

# FOCUS

## ON RURAL HEALTH

A PUBLICATION OF THE CENTER FOR RURAL HEALTH OF THE UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES

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Editor: Brad Gibbens,  
Associate Director  
bgibbens@medicine.nodak.edu  
<http://medicine.nodak.edu/crh>

UND



Center for  
Rural Health

*In this issue of "Focus on Rural Health" we have asked Sharon Moos, MBA, RN, Executive Director, North Dakota Nurses Association, to discuss nursing issues. Nursing services are critically important in rural North Dakota and presently nursing is experiencing heightened attention from health facilities, educators, and policy makers.*

### PERSPECTIVES

**Q. One of the new realities in health care include issues surrounding the nursing workforce. How would you characterize the nursing workforce situation both at the national level and in North Dakota?**

**A.** When discussing nursing workforce issues, the conversation frequently focuses on shortages described in terms of the number of nurses "needed" versus the number of nurses "available." Of equal, if not even greater importance, are workplace concerns that need to be addressed to avoid inadequate nurse staffing levels and a declining quality of patient care.

While we often assume that inadequate staffing is the result of a shortage of nurses, there can be multiple contributing factors, these include too few budgeted nursing positions, or inefficiencies caused by poor work design and high turnover rates, to name a few. Whatever the cause, the end result of inadequate staffing is job dissatisfaction, increased levels of burnout and a loss of confidence in the safety and quality of patient care. A national survey by the American Nurses Association (2001) indicated that nearly one-half of the hospital nurses surveyed would not recommend their hospital to a relative needing care! The same survey indicated that one out of five hospital staff nurses intended to leave their jobs within one year due to dissatisfaction and burnout. Another serious workforce issue is the decline in the number of young people choosing nursing as a career. The average age of nurses is rising and unless the number of graduates increases, in 10-15 years retirements could exacerbate a projected shortage at both the national and state level.

The North Dakota Nursing Workforce Data Project currently being conducted by the University of North Dakota Center for Rural Health is an exciting study that holds promise for future answers to nursing workforce issues in this state. The North Dakota Nurses Association was the sponsor of the 2001 legislative bill that created the study.

**Q. What are some strategies, particularly for rural areas, that we should be developing to address the nursing workforce shortage?**

**A.** Work needs to be done in improving the work environment to eliminate or prevent the current high level of job dissatisfaction being reported by nurses, particularly in



Sharon Moos, MBA, RN

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## Perspectives

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hospital settings. One of the most promising strategies in creating more positive work environments is the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program. The Magnet Program is singled out in the federal Nurse Reinvestment Act as a model that holds promise for reducing nurse turnover, increasing nurse retention as well as improving the quality of patient care.

Reducing mandatory overtime, whether through legislation or facility policy, would not only increase job satisfaction among staff nurses but may be important to patient safety as the risk of errors is believed to increase with longer working hours.

The federal government has allocated nearly \$15 million dollars towards increasing the supply of nurses and Johnson & Johnson has launched a major campaign aimed at increasing the number of young people applying to nursing education programs.

The Nursing Students Association of North Dakota (NSAND) sponsors a program "Breakthrough to Nursing" that provides information about nursing as a career to junior-high school age students.

"Grow your own" education programs are gaining popularity, particularly in rural areas. Health care facilities can recruit employees interested in nursing, provide on-line education courses within their facility, and upon graduation and licensure, provide nursing positions for these individuals. The "up" side of these programs is their ability to attract individuals who already have a commitment to the health care facility and the rural community. On the less positive side, there can be a lack of understanding of the time commitment required for classes and homework, resulting in conflict between an employee's regularly scheduled hours of work and his/her "student" time.

### **Q. Nursing is a critically important health profession. How is it changing to adapt to new and different health care conditions?**

**A.** At one time, the word "nurse" conjured up a vision of an individual dressed in a white uniform caring for patients within a hospital setting. As health care has

moved into community and out-patient settings, so have nurses. As a profession nursing has been very adept at changing and adjusting to meet the health care needs not only of individuals but also entire communities. As health care technology becomes increasingly complex, we are seeing more nurses becoming certified in specialty areas. In response to physician shortages and growing concern with the high cost of health care, roles have been created for advanced practice nurses. In a health care system plagued with shortages of all types of professionals, more nurses are assuming management positions ranging from directing patient care to CEO responsibilities. And last, but certainly not least, we are seeing nurses step forward to serve in political positions in the U.S. Congress, state legislatures and even on local boards of health, thus having a voice in setting health care policy at national, state and local levels.

### **Q. What is the role of the North Dakota Nurses Association in addressing workforce and other issues?**

**A.** As I mentioned earlier, the North Dakota Nurses Association (NDNA) was the sponsor of the original legislation that created what is now the North Dakota Nursing Workforce Data Project. The Association's intent was to develop a data center for studying workforce supply and demand issues. As a professional association, NDNA actively represents nurses and nursing interests at the state legislature which, of course, includes workforce issues.

One of the other key responsibilities of the Association is the promotion and advancement of nurses through practice, education, and research. NDNA assists individual nurses in returning to practice through completion of refresher courses. Available for either RNs or LPNs, these independent-study courses allow nurses to regain their licenses and return to clinical practice. We are now working with hospitals that are successfully using our courses to recruit "retired" nurses back into the workforce. Typically, the "recruits" are women who took a few years off to raise their families and now want to return to nursing practice. Other courses available through the Association include "Nursing Management," "Medication Administration" and "IV Therapy for Licensed Practical Nurses."

