care facilities
- Assist in networking and sharing recruitment ideas
- Evaluate spending for care in emergency departments and use to inform policymakers
- Assist with education on appropriate use of emergency department
- Research on out-migration
- Inform congressional delegation about rural health issues
- Assist associations in coming together to support a tax increase
- Assist communication between facilities to avoid duplication of services
- Frame issues in a non-political manner
- Assist close-knit professional groups to make needed changes
- Assist with grant writing
- Help create understanding about local problems and issues
- Assist in identifying local geriatric needs
- Assist in dialogue with systems and communities about first responder access

Summary: South Central Region Dialogue, Ashley

CRH held two dialogues in South Central North Dakota. In Ashley, three main issues emerged including reimbursement, workforce and population concerns. Other issues included the need for a better marketing plan for the state to attract health care workers and increase statewide population.

Health Care Workforce

- Aging workforce
- Difficulty offering competitive wages for health care employees
- Retention of personnel (e.g., certified nursing assistants, physicians and nurses)
- Inadequate staffing levels (lab, nurses, physicians)
- Difficult to attract professionals when there are limited job opportunities for spouse
- Aging dental workforce
- Responsibilities of a rural practice are more than young people want to take on
- High school students unable to job shadow due to HIPAA regulations
- Hard to get sub-specialty care in rural areas
- Lack of providers for social service clients
- Regulations and increased standards result in paperwork burdens and take nurses away from patient care
- Recruit career change individuals
- Recruit in larger cities and promote rural North Dakota as a place to live and work
- Target stay-at-home moms wanting to get back in the workforce

Reimbursement, Cost and Funding

- Low reimbursement has a direct impact on recruitment of health care workers
- Decreased Medicare reimbursement
- Keeping health care affordable
- Low salaries
- Costs more to buy supplies in small quantities
- Reimbursement inequity for Critical Access Hospitals (CAH) versus facilities with combined CAHs and nursing homes
- Difficulty controlling financial losses

Technology and Equipment

- Limited funding to access technology
- Greater utilization of distance learning
- Limited use of telemedicine

Community and Population Issues

- Population distribution and decreasing population in rural, sparsely populated areas effects legislative representation
- Aging population, school closings
- Variability in defining rural; both statewide and nationally

Suggested Center for Rural Health Activities

- More use of research to inform public policy makers
- Continue forums like the rural health dialogues
- Promote local utilization of facilities and the importance of health care facilities to their communities
- More assistance with grants and the North Dakota Medicare Rural Hospital Flexibility (Flex) program

Summary: South Central Region Dialogue, Cooperstown

Discussion related to workforce issues was the major focus at the second South Central Dialogue in Cooperstown. Other concerns included education, population issues, access, insurance, reimbursement, mental health, addiction, and prevention. Participants also raised concerns related to aging facilities and the need for more information about rural ambulance services.

Health Care Workforce

- Maldistribution of providers across the state
- Shortage of nurses, certified nursing assistants and lab personnel including radiology
- Concerns with recruitment and retention of physicians
- High turnover rate among professional staff
- Shortage of emergency medical technicians (recruitment and retention concerns)
- Education programs unavailable in rural areas
- Aging of health care providers
- Low staff morale due to workload and salary issues

Access and Transportation

- Transportation to obtain services – distance can be an issue
- Difficulty accessing dental services
- Access to health care for the aged
- Sustaining emergency medical services
- Lack of mental health services

Reimbursement, Cost and Funding

- Inadequate reimbursement
- Inability of some patients to pay for services even with insurance
- Limited resources to add or replace equipment
- Lack of resources to update/remodel health care facilities
- Poor wages for employees
- Required to provide too many services without additional resources

Suggested Center for Rural Health Activities

- Track medical student interest in practicing in North Dakota in various types of practice
- Expose grade school, high school and college students to health careers
- Explore establishing a dental school
- Work more with pharmacists and technicians
- Provide education regarding the Nurse Practice Act changes
- Conduct emergency room study related to public satisfaction

Summary: Badlands Region Dialogue, Dickinson

Health care workforce issues, mainly recruitment and retention, were the major focus. Participants also discussed funding issues related to reimbursement and health insurance and raised concerns about access to services and out-migration/declining population.

