

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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Center for
Rural Health

University of North Dakota
School of Medicine & Health Sciences

In this issue of "Focus on Rural Health," we have asked North Dakota Congressman Earl Pomeroy to discuss rural health issues. Congressman Pomeroy is co-chairman of the bipartisan House Rural Health Care Coalition (RHCC) and is a member of the powerful Ways and Means Committee. Earlier this year he received the Rural Health Champions Legislative Award from the National Rural Health Association for his leadership in advancing the cause of rural health. Congressman Pomeroy cast a significant vote in favor of the Medicare Modernization Act last year due to its positive implication for rural North Dakota.

PERSPECTIVES

Q. Last year Congress passed the most sweeping reform of Medicare since its creation in 1964. In addition to the well publicized creation of a new prescription drug benefit, the Medicare Modernization Act also has significant changes for rural health providers. What are some of those changes and why are they important to North Dakota?

A. The rural provider provisions contained in the Medicare Modernization Act represent the biggest improvement to rural health care since the creation of the Medicare program. For too long, Medicare had reimbursed rural health care providers at significantly lower rates than hospitals in urban areas. This is because the government had relied on outdated formulas that assumed it was less expensive to provide health care in a rural setting. As any doctor or hospital administrator in North Dakota can tell you, this simply isn't true.

The Medicare package contains an amendment which I sponsored in the House Ways and Means Committee with Rep. Jim Nussle (R-IA) that makes several critical, permanent corrections to these formulas to stop Medicare from unfairly underpaying North Dakota hospitals. This legislation will provide nearly \$25 billion dollars in Medicare payments to rural health care providers. In North Dakota alone, this means over \$177 million dollars for our rural hospitals and doctors. It is a huge win for North Dakota, and will go a long way towards keeping the doors of our hospitals open. All North Dakotans, not just seniors who get Medicare, will benefit from hospitals staying in business.

Q. You are now the co-chairman of the House Rural Health Care Coalition. The Coalition is a bi-partisan group of Congressman and it plays a significant role in shaping federal rural health policy. What is the role and purpose of the



Earl Pomeroy, North
Dakota Congressman

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Pomeroy (continued from front page)

House Rural Health Care Coalition? What issues are you championing this session?

A. The Rural Health Care Coalition is a group of legislators that work together in a bipartisan way to advance rural health care priorities. With 181 members, the RHCC brings not just strength in numbers, but experienced expertise to the table when it comes to improving care for those living in rural communities. It was created in 1987.

In addition to the gains we made for rural hospitals in the Medicare bill, we have been successful in establishing the federal Office of Rural Health Policy within the Department of Health and Human Services, the Rural Health Transition Grant Program, State Office of Rural Health Program, Rural Hospital Flexibility Program (FLEX), and the Rural Health Outreach Grant Program to name just a few.

This session, the RHCC is working to restore cuts to the Small Hospital Improvement Program, FLEX Grants, and Rural Health Outreach grants, and working with the Administration to ensure that the J-1 visa program is extended and implemented with input from rural providers from all over the country. While these issues are smaller than some of the major changes made in the Medicare Modernization Act, they are important programs that help dozens of hospitals in North Dakota and hundreds of others across the country.

Q. When you think of rural health issues, particularly those facing North Dakota, what are the key problems that we face?

A. Access to health care for those living in rural areas is a huge issue facing North Dakota and most rural areas in this country. The challenge of delivering high quality service to a small, dispersed population is not unique to health care, but it is perhaps the one issue that affects nearly everyone. The Medicare payment fixes we secured for rural health care providers in the Medicare

bill help to overcome some of the economic challenges faced in delivering care in rural areas, but there will always be unique hurdles in maintaining quality care in vast states like North Dakota. By all measures, North Dakota health care providers are up to the task, as we are consistently rated tops in delivery of quality care. I view it as my job to make sure that federal regulations and policies do not make that delivery of care any tougher than it already is.