### **Blue Cross Blue Shield of North Dakota Rural Health Grant Program**

We are pleased to announce that Blue Cross Blue Shield of North Dakota (BCBSND) will sponsor another year of Rural Health Grants. BCBSND created this program to assist rural North Dakota communities in the development of innovative collaborative health programming. BCBSND seeks to encourage community and provider exploration of different organizational arrangements, health service and program development, and enhanced efficiency. The program establishes three primary focus areas: improving access to care, providing cost effective care, and improving the quality of care. The Center for Rural Health administers the program.

<b>Important Dates:</b>	Letter of Intent to Apply	August 20, 2003
	Grant Proposal Due Date	October 20, 2003

Contact Brad Gibbens at [bgibbens@medicine.nodak.edu](mailto:bgibbens@medicine.nodak.edu) or Lynette Dickson at [ldickson@medicine.nodak.edu](mailto:ldickson@medicine.nodak.edu) or by calling (701) 777-3848 for further information.

## Congressman Pomeroy Hosts Federal Medicare Administrator in North Dakota

Brad Gibbens, MPA

Rural health care is in trouble. Providers are struggling to continue to provide access to quality health services for their citizens. Policy makers are struggling to identify and isolate factors and variables that can contribute to equitable pay to providers. Somewhere between the two, rests a reimbursement process that maintains access to care and pays rural providers fairly. This balancing act relies as much on policy “process” as it does on policy “outcome.”

On the process side, earlier this year, Congressman Earl Pomeroy was elected Co-Chair of the important House Rural Health Care Coalition. This 175 bipartisan member group has been influencing national rural health policy since the late 1980’s. Congressman Pomeroy also serves on the powerful House Ways and Means Committee which has jurisdiction over Medicare policy. Recognizing the significance of the reimbursement issue to North Dakota, Congressman Pomeroy hosted two recent meetings in Fargo and Bismarck, North Dakota to discuss the twin “R’s” of Medicare: reimbursement and regulation. Accompanying the Congressman was the other Coalition Co-Chair, Congressman Jerry Moran, Kansas, and Tom Scully, administrator, Centers for Medicare and Medicaid Services (CMS), the \$690 billion dollar agency that administers Medicare and Medicaid throughout the country.

The visit to North Dakota on the part of both Congressional and Bush administration leaders is an important part in the policy process. The bipartisan nature of the Rural Health Care Coalition combined with the expertise of the CMS administrator offered the approximately 200 member audience a sound opportunity to express concerns and digest the complexity of a service delivery system and reimbursement stream that has been incrementally evolving for close to 40 years.

Congressman Pomeroy addressed the heart of the matter right away: “On average, North Dakota health care providers rely on Medicare for 55 percent of their bottom line income [a *Center for Rural Health Rural*

*Hospital Study, 2000, found North Dakota’s rural hospitals relied on Medicare for 65 percent of their revenue with some running as high as 80 percent.] There are only a handful of states in the country that rely that heavily on Medicare. Yet, Medicare will reimburse \$3,988.86 in Bismarck and up to \$6,460.05 in parts of New York for the same heart failure procedure,” Pomeroy says. “These skewed reimbursements are based on the flawed assumption that it is cheaper to provide health care in rural America than in urban areas. This ignores the fact that wages have equaled out nationally and technology and supplies cost the same everywhere.”*

Scully maintained an appropriate balance, listening to the concerns of a panel of health care providers and offering up practical observations. Pointing out that CMS can only do so much in the context of federal law, Scully secured the attention of the audience by commenting that

“there’s no doubt that many of the payment structures are set up in ways that don’t help rural states.” Scully elaborated by stating that, “my own opinion, it’s not that we’re not spending enough money on health care, the problem is, some of the resources are misallocated.”

Providers reinforced the idea that an urban/rural “misallocation” of reimbursement resources did not make sense as an outcome. Marty Richman, CEO, Jamestown Hospital, pointed out that a

perception of lower costs in rural areas was in reality unfounded. “The ability to deliver quality care is threatened by reimbursement issues,” Richman says. “Some feel it is less expensive to deliver care in rural areas but even recruitment firms charge us 10-20 percent more than an urban contract to recruit a provider.”

There is one issue that may portend a more positive policy outcome: quality of care. In a recent issue of the *Journal of the American Medical Association*, North Dakota ranked fourth in both 2000 and 2001 for the quality of health care provided. Scully pointed out that “performance adjustment to reimbursements” could



From left to right, Congressman Jerry Moran, Congressman Earl Pomeroy, Co-Chairs of the House Rural Health Care Coalition, and Tom Scully, administrator, Centers for Medicare and Medicaid Services in Fargo, ND.

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## Family Strengthening Program Moves to the Center for Rural Health

*Sue Offutt, MS, Program Coordinator, North Dakota Family to Family Network*

Common traits found throughout rural America include an ability to work together, to learn from one another, to share insight and perspective – traits also found in a statewide program that recently joined the Center for Rural Health.

In March, 2003, the North Dakota Family to Family Network officially merged into the Center for Rural Health as one of the program areas. Prior to this, Family to Family was housed in the Department of Physical Therapy. The North Dakota Family to Family Network was created in 1997 to be a support network based on the philosophy that parents who have successfully adapted to their child's disabilities or special health care needs are the best support for other parents of children with special needs. The Family to Family Network matches trained families with other families learning to cope with their child's special needs. These trained families provide emotional support and understanding, shared experiences and insight, and support in accessing resources. It is designed to be broad-based, to serve children with all types of disabilities and special health care needs and their families, and accommodate the needs of families in rural environments.

The Network also provides extensive training throughout the state, using parents of children with disabilities as co-presenters with professionals to help other professionals better understand the challenges unique to raising children with special needs. Having parents and professionals present information as a team, exemplifies the positive working relationships we hope families raising children with special needs will have with the professionals who provide services. Presenters from the professional field provide a unique perspective: showing the difficulties of providing family-centered, holistic services under tight budget constraints with program regulations. Presenters from the family also provide an important and realistic perspective: searching for and securing the best services for their child to achieve his/her greatest potential.