Health Care Workforce

- Recruitment of health care professionals (nurses, nursing assistants, lab technicians, and physicians including cardiologists and anesthesiologists)
- Aging workforce, retirement
- Recruiting pharmacists into rural ownership
- Maintaining an adequate workforce to support the rural pharmacist
- Lack of psychiatric care for elderly and children

Reimbursement, Cost and Funding

- Inadequate state and federal reimbursement
- Cuts affect financing for health care institutions
- High cost to comply with HIPAA regulations
- Reimbursement levels that cannot sustain facilities with low volume
- Lack of adequate funding to provide essential programs in rural communities
- High cost of technology and modern medicine
- Lack of funding to provide preventive health services for underinsured and uninsured
- Raise nurses' salaries

Access and Transportation

- Lack of Medicaid acceptance leads to access barriers for low income population
- High cost of prescription drugs
- Lack of health care assistance programs for those over 21 years of age
- Distance to services is a barrier for the elderly and rural families
- Lack of awareness regarding existing community programs
- Rural pharmacies are closing, limiting access to these services
- Difficulty accessing services of sub-specialists
- Loss of a critical population mass creates distance issues

Networking and Communication

- Inform Congressional delegation
- Collaboration among professional associations
- Develop collaborative roles for pharmacists

Suggested Center for Rural Health Activities

- Increase nursing education programs (target high schools, long-term care)
- Increase reimbursement rates to help retain staff
- Promote North Dakota as a place to live and work
- Conduct an out-migration study
- Frame issues in a non-political manner
- Develop a definition for rural and frontier
- Provide a better understanding of Medically Underserved Areas and Health Professional Shortage Areas – methodology and benefits
- Share nursing study conclusions broadly

Summary: West Central Region Dialogue, Hazen

Reimbursement was the most commonly expressed concern. Other issues were workforce, declining population and the need for improved networking and congressional support to maintain access and funding for rural facilities.

Health Care Workforce

- Need for additional funds/resources to make rural communities competitive in the workforce market
- Concern about the ability to retain providers
- Staffing concerns related to physicians, nurses, physical therapists
- Inability to provide adequate salaries and benefits for health care professionals
- Concern with local service utilization which influences the ability to retain quality staff
- Nursing issues related to stress, shortages, paperwork and salaries

Reimbursement, Cost and Funding

- Underfinanced health care facilities
- Decreased and/or inadequate funding
- Poor reimbursement affects the ability to hire and retain staff
- Concerns with Medicare reimbursement
- Federal grant criteria conflicts with retention of health care providers
- Increasing regulations adds to the cost of providing services
- Continuity of services is fragmented by payment schemes

Networking and Communication

- Need local support to provide high quality local services
- Tertiary care facilities closing rural clinics and the impact on sustaining local services
- Organize state associations and agencies to create a stronger voice
- Break down barriers imposed by care organizations

Community and Population Issues

- Rural areas losing population
- Concerns about federal medically underserved areas or population designations
- Educate people on importance of increased local utilization

Suggested Center for Rural Health Activities

- Increase access to the services of the Center for Rural Health
- Expand the community resource coordinator concept

Summary: Lake Region Dialogue, Langdon

Workforce issues, population concerns and reimbursement were major themes. Other concerns included accessing services and the need to coordinate regional services.

Reimbursement, Cost and Funding

- Inequity in Medicare/Medicaid and Blue Cross/Blue Shield payment policies
- Excess documentation takes up valuable resources
- Increased cost to provide health insurance for employees
- Increase in liability insurance premiums
- Providing services to the uninsured American Indian population
- Increased number of uninsured
- Fewer people in rural areas affects the per capita cost of providing services
- Decreased revenue
- Difficulty providing services when patient numbers decrease; services are still needed yet revenues decline
- Increasing financial pressures on hospitals
- No resources for evaluation of children with disabilities

Health Care Workforce

- Retention of staff and problems associated with staffing for long-term care facilities
- Increased demands on emergency medical personnel serving larger geographic areas
- Recruitment of healthcare providers (nursing, radiology, laboratory technicians, physicians)

Community and Population Issues

- Out-migration and increasing elderly population
- No skilled nursing care in the community
- No home health agency in one county
- Population not using local services

Suggested Center for Rural Health Activities

- Work with homeland security issues

Summary: South East Region Dialogue, Lisbon

The major concern centered on recruitment and retention of the health care workforce. Other concerns related to aging and decreasing population.