Q. Rural areas have a harder time recruiting and retaining health care professionals than other areas of the country, and compete in the same national labor market. What can be done to make it easier to bring in and keep health care professionals in North Dakota?

A. We have to ensure adequate funding to pay competitive salaries for our doctors and nurses, and in North Dakota, where we have one of the highest populations of seniors anywhere in the country, this means that Medicare and other federal payments have to be fair. In the Medicare Modernization Act, we included several provisions to pay more for doctors in rural areas, including bonus payments for service in sparsely populated areas, floors on wage formulas to benefit North Dakota, and fixes to the payment rates for doctors in general. More work still needs to be done there, but we made a good start.

For nurses, I have supported a number of recruiting and retention incentive programs since I've been in Congress, but most recently, we were able to enact the Nurse Reinvestment Act that provides grants for education costs and other incentives to help shore up and bolster our nursing ranks. A nursing shortage of epic proportions is looming as the baby boomers are just about to begin retiring. In my opinion, we cannot do too much to help keep current nurses in the workforce and to attract new young folks to the field. With this in mind, I have supported increased funding for the Nurse Reinvestment Act and will continue to do so in the future.

Grant Writing Workshops in Your Community

If you would like the Center for Rural Health to conduct a grant writing workshop in your community we would be happy to work with you. The target audience is novice grant writers. Even if you have never worked on a grant before this workshop will help you to get started. While the primary audience is likely to be health and social service providers, people from education, economic development, government, and community representatives are encouraged to participate. Contact Lynette Dickson at (701) 777-3848 or ldickson@medicine.nodak.edu for details.

Faith in Action Health Coalition

Jo Heather C. Layton, APR, Communications Manager, Faith in Action National Office

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 recognition for their efforts and accomplishments. We ask our readers to consider their own activities for future stories. If you have a program/project that can benefit others, an award or honor bestowed upon your facility or staff, a new community or multi-community initiative please contact Lynette Dickson at (701) 777-3848 or by email at ldickson@medicine.nodak.edu.

Jim Jefferson, (name is changed to protect his privacy) a long-time resident of Pembina County, North Dakota, needed a ride to his doctor's appointment 36 miles away. Many rural residents like Jefferson with long-term health needs struggle daily with transportation and simple chores, but he knew just who to call for help – Faith in Action Health Coalition.

Faith in Action Health Coalition in Cavalier is one of six Faith in Action programs in North Dakota and one of nearly 1,000 such programs across the country. It is a part of the national interfaith volunteer caregiving initiative supported by a grant from The Robert Wood Johnson Foundation. Faith in Action Health Coalition is designed to provide trained volunteers who offer holistic health care services for people of all ages, regardless of religious affiliation, living in the rural and underserved area of Pembina County.

"We provide such services as light housework and yard work, minor home repairs, meal preparation, telephone reassurance, and visits," says Michelle Hardy, project director for Faith in Action Health Coalition in Cavalier. "But transportation is one of our more popular services."

Hardy goes on to say that the program provides rides for care recipients like Jefferson to and from doctor's appointments, beauty shop visits, shopping trips, and errand runs. The care receivers helped by Faith in Action are typically referred to the local programs by family members, faith congregations, and other Pembina County service programs.

"There are no requirements to meet in order to receive our free services," says Hardy. "We do an assessment of the person's needs, and we go from there. We line up the volunteers to go in and help the elderly, frail, and homebound stay in their own homes a little while longer. Our motto across the country is 'A Neighbor's Independence Depends on You.'"

With more Americans living longer lives, many are faced with the challenge of helping a family member, neighbor or friend who has arthritis, diabetes, cancer, Alzheimer's disease, HIV/AIDS, or other long-term health need. Starting in 1984 with the Interfaith Volun-

teer Caregivers Program, and continuing in 1993 with the introduction of Faith in Action, The Robert Wood Johnson Foundation has supported faith-based community efforts to help meet these challenges through volunteer caregivers.

The Cavalier Faith in Action program is expanding its scope with the support of a Blue Cross Blue Shield of North Dakota Rural Health Grant award. A network of parish nurses and volunteers will be developed to provide holistic health services. This new initiative will also establish a health data collection system, identify appropriate responses, and build community awareness.