More than 462 North Dakota residents have gained knowledge from the Network's many training sessions presented across the state. Residents from the following counties have benefited from training provided by the parent/professional model: Adams, Barnes, Billings, Burleigh, Bottineau, Bowman, Cass, Dickey, Divide, Dunn, Eddy, Emmons, Golden Valley, Grand Forks, Grant, Hettinger, LaMoure, Logan, McLean, Morton, Mountrail, Nelson, Pembina, Ramsey, Richland, Rolette, Sioux, Stark, Stutsman, Traill, Walsh, Ward, Wells, and Williams.

The Family to Family Network serves families and professionals across North Dakota by:

- Matching experienced families with those who are still adjusting to a child's special need—to provide

emotional and informational support, and to provide assistance in accessing services.

- Providing training to educators, childcare providers, health care professionals and human service providers to raise the awareness and sensitivity of disabilities and the impact they have on families.
- Providing training to parents to increase their skills so that they may better access systems and services they may need to utilize when raising a child with special needs.

The Family to Family Network currently has 155 trained veteran parents who are available to provide support to families who call into the Network seeking mentor support. The Network has matched 205 veteran families to supported families since its inception in 1997.

Rural families who have a child with special needs find the Family to Family Network to be especially friendly in providing services. All support matches are conducted by phone. As long as a family has access to phone service, they can be supported by another trained family from across the state. This eliminates the need for rural families to drive to a location to benefit from mentor support. Also, Network staff have dedicated time and funding to travel throughout the state so that families are not expected to drive a great distance to attend training opportunities.

Funding sources for the Network include: the North Dakota Department of Human Services–Developmental Disabilities Council; the North Dakota Department of Human Services–Part C; the North Dakota Children's Special Health Services; and the North Dakota Department of Public Instruction–Part B.

The Network is pleased to announce that in addition to the state agency support, the Otto Bremer Foundation, Minneapolis, Minnesota, has just awarded an \$85,000, three year grant so that Network services can be expanded to better serve Native American families living within the reservations in North Dakota.

The Family to Family project will bring to the Center of Rural Health expertise about the daily life of North Dakota families raising children with special needs and how such families are impacted by national, state and local legislation, policies and research. The Center for Rural Health is committed to strengthening rural North Dakota, to improving the rural health delivery system, and to expanding access to quality care. The Center's extensive background in rural community development, health services research, and policy analysis will strengthen the Family to Family Network in achieving its goals.

*If you know of someone who could benefit from the Network, please contact us at (701) 777-2359 or toll-free (888) 434-7436, or via e-mail: [ndf2f@medicine.nodak.edu](mailto:ndf2f@medicine.nodak.edu)*

## North Dakota SEARCH Program: Impact on Rural/Underserved Recruitment and Retention of Health Providers

by Mary Amundson, MA and Kyle Muus, PhD

In 1994, the National Health Service Corps (NHSC), U.S. Department of Health and Human Services (DHHS) initiated a Fellowship program for students pursuing primary health care fields. Now called Student/Resident Experiences And Rotations in Community Health (SEARCH), this program's goal is to increase the recruitment and retention of health care professionals in health professional shortage areas (HPSAs) and medically underserved areas (MUAs) by expanding the number of service-linked educational opportunities available in these communities. Secondly, it seeks to promote an interdisciplinary approach to primary care in rural and underserved areas. An interdisciplinary health care team exists when two or more health professionals meet regularly to set goals, communicate, and collaborate to provide patient care or address a community issue. The members of the interdisciplinary health care team may be professionals, paraprofessionals, or nonprofessionals from any of the health care disciplines.

Toward this goal, the NHSC envisioned the program would accomplish the following: increase statewide alliances to form a network of organizations to meet the diverse primary care needs of the underserved; promote structured learning experiences; train students and medical residents in interdisciplinary teams; nurture the formation of culturally competent community responsive primary care providers; and devote efforts to increase the number of service-linked educational opportunities available in underserved communities for primary care students and residents.

The SEARCH program was originally evaluated in 1995 and now after nine years of implementation an overall evaluation to assess the impact of the North Dakota SEARCH program on rural recruitment/retention is underway. This involves a longitudinal analysis of medical school data to assess practice patterns among SEARCH and non-SEARCH participants. Specifically, comparisons are being made regarding the location of providers that currently practice in the following settings:

the state of North Dakota; rural North Dakota; a primary care field; rural America; or a HPSA county. Finally, the follow-up survey of all past North Dakota SEARCH participants will attempt to assess the impact of the experience on their choice of practice location (rural vs. urban).

To date, the 2003 study has found that SEARCH participants are significantly more likely than non-SEARCH students to practice in North Dakota. However, no significant differences have been found between SEARCH and non-SEARCH participants regarding their likelihood to practice in primary care fields, federally designated shortage areas, or rural areas.

Survey results indicate that the most influential factors in determining the practice setting are family considerations and geographic locations. When evaluating the perceived influence of SEARCH on the actual practice location, two-thirds (66%) of the respondents indicate the experience has had an influence on their selection of a practice site. In addition, thirty-five percent of the participants surveyed indicate that the SEARCH experience had a *major* influence on their practice location. Finally, among SEARCH students, those currently practicing in non-metropolitan areas report a more substantial SEARCH impact than their metropolitan counterparts.