Health Care Workforce

- Difficulty recruiting sub-specialists
- Lack of qualified applicants for jobs (nursing and dietitians)
- Concerns about retaining staff
- General concerns about recruitment and retention of high-quality medical providers (surgeon/internal medicine)
- Lack adequate population base to attract quality health care providers
- New regulations create concerns related to adequate staffing
- Need statewide credentialing of physicians rather than by institution
- New legislation regarding radiology certification requirements

Reimbursement, Cost and Funding

- Inadequate resources to ensure an adequate staff
- Inadequate third-party reimbursement
- Medicare issues related to an aging population
- Providing services to an underinsured population
- Medicare/Medicaid reimbursement cuts including long-term care
- Increasing cost of insurance/inability of facilities to pay employee premiums
- Cuts in insurance coverage
- Low volume and high expenses
- Financial support to maintain the parish nurse program

Access and Transportation

- Access to mental health services
- Lack of services
- Access to specialty clinics
- Maintaining the local hospital
- Better access to nursing home care
- Services for the population between independent living and long-term care

Suggested Center for Rural Health Activities

- Facilitate network development to connect eastern and western North Dakota
- Create central regional organizations to coordinate health care delivery
- Study characteristics of patients who use the emergency room (a link to quality, access, and financing)
- Research whether inner-city areas exhibit the same trends found on reservations
- Research services (e.g., dialysis and cardiac rehab) for rural areas
- Provide more information on the formula for designating shortage areas
- Assist communities in financing health assessments
- Provide grant writer/technical assistance

Summary: North Central Region Dialogue, Rugby

Reimbursement, recruitment and retention of health care providers dominated the discussion. Other general concerns were loss of population (out-migration), loss of good jobs to keep younger people in the community (economic development), mental health, substance abuse, tobacco concerns, lack of community networking and technology. Participants also raised long-term care issues.

Health Care Workforce

- Recruitment of nurses, physicians, pharmacists, dentists, lab technicians, certified nursing assistants, emergency medical personnel, as well as mental health professionals
- A more seamless process for nursing education providing a career ladder approach (e.g., beginning with certified nursing assistants, progressing to licensed practical nurse, two year registered nurse, bachelor of science nursing, masters program)
- Use technology to provide more educational opportunities for new and current staff (applies to all workforce providers) especially in the area of prevention
- Staff not adequately trained
- More prevention education
- Provider retention issues center on nursing licensure requirements, keeping volunteers and physicians in the community
- Problem retaining staff who improve their education
- Shortage of adequately trained staff
- Aging workforce

Reimbursement, Cost and Funding

- Lack of resources to provide basic services, primary care clinics, mental health and hospital care
- Inability to adequately pay health care workers thereby making recruitment and retention of these professionals challenging
- Problems with Medicaid reimbursement and the limited reimbursement for Critical Access Hospitals
- Wage index for rural versus urban facilities
- Lack of resources for research
- Concerns about lack of health care coverage
- Discrepancies related to reimbursement in North Dakota versus other states
- Lack of access to counseling services for children
- Concerns about paperwork volume necessary for compliance and reimbursement

Access and Transportation

- Lack access to specialists
- Connecting health care providers, patients and mental health services
- Connect school systems and human service centers

Networking and Communication

- Lack of resources for networking with other agencies
- Timely access to services due to lack of transportation

Suggested Center for Rural Health Activities

- Recruit physicians who want to retire in North Dakota
- Encourage three- to four- month rotations in rural North Dakota for medical students
- Determine how many registered nurses/licensed practical nurses are practicing
- Encourage use of telecommunication technology to outreach nursing education

Summary: North West Region Dialogue, Williston

Participants were concerned with reimbursement, cost, funding and insurance. Participants also discussed workforce issues, challenges with a decreasing population, opportunities for provider education and quality issues. They noted the need for grant writers. Other comments included focusing on prevention and health promotion activities, including continuation of a media campaign about tobacco use and related research.

Health Care Workforce

- Overall recruitment of providers (physicians, x-ray technicians, dentists, pharmacists, certified nursing assistants)
- Aging mental health and nursing workforce
- Low retention rate for physicians
- Train local people who will likely return to the area to practice
- Quality of health care clinicians and related impact on retention

Reimbursement, Cost and Funding

- General concern about overall reimbursement
- Medicaid coverage for dental visits versus emergency department coverage
- Improved reimbursement for emergency department care so physicians are more receptive to providing on-call coverage
- Need resources to train new staff
- Resources for a new ambulance and other equipment
- Assist in securing health care grants
- Helping patients and families obtain affordable health insurance
- Insurance that covers low income populations, Medicaid adults, and the uninsured
- Need for low-cost assisted living
- Decreased funding in human service center translates into gaps in residential services
- Medicaid limits for persons with serious mental illness also limits their access to dental and medical care
- Lack of funding for “state of the art” technology
- Limited insurance coverage for adjunctive health care needs i.e., drug and alcohol related health problems
- Prescription drug coverage for seniors
- Inequity in the amount of money spent on treatment versus prevention