But what about Jefferson? Did he make it to his appointment? Faith in Action Health Coalition stepped in by arranging for a volunteer to take Jefferson to his doctor's appointment. Knowing that Jefferson lived some distance away, the doctor asked, "When you need someone or something what do you do?" Jefferson replies, "I call Michelle (at Faith in Action Health Coalition), and she takes care of it for me."

To find out more about the Faith in Action programs in North Dakota or across the country, contact Ruth Hamlin, Faith in Action Mentor for North Dakota at the Faith in Action National Office toll free at (877) 338-2175 or email at ruth.hamlin@presbyterianoutreach.com or visit the Web site at <http://www.faithinaction.org>.

Fast Facts about Faith in Action in North Dakota

- The Robert Wood Johnson Foundation has awarded approximately **\$210,000** to local programs through Faith in Action.
- There are **six** Faith in Action programs across the state.
- Approximately **600** volunteers help **1,200** of their neighbors annually.
- Faith in Action volunteers contribute approximately **90,000** volunteer hours per year.
- The volunteer service is valued at approximately **\$1.4 million**.

COMMUNITY NEWS

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Blue Cross Blue Shield of North Dakota Awards Third Year of Innovative Rural Health Grants

by Brad Gibbens, MPA

Creativity, originality, resourcefulness: all convey the drive and focus of the 10 new rural health projects recently initiated through funding provided by Blue Cross Blue Shield of North Dakota (BCBSND). In this third year of the Blue Cross Blue Shield of North Dakota Rural Health Grant Program, 10 awards have been made covering a wide spectrum of ideas, needs, and location.

Be it conducting a feasibility study of modifying area school transportation systems to meet the travel needs of rural citizens for medical appointments in southwestern North Dakota to addressing home based health needs through parish nursing in northeastern North Dakota – the BCBSND grants, administered by the Center for Rural Health, tackle complex issues by mixing the ingenuity and talent of rural citizens and providers with the resources and commitment of the state's largest insurer. "Delivering high quality, affordable health care in the rural setting is one of the biggest challenges we face throughout our state," says Mike Unhjem, president and CEO of BCBSND. "The creative and innovative thinking demonstrated by our grant recipients represent practical steps toward meeting this challenge, and we are pleased to provide the funding to encourage these kinds of efforts."

A Rural Health Grant Steering Committee – comprised of representatives from the Center for Rural Health, the North Dakota Healthcare Association, the North Dakota Department of Health, and the board of BCBSND – awarded \$325,000 to applicants from the communities of Ashley, Carrington, Cavalier, Cooperstown, Dickinson, New Town, Rolla, Rugby, and Trenton. They represent both a geographical mix and a diverse array of issues and subjects. The grantees also exhibit some interesting partnerships. More involvement with local schools was noted. In addition, partners included hospitals, public health, EMS, tribal units, social/human services, churches, local/county government, senior organizations, nursing homes, colleges, regional planning councils, and even a park district.

Each project must address rural North Dakota health issues, be collaborative (i.e., at least two separate legal entities working together), and address at least one of the following issues: access, quality, and cost of health care. The program seeks to address rural health by focusing on alignment, collaboration, and innovation.

Ashley – Ashley Medical Center – Community School and Wellness Program: This community consortium, comprised of the Ashley Medical Center, Ashley Public Schools, and Ashley Park District, will develop a community and county wide physical activity

and wellness program. This intergenerational community process has identified the local school as the "Community Hub" for physical fitness and social interaction for all age groups. McIntosh County hosts the highest percentage of elderly of any county in the state but has chosen to address community fitness through the institution associated with its youngest citizens – the school. Citing Healthy People 2010 national objectives and relying on local health data, Ashley Medical Center and its school and park district partners will develop a truly "community" focus on fitness and health. A recreational therapist will be hired to work with the medical center, park district and the school as the Community School Coordinator to develop and promote activity programs, wellness and prevention, and to conduct community education. Special attention will be focused on the four major causes of illness in McIntosh County: heart disease, obesity, diabetes, and cancer.