Many positive comments about the SEARCH program were elicited from survey respondents. Quoting one student, "The greatest impact on my SEARCH experience was through a mentor that I met. I learned a great deal from her and keep in touch. Also, the opportunity to share my discipline with another student was eye-opening." Another student writes, "I had a great experience with the University of North Dakota in several rural areas and these experiences had a GREAT influence on my decision to become an internist. I could not have had the same experiences in a larger setting."

PRIMARY CARE  
NEWS

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## Looking West: Center Opens Office in Minot

by Brad Gibbens, MPA

In an effort to offer easier access to Center for Rural Health services in western North Dakota, the Center recently announced the opening of a branch office in Minot. In its 23 year history, the Center has provided services (e.g., community assessments, strategic planning, grant searches and development, primary care assistance, and statewide studies) to rural communities, providers, and facilities throughout the state.

The Minot office, staffed by one full time professional, simply brings the assistance of this well established Office of Rural Health closer to the people of the central and western region. According to Mary Wakefield, PhD, director, Center for Rural Health, the new location allows the Center "to directly extend our expertise and efforts, on a day-to-day basis, to western North Dakota.

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## Success of Native Elder Needs Assessment Leads to Additional Projects

by Leander R. McDonald, MA and Richard Ludtke, PhD

The National Resource Center on Native American Aging (NRCNAA) at the Center for Rural Health continues to experience success with the Native elder needs assessment project. Funded by the Administration on Aging (AoA), the collaborative project between the tribes and the NRCNAA has proved to be a welcome resource for the tribes with the current aggregate data file representing over 100 tribes from 88 different sites and 9,296 American Indian and Alaskan Native elders. The importance of this project is significant as the data fills a gap not only on the community level, but also on the state, regional, and national levels.

In July 2002, the project was the impetus for a Senate Committee on Indian Affairs hearing focused on the long-term care needs of Native elders. As a result of the testimony, the NRCNAA was asked to partner with the Agency for Healthcare Research and Quality (AHRQ) User Liaison Program (ULP) in sponsoring an American Indian/Alaskan Native (AI/AN) long-term care meeting in federal Region VIII (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming). The ULP meeting, to be held in July, 2003 in Bismarck, North Dakota, is crucial to informing State and Tribal health policy makers about disparities being experienced by Native elders in Region VIII and the nation.

Connecting the dots between the application of data and the provision of services can be difficult, thus the federal Office of Rural Health Policy (ORHP) provided a grant to the Center for the NRCNAA to design a Long-term Care Tool Kit to be used by tribal communities as a resource manual for accessing long-term care. The Tool

Kit, still in the construction phase, will utilize a long-term care measure of need to guide communities in what services would best fit their communities. The measure has four categories: "little or none," "moderate," "moderately severe," and "severe." Each category has a corresponding level of care, which the community would use for the estimation of workforce, and facility needed to house the services.

The "Baby Boom" era, advancements in medical technology, and increased life expectancy are bringing about major changes in the Native elder population. The majority of American Indian and other rural communities are having a difficult time in providing services now, and as the elder population increases, they can only expect more difficulties. By participating in the needs assessment project, tribes can be sure the type of services provided will fit their community.

In this respect, the lack of long-term care infrastructure is a good thing as tribes are able to build the type of services or facilities that best suit their people. The data, the Native culture, and the national trend for long-term care, encourage the development of health promotion and long-term care services that keep elders in their homes and experiencing a higher quality of life. For ages, tribal culture has supported families respecting and caring for their elders in their homes; thus, the move toward support of these efforts is welcomed.

For more information, please visit our web site at <http://medicine.nodak.edu/crh/nrcnaa> or call Richard Ludtke or Leander McDonald at (800) 896-7628 or e-mail: [rmcdonal@medicine.nodak.edu](mailto:rmcdonal@medicine.nodak.edu)

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### Looking West *(continued from page 5)*

The new office will provide increased access to our materials and personnel, with the intent of enhancing our services to communities across the state." Terri Lang, program coordinator, staffs the Minot office and will be able to represent the Center at meetings in the region.

All 50 states operate state-based rural health offices; however, only four states have offices older than the North Dakota Center. The University of North Dakota School of Medicine and Health Sciences (UND SMHS), along with the North Dakota Legislature, created the Center in 1980 to be the focal point on rural health for the state. The new western office symbolizes the commitment the School feels for all regions of the state. "Establishing this Center for Rural Health office in Minot is another concrete example of our commitment to rural medicine, for which we are nationally recognized," H. David Wilson, MD, dean, UND SMHS says. "We are proud to increase our presence in Minot and to further

our mission of serving rural North Dakota."

At the press conference announcing the Minot office, Mitch Leupp, administrator, Mountrail County Medical Center, Stanley, North Dakota, commented that the new western office will benefit his community. "This office in Minot will give us easier access," he says. "We have always had telephone contact, but by virtue of them being here in Minot, if you need to sit down with them to do something, it's a lot closer. There's a face there for us." Leupp's hospital is designated as a Critical Access Hospital by the federal government which allows it to access additional federal grant assistance that is provided by the Center. "Those grants have provided equipment – pieces of medical equipment – that we couldn't afford on our own to provide quality care," Leupp says.

The Minot office is located on the UND SMHS Northwest Campus in the Minot Center for Family Medicine.

For more information, contact Terri Lang at (701) 858-6795, [terri\\_lang@und.nodak.edu](mailto:terri_lang@und.nodak.edu), or by mail at 123 First Street SW, Suite 100, Minot, ND 58701.

The Center for Rural Health maintains a clearinghouse or library of information about state and national rural health issues. We will make copies of articles, and loan out books, video and audiotapes. For more information contact Lynette Dickson, program coordinator at (701) 777-6049.