Access and Transportation

- Loss of a community pharmacy has a huge impact on the community
- Border states have different regulations and reimbursement resulting in different access for patients
- Specialty services are often located at considerable distance

Community and Population Issues

- Educated and empowered patients (to choose healthy behaviors and access appropriate services)
- Community attitude that “bigger is better”
- Decreasing population

Suggested Center for Rural Health Activities

- Facilitate networking and sharing ideas on recruitment
- Further research on emergency department dental findings including which groups are using the emergency department
- Conduct research on health care quality and retention
- Further investigate aspects of the nursing study conclusion that the work environment could improve by increasing nursing representation in decision making

CONCLUSIONS

The Center for Rural Health is committed to strengthening rural health in North Dakota. To accomplish this aim, the CRH uses a number of strategies to identify rural health concerns and develop meaningful options and solutions. The findings presented in this report are the result of dialogues the CRH held with rural health stakeholders in rural communities across North Dakota. A range of stakeholders attended all 13 meetings. The exchange of ideas and information was positive and productive and the issues raised were important. Constructing effective solutions to many of the concerns will require engaging both individuals in rural communities as well as policy makers, academics, advocates, regulators and others external to rural communities. The issues are complex ranging from multiple reimbursement streams to workforce supply and demand to fluctuating and even deteriorating demographic conditions. Accompanying the discussion of these issues was a sense of the consequence and corresponding impact on people. By-and-large, the dialogue attendees were front-line personnel dealing with these issues on a day-to-day basis. They see the direct, human impact of rural health challenges on their patients, their constituents, their neighbors, their friends. At the community level, the macro-oriented perspectives synthesized in this document have personal and real meaning. They are not abstract. At the Center for Rural Health, we view our role as working with rural health providers, community leaders and others to develop effective approaches for addressing the issues raised in the dialogues in order to build stronger, more viable rural health systems.

NEXT STEPS

Based on information gathered at these meetings, the Center for Rural Health is developing a strategy to align and strengthen its efforts in a number of the identified areas. CRH staff received 43 on-site requests for assistance during the dialogues and requests continue to be made. CRH staff has responded to all of these requests made to date. Additionally, the CRH has sent this summary to the meeting attendees, regional foundations, the North Dakota Health Department, the North Dakota congressional delegation and others to heighten their awareness of locally identified priority issues for rural North Dakota communities.

Internally, the CRH has formed eight work groups. Each workgroup, comprised of CRH staff, is organized to address the major health priorities. The groups are as follows:

- Access and Transportation
- Community and Population
- Funding (reimbursement, cost, funding, and insurance)
- Healthcare Quality
- Networking and Communication
- Prevention
- Technology and Equipment
- Workforce

The workgroups are meeting to assess the issues raised in the dialogues, identify relevant strategies and recommend actions for the CRH. The CRH is incorporating the workgroup

findings into its own strategic planning process. While this process is underway and specific action steps are being developed, CRH staff recognizes that many of the issues raised in the dialogue process are inherently complex and multifaceted. As noted at each meeting, the Center for Rural Health cannot address every issue that emerged. There are issues that exist beyond the control, influence and resources of the CRH. However, there are many issues that the CRH is well positioned to assist in addressing. For example, a number of the issues identified relate to education and training barriers. Some are associated with more concentrated needs (e.g., quality of care improvement, staff recruitment/retention) while others present more systemic qualities (e.g., leadership development, resource allocation, and advocacy). The CRH can facilitate education and training options and the development of new multi-organizational partnerships. Our location at the University of North Dakota and specifically at the School of Medicine and Health Sciences affords us the opportunity to engage in relevant new endeavors, access new technology, and network with different sectors and expertise. There is a wealth of knowledge and experience throughout North Dakota across private organizations, rural communities and academic centers – that must be harnessed and translated into practical programming for rural community and rural health needs.

This report represents the first step in a process—a process that began with more than 200 citizens scattered over 13 sites sharing their perspectives, their concerns, and just as importantly their ideas for a stronger, more vital rural North Dakota.

As we continue to refine our efforts and responses to what we heard and learned, we welcome your comments and/or advice on these issues.

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This report can also be found on our website at:
http://medicine.nodak.edu/crh/publications/dialogue.pdf