Carrington – Carrington Health Center Ambulance – Pediatric Pre-Hospital Care in Rural North Dakota: The Carrington Health Center Ambulance along with its ambulance partners in Bowdon, Fessenden, McHenry, and New Rockford will target pediatric pre-hospital care in this EMS consortium. These independent ambulance services seek to align and collaborate under a new coordinated model to address an important issue for a vulnerable population. The ambulances cover the counties of Eddy, Foster, and Wells. This new EMS consortium will standardize ambulance protocols; standardize equipment (facilitating patient transfers and maintaining quality control); develop common protocols for advanced life support intercept dispatch; provide uniform training on CPR and First Aid to area schools, certified daycare centers, and parents of newborns; obtain State Instructor's Licensure for Pediatric Advanced Life Support (PALS); obtain Instructor's Licensure for Pediatric Education Pre-Hospital Professional (PEPP); and purchase an emergency dispatch radio.

Cavalier – Faith In Action Health Coalition: This faith based coalition operates in the northeast corner of North Dakota in Pembina County. Organized to improve both access and quality of care, this broad-based network includes eight churches, Pembina County Memorial Hospital (Cavalier), Wedgewood Manor Nursing Home, Pembina County Board of Commissioners, Pembina County Meals and Transportation, Cavalier Senior Center, Options Resource Center for Independent Living, and the Cavalier Public School. Initially estab

lished through a grant from The Robert Wood Johnson Foundation, the Faith in Action Health Coalition will use the BCBSND Rural Health grant to establish a network of parish nurses and trained volunteers to provide holistic health care services for individuals through home based services. In addition, the Coalition will develop an organizational structure to oversee the activities of the parish nurses and volunteers, monitor and implement the health data collection system, identify appropriate responses, and build community awareness of the Faith In Action program and health services.

Cooperstown – Mid-Valley Health Alliance – Preventive Outreach Service Program: The Mid-Valley Health Alliance is comprised of four eastern rural hospitals that have frequently collaborated on programs. Cooperstown Medical Center, Cooperstown; Hillsboro Medical Center, Hillsboro; Union Hospital, Mayville; and Northwood Deaconess Health Center, Northwood developed, through BCBSND funding, a collaborative prevention program for the four facilities last year. Now, they are expanding the model to include four other rural communities: Unity Medical Center, Grafton; First Care Health Center, Park River; Cavalier County Memorial Hospital, Langdon; and Pembina County Memorial Hospital, Cavalier. All eight hospitals work together utilizing the BCBSND grant to improve organizational efficiencies, enhance quality of services, and to improve access to preventive services. The eight hospitals are members of the Valley Rural Health Cooperative, a 14 member organization representing North Dakota and Minnesota hospitals in the Red River Valley. The hospitals will target their program to adolescents in grades 5-12 and adults. Program goals include: enhancing school based programs designed to meet the needs of children grades 5-12 who have, or are at-risk of developing diabetes (e.g., nutritional and exercise programs); expanding respiratory therapy programs; expanding educational programs (e.g. for community and staff by pooling professional staff resources from the eight hospitals and achieving connectivity for educational purposes through Polycom Video Conferencing); enhancing school STD educational programming (with grade 7); and providing community wellness activities by targeting obesity, hypercholesterolemia, high blood pressure, colon cancer, and respiratory problems.

Dickinson – St. Joseph’s Hospital and Health Center – Diabetes Self-Management Education Program: Three Dickinson health organizations – St. Joseph’s Hospital and Health Center, Great Plains Clinic, and Southwestern District Health Unit — are collaborating to address diabetes issues in southwestern North Dakota. In addition to Dickinson, the communities of Beach, Bowman, Killdeer, and Richardton are impacted by the alliance. Under this initiative, dietitians,

diabetes educators, and community health nurses will conduct pre-assessments with each class participant to identify areas of diabetes management and to identify learning needs. Participants will attend a nine hour diabetes class that will focus on the disease process, nutritional management, physical activity, medications, acute and chronic complications, foot care, lifestyle changes, available resources, and a post test to determine understanding. Participants will continue to receive the follow-up services of a community health nurse.