**Life Support: The Economics and Politics of Rural Health Care** is a Prairie Public Television production that investigates crucial health care issues in North Dakota. The hour long program profiles small town ambulance services in Glen Ullin and Hankinson; health care on the reservation in New Town; the effects of depopulation in Crosby; dental issues in nursing homes; and the crucial role played by the University of North Dakota School of Medicine and Health Sciences. Cost is \$29.95 plus \$4.00 shipping and handling. To order call (800) 359-6900.

**Capital Needs of Small Rural Hospitals** gives the results of a national study where 950 small rural hospitals with under 50 beds were surveyed to document their capital needs and evaluate whether the capital markets are meeting these needs. The survey used is also included in this report, along with a discussion of policy options, and who would gain access to capital via a new federal loan program. Project HOPE Walsh Center for

Rural Health Analysis, Bethesda, MD. Publication is free by calling Jackie Davis, (301) 656-7401 or on the web at <http://www.projecthope.org/CHA/rural/WCreport.htm>

**In Our Hands: How Hospital Leaders Can Build a Thriving Workforce** is a report that recommends bold, innovative changes that hospitals and their leaders must make in order to avert limitations in necessary health care services now and in the future. The report also contains recommendations for others, such as the government, which are critical to support the actions of hospital leaders. American Hospital Association (AHA), Chicago, IL. Cost is \$10 for members, \$15 for non-members, plus shipping and handling. Call (800) 242-2626, AHA Product #210101.

CLEARINGHOUSE

**North Dakota Population Projections: 2005 to 2020, Including County Distributions by Age and Gender: 1980 to 2020** puts into a table format the most up-to-date population projections for each North Dakota county. North Dakota State Data Center, North Dakota State University, Fargo, ND. To order call Karen Olson, (701) 231-1060. Cost is \$15, or is available on the web at <http://www.ndsu.edu/sdc>

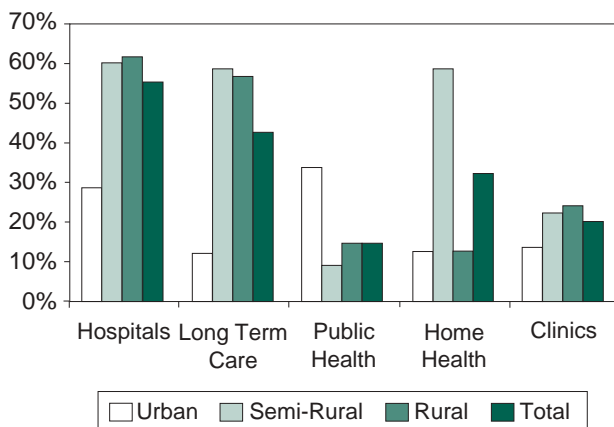
## North Dakota Facts

The following chart shows the percentage of urban, semi-rural, and rural health care facilities reporting difficulty in recruiting Registered Nurses (RNs). The chart shows that rural and semi-rural hospitals and long-term care facilities along with semi-rural home health care facilities are experiencing the greatest difficulty in recruiting RNs. The information is taken from a recent study by the Center for Rural Health, "North Dakota Nursing Needs Study: Facility Survey Results."

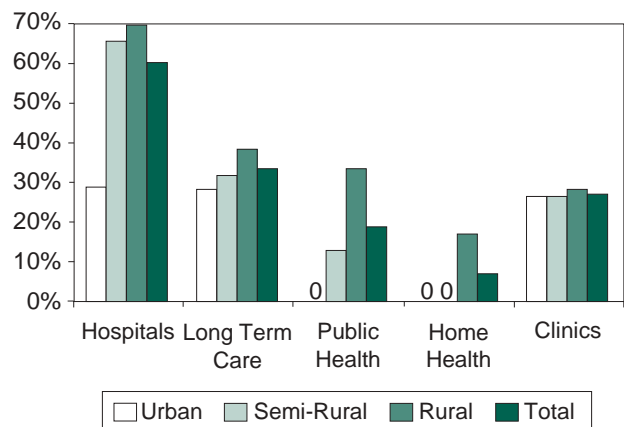
The same study examined health care facility recruitment of LPNs. Hospitals in semi-rural and rural areas are having the greatest difficulty recruiting LPNs.

For more information on this statewide study contact Patricia Moulton, PhD, at (701) 777-6781, by e-mail at [pmoulton@medicine.nodak.edu](mailto:pmoulton@medicine.nodak.edu), or on-line at <http://medicine.nodak.edu/crh/rhw/nursing>

**Difficulty in Recruiting Registered Nurses**



**Difficulty in Recruiting Licensed Practical Nurses**



## Family Caregiving: Informal Care and Grandparent Caregiving

by Richard Ludtke, PhD and Leander R. McDonald, MA

The Center for Rural Health, University of North Dakota, in collaboration with the North Dakota Data Center, North Dakota State University, has conducted surveys of informal caregivers providing care to elderly relatives and of grandparents who are primary caregivers for minor children. These companion studies were designed to develop profiles of caregivers and to identify their needs and barriers they experience in attempting to satisfy their needs. A third component of this project, funded by the North Dakota Department of Human Services, is a service component housed in the Department of Child Development and Family Science at North Dakota State University.

The role for the Center for Rural Health in this project was to ensure adequate information on the caregiving activities of North Dakota's American Indian communities. The researchers designated a special data collection effort and a separate analysis using the statewide data as a benchmark from which to evaluate the needs and responses from the Indian respondents. All five North Dakota tribes participated in this project and will receive a local report reflecting their local statistics. The reports for each tribe will compare them to the statewide data and to aggregated data from all five reservation communities. Preliminary results were presented at the Dakota Conference on Rural and Public Health in February,

2003 and can be viewed at the Center for Rural Health web site at: <http://medicine.nodak.edu/crh>. The reports are listed under presentations and include a set of PowerPoint slides along with two comparison sheets that contrast findings from the North Dakota American Indian sample with the statewide general population.

The results are also being used as part of a larger study of long term care needs among Native Americans being conducted by the National Resource Center on Native American Aging (a program area within the Center for Rural Health) and will be presented at a national meeting sponsored by the Agency for Healthcare Quality and Research in July, 2003. Family caregiving, as a component of our national response to the needs for care among the elderly, has only recently been receiving attention. The need to provide an appropriate array of support services for family caregiving has become recognized as an important element in planning for long term care on the national level and should be developing in our state as well. We hope the results of this research will inform planning efforts that make supported informal care part of an integrated system of care for our elderly.

*For more information, please visit the web site listed above or contact: Richard Ludtke or Leander McDonald at (800) 896-7628.*

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## Rural Assistance Center Featured at DHHS Rural Task Force Meeting

by Kristine Sande, MBA

The University of North Dakota's (UND) Rural Assistance Center (RAC) was featured at the April 23, 2003 meeting of the U.S. Department of Health and Human Services (DHHS) Rural Task Force. The Rural Task Force was formed in 2002 in response to Secretary Tommy Thompson's Rural Initiative and is comprised of representatives from each agency and staff office within DHHS. UND's Rural Assistance Center was created based on the recommendation of the Rural Task Force to create a single point of entry into the complex web of federal programs that assist rural communities.

Rural Assistance Center representatives participating in the meeting were Mary Wakefield, PhD, director, Center for Rural Health; Kristine Sande, project coordinator, RAC; and Maren Niemeier, lead information specialist, RAC. The RAC staff shared with the Task Force the progress of the Rural Assistance Center since its launch in December of 2002, including the addition of Federal Register and funding announcement pages as well as searchable databases of rural health and human services documents, funding programs, and events to the RAC Web site, <http://www.raconline.org>. Also highlighted were the launch of RAC's electronic mailing list

and quarterly newsletter, *The Rural Monitor*. Electronic mailings will be issued twice a month and cover a wide range of useful information on programs, grants, and special reports/documents.

Wakefield reported that the RAC Web site has had over 13,000 visitors since its launch on December 11, 2002 with Web traffic increasing at least 20 percent each month. In addition to the Web visits, RAC staff has responded to over 220 requests for customized assistance. The requests have been fielded from almost every state in the union, including four foreign countries.

The Rural Assistance Center serves as a rural health and human services "information portal" to help rural communities and other rural stakeholders access the full range of available programs, funding, and research that can enable them to provide quality health and human services to rural residents. The Rural Assistance Center is a project of the Center for Rural Health, University of North Dakota School of Medicine and Health Sciences, and is supported by grant funding from the Health Resources and Services Administration's Office of Rural Health Policy within the U.S. Department of Health and Human Services.

## Visiting Medical Specialist: Bringing All Your Healthcare Needs to You!

Lynette Dickson, MS, LRD

*The purpose of this feature is to identify and discuss rural community health programs, events, and activities from around the state of North Dakota. We have two goals. One goal is to present another educational opportunity to our readers. By focusing on rural community efforts we hope that community health providers can learn from each other. "Best practices" and "new models" typically originate at the community level. The second goal is to offer communities the opportunity to gain statewide exposure on their efforts and accomplishments. We ask our readers to consider their own activities for future stories. If you have a program or project that can benefit others, an award or honor bestowed upon your facility or staff, a new community or multi-community initiative then please contact Lynette Dickson at (701) 777-6049 or by e-mail at [ldickson@medicine.nodak.edu](mailto:ldickson@medicine.nodak.edu).*

The ongoing struggles of rural health care facilities, while viewed by many as obstacles, have been looked upon by others as an opportunity for creativity through partnerships. Through these partnerships facilities have been able to continue their role as the local and regional centers of health care activity.

A good example of creativity and partnership is exemplified in the network of "visiting specialists" offered through the Southwest Healthcare Services of Bowman, ND, located 30 miles east of the Montana border and 20 miles north of South Dakota. Darrold Bertsch, Administrator of Southwest Healthcare Services says that "often a family practice physician has provided all of the services available locally and they feel it is time to refer to a specialist, be it a surgeon, cardiologist, orthopedist, etc. For some the 180 mile one-way trip to Bismarck may not be a hardship, physically or financially. However, a number of patients who need specialized services are elderly. For example, if an 85 year old patient is referred to a specialist in Bismarck, what is the likelihood that they are willing and able to make the long trip? They may opt to not follow through which could potentially jeopardize their health." To meet local access needs, Southwest Healthcare Services has developed relationships with area specialists and has developed a surgical network with three other rural communities.

As the promotional piece for Bowman's clinic reads "Bringing all your healthcare needs to you!" they have taken it upon themselves to partner with the following specialists who are willing to make the trip to Bowman on a regular basis in order to provide their specialized care. From St. Joseph's Hospital and Health Center, Dickinson, ND: Dr. Thomas Arnold, Obstetrics-Gynecologist; Dr. Arunava Das, Orthopedics; and Dr. Roger Billig, Urology. From MedCenter One, Bismarck, ND: Dr. Walter Frank, Cardiology; and Dr. Ravi Shergill, Pulmonology. Independently contracted physicians are: Dr. Gregg Kovas, Orthopedics; Dr. Tongen, Audiologist; and Dr. Thomas Coombe, Ear, Nose and Throat. Bertsch states "that many people in the community have expressed their appreciation to us for having local access to specialists."

Dr. Blair Matheson of Bowman is re-establishing the premise of a visiting specialist as he travels from Bowman to surrounding communities. He is a Board Certified Family Practice Physician who has also done four years

of Surgical Residency. In 1999, he started providing surgical services to Baker, Montana. In 2001, Southwest Healthcare Services received funding from a Rural Hospital Flexibility Program (FLEX) grant (administered by the Center for Rural Health, North Dakota Healthcare Association, and the North Dakota Department of Health) to expand the surgical network by purchasing equipment to be used during the visits to Baker and Elgin, ND. In 2003 – through another FLEX grant – Bowman and Dr. Matheson expanded the network once again, this time to Watford City, ND. This rural based surgical network involving Critical Access Hospitals is relatively rare under the FLEX program; however, it is a logical model and is likely to spread across rural America. The Bowman network is also unique in that it crosses state borders.

Dr. Matheson travels to Elgin every other Tuesday, to Watford City every other Wednesday, and to Baker every other Thursday. Bertsch shared an example of the effectiveness and merit of the surgical network. He described a situation where a patient at one of the locations would not go elsewhere to have an endoscopic procedure. Dr. Matheson performed the procedure in the patient's hometown, identified a medical problem (cancer) and it was subsequently treated successfully. If the service had not been made available locally, a troubling situation may have been compounded.

"Dr. Matheson enjoys providing these services and travels over 1000 miles per month. He doesn't receive extra compensation for providing these services, he chooses to do so because he enjoys what he does and places great value in the survival of rural health care facilities and is sensitive to the needs of the residents in rural areas. Working together with other providers creates a win-win situation for patients and providers." Bertsch says.

What came first the chicken or the egg? Bertsch states that the visiting specialists weren't necessarily a by-product of the other; however the Bowman area is fortunate to have one of its hometown physicians offering specialized care. "Our next specialty we would like to add is a psychologist or counselor. Collectively, small rural communities can make a difference in the overall availability of health care services."

COMMUNITY NEWS

## Outstanding North Dakotans: Dakota Conference Awardees

by Brad Gibbens, MPA

At the 19<sup>th</sup> Annual Dakota Conference on Rural and Public Health, four rural health awards were bestowed upon individuals and programs that are making a difference in the lives of thousands of rural North Dakotans. The following describes the dedication and hard work associated with these efforts.

**Outstanding Rural Health Program:** The Maddock Drug and Gift, Maddock, North Dakota was the recipient of this award. As the state's first telepharmacy system, Maddock Drug and Gift is making a significant contribution to improving the lives of rural North Dakotans in the Maddock and Rolette areas. Initially funded through a Blue Cross Blue Shield of North Dakota Rural Health Grant, Maddock Drug and Gift has used the advances of technology to open up a new pharmacy in Rolette. The Rolette pharmacy had closed some years ago, as have 26 small pharmacies throughout the state. Telepharmacy is seen by many rural health advocates as a natural option to explore so as to assure access to this vital health service in rural areas. Larry Taylor, Pharm D, located in his Maddock store, uses internet audio/visual systems to communicate and supervise a pharmacy technician located at the Rolette site.

**Outstanding Rural Health Professional:** Kay McIntyre, RNC, West River Health Services, Hettinger, North Dakota is the 2003 award recipient. Ms. McIntyre has worked with West River since 1957 serving as nursing service manager. In her manager role she handles a number of duties including budgeting, staffing, evaluations, policies, and procedures. Over her career she has become a true expert in obstetrics and has used her creativity to initiate many new programs such as being one of the first to teach the benefits of bonding families and children with mom and the new baby, initiating an obstetrics (OB) library, starting outreach OB education via the Adams County Public Health Nurse, OB Care Program (for miscarriages), car seat safety program,

Emergency Medical Technician (EMT) classes on emergency delivery, and other innovative education programs.

**Outstanding Rural Health Provider:** Two awards were presented in 2003. Jonathan Berg, MD, of the Northwood Clinic, Northwood, North Dakota and Marguerite Huber, of West River Health Services, Hettinger, North Dakota. Dr. Berg serves the health care needs of citizens in the Northwood, Larimore, Aneta, and Hatton areas, working with one hospital, three nursing homes, and two clinics (but he still finds the energy to make house calls!) He serves on many local, state, and national committees including being instrumental in forming the North Dakota Medical Directors' Association. Ms. Huber, a family nurse practitioner, specialized in counseling and mental health services in the West River region. She often traveled 100 miles one way for a home visit to a patient in need. She was instrumental in the development of a program dealing with depression for teens and adults. Ms. Huber also developed a program for monitoring psychotropics in three long-term care centers. Ms. Huber, who battled cancer for 20 years, passed away shortly before the award was made.

**Outstanding Rural Health Volunteer:** Larry Kuk, Towner Fire and Ambulance and Rescue, Towner, North Dakota, received the 2003 Outstanding Rural Health Volunteer award. Mr. Kuk has served with the Towner Fire Department for 27 years, 20 years as Department Chief. He has been an EMT for 26 years and has served on the Towner Ambulance squad for 21 years. He has trained many volunteers for EMT service and has taught all levels of cardiopulmonary resuscitation (CPR). He serves on the North Dakota Emergency Medical Services Association Board of Directors. Mr. Kuk also serves as volunteer city forester. In addition to his strong sense of community volunteerism, Mr. Kuk serves as the Towner City Water Treatment Superintendent.

### Congratulations!!!

The Center for Rural Health would like to take a moment and congratulate the following individuals, programs, and hospitals for recent achievements:

- *Towner County Medical Center*, Cando, ND, celebrated its 50<sup>th</sup> anniversary in May.
- *West River Health Services*, Hettinger, ND, received the Outstanding Rural Health Practice Award at the National Rural Health Association Annual Conference in Salt Lake City, UT.
- *Diabetes Lay Educator Program, Migrant Health Services, Inc.*, Moorhead, MN, received the Outstanding Rural Health Program Award at the National Rural Health Association Annual Conference. This program meets the health care needs of the rural Hispanic farm population in MN, ND, and TX. Dr. Loretta Heuer, program director, is a professor in the University of North Dakota College of Nursing.
- *Thomas Jacobson, MD*, Hettinger, ND, received the Practitioner of the Year Award from the National Rural Health Association. Dr. Jacobson has provided care to the citizens of Hettinger and West River for 34 years.

*Center for Rural Health staff and faculty are involved in a number of activities and projects to improve rural health care in North Dakota, the region, and the nation. We want this staff report to be educational and useful to our readers. If you read of a project, meeting, conference, or other information source that you believe can help your community, practice, and/or facility then please contact the appropriate party by calling (701) 777-3848.*

**Mary Wakefield, PhD, RN, Professor and Director,** presented “Medicare Payment Policy Challenges,” to the United States Senate Committee on the Budget North Dakota Field Hearing, Bismarck, ND, May, 2003. She presented “The Rural Assistance Center” to the U.S. Department of Health and Human Services’ Rural Task Force Meeting, Washington, DC, April, 2003. Dr. Wakefield was a speaker to the North Dakota Pharmaceutical Association on “Patient Safety and Public Policy,” April, 2003. In March she addressed the National Rural Health Association’s Annual Rural Health Policy Institute, Washington, DC, on “The Medicare Payment Advisory Commission: What Works, What Doesn’t, and What’s Needed for Rural.” Dr. Wakefield is co-author of a book chapter, published in Rural Behavioral Health Care: An Interdisciplinary Handbook. In January, Dr. Wakefield started a three year term on the Board of Directors of the North Dakota Health Care Review, the state Quality Improvement Organization and started a term on the Noridian Mutual Board of Directors.

**Leander McDonald, MA, Research Analyst,** was one of three featured speakers on *Native American Calling* in April, 2003. The program was entitled “Native Elders Find Comfort at Home” and spoke to the need for long-term care services, facilities, and resources to address the expanding American Indian and Alaskan Native population. *Native America Calling* is a live call-in program linking more than 60 public radio stations in the U.S. and Canada, the Internet, and over 37,000 Native listeners each week. Also, he was awarded the 2002 Annual TRIO Achievement Award during the Annual Association of Special Programs in Region Eight (ASPIRE) Conference held in Fargo, ND, in October, 2002. The award is given to high achievers who have overcome barriers related to disability, minority, or socioeconomic status. Leander is an alumnus of the Upward Bound, Student Support Services, and McNair Programs, and will be completing his PhD in Research Methodologies in summer 2003. In April, 2003 Mr. McDonald presented on “Functional Limitations of Native American and Alaskan Native Elders” to the American Indian and Alaska Native Roundtable on Long Term Care, Albuquerque, NM.

**Patricia Moulton, PhD, Assistant Professor and Research Analyst,** made the following presentations: “North Dakota Nursing Needs Study” at Nurses Day at the Legislature, Bismarck, ND, in January, 2003. “North

Dakota Nursing Needs Study: Demand for Licensed Nurses” at Grand Rounds at MedCenter One, Bismarck, ND, in February, 2003. Dr. Moulton attended and presented a poster on student focus groups at “Taking the Long View: A Gathering of State Nursing Workforce Centers,” Raleigh, NC, April, 2003 and presented two separate posters at the National Rural Health Association Annual Conference, Salt Lake City, UT, in May, 2003.

## STAFF NEWS

**Patricia Moulton, Kyle Muus, and Mary Wakefield** presented “North Dakota Nursing Needs Study: A Model for Examining Rural Healthcare Workforce” at the 19<sup>th</sup> Annual Dakota Conference on Rural and Public Health, Bismarck, ND, in February, 2003. The three also presented a poster session at the Dakota Conference titled, “North Dakota Nursing Needs Study: Demand in Healthcare Facilities.”

**Kyle Muus, PhD, Assistant Professor and Director of Research,** presented “Epidemiology of Traumatic Brain Injury,” to the 2<sup>nd</sup> Annual Brain Injury Conference, sponsored by MeritCare Health System in Fargo, ND in April, 2003. Dr. Muus presented two posters at the National Rural Health Association Conference, Salt Lake City, UT, in May, 2003.

**Mary Amundson, MA, Assistant Professor,** presented three “Recruitment 101” workshops for communities in Sonora, Nagadoches, and Plainview, TX in April, 2003. The day long workshops were sponsored by the Office of Rural Community Affairs, Austin, TX.

**Francine McDonald, MPA, Research Analyst,** attended a week long training and certification as a Health Promotion Director, sponsored by the Cooper Institute of Dallas, TX, February, 2003.

**Brad Gibbens, MPA, Assistant Professor and Associate Director,** presented “Rural Health at a Crossroads: Issues and Trends,” to the First Care Health Center Annual Community Meeting, Park River, May, 2003. He presented “The Role of the Critical Access Hospital and the Rural Hospital Flexibility Program in Addressing Rural Health Issues,” to the North Dakota Health Information Management Association, Grand Forks, April, 2003. The Northland Healthcare Alliance, Bismarck, had him present “You Want Me to Write a Grant: Grant Writing for the Novice,” to their Community Resource Coordinators, March, 2003. Mr. Gibbens presented “Rural Health Grant Opportunities,” to the 19<sup>th</sup> Annual Dakota Conference on Rural and Public Health, Bismarck, February, 2003. He facilitated a strategic planning session for First Care Health Center, Park River, May, 2003 and facilitated strategic planning for a six member Critical Access Hospital and Meritcare network on quality improvement, February, 2003.

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