Dickinson – Roughrider Education Services – Feasibility Study on the Use of Public School Transportation for Healthcare Access in Southwestern North Dakota: Roughrider Education Services Program, a school cooperative organization, along with its partners Dickinson State University and the Roosevelt-Custer Regional Council will conduct a feasibility study to determine the viability of using school transportation (i.e., buses, vans, etc.) systems for health care transportation for rural residents. All of the counties in the study area, with the exception of Stark, are classified as frontier counties having six or less people per square mile. This innovative and timely approach will measure a variety of factors including, but not limited to, the following: community and citizen needs for health care transportation, attitudes toward using school vehicles for health care, transportation provider input, existing transportation plans and studies, health care provider attitudes, existing inventory, funding options, and safety and driver education needs. Health care providers in the five communities of Bowman, Dickinson, Hettinger, Killdeer, and Richardton are also participating in the partnership. Educational systems that cooperate within Roughrider include the school districts of Beach, Belfield, Billings County, Bowman, Dickinson, Glen Ulin, Haliday, Hebron, Hettinger, Killdeer, Lone Tree (Golva), Mott-Regent, New England, Richardton-Taylor, Scranton, Slope County, South Heart, and Dickinson Catholic Schools.

New Town – Mandan, Hidatsa & Arikara Nations of the Three Affiliated Tribes of the Fort Berthold Federal Indian Reservation – Home Health Care Delivery System: The focus of this project is to provide training/education to 24 certified nurse assistant (CNA) candidates and to provide direct services to the elderly, the diabetic, disabled or otherwise homebound patient. Direct services include health surveillance, tracking, and personal care assistance. The Fort Berthold Indian Reservation is one of the most isolated areas in North Dakota. Geographically dispersed into four distinct regions by Lake Sakakawea, most of the reservation is isolated from the main clinic system in New Town. This project seeks to bring more health care directly to the

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Rural Health Grants (continued from page 5)

citizens as opposed to them trying to travel the great distances to New Town. For example, Twin Buttes is a 200 mile round trip. When trained, the 24 CNAs will be living in their home towns throughout the reservation providing necessary health services to an isolated population. Special focus will be on diabetics. Approximately 10 percent of the tribal population is diabetic in comparison to approximately 4 percent of North Dakota's population. The consortium for this project includes the Tribal Health Program; Community Health Nursing Staff; Clinical Nursing Staff; Tribal Social Services; Mandan, Hidatsa, & Arikara Elder's Association; and the Kidney Dialysis Unit.

Rolla – Presentation Medical Center – Protect Our Children: The Protect Our Children coalition, in north central North Dakota, is addressing evidence-based teen wellness screenings and pediatric advanced life support education. The coalition consists of Presentation Medical Center, Rolla; Rolette County Public Health District; Northland Community Health Center, Rolette; Rolla Clinic, PC; Rolla Community Ambulance; and the public schools in Dunseith, St. John, Mount Pleasant, Turtle Mountain, and Rolette. Under the first priority – evidence-based teen wellness screenings – health care providers will enter the five participating Rolette County schools to offer the Wellsource Teen Edition personal wellness profile to 10th grade students. This is a national program used throughout the country. The teen wellness profile is written in a manner that appeals to teens. The Wellsource process produces an individual report for the student, a health provider summary for the wellness counselor or physician, a progress report for the student and health provider, an executive summary that compares Rolette County with national averages, and a group summary for final review and planning. Topics to be covered in this phase of the project include pregnancy, extreme dieting, teen suicide, substance abuse, and violence. The second priority under the Protect Our Children program relates to pediatric advanced life support education (PALS). Two staff members will become certified PALS Instructors. This local faculty will then provide PALS education to 80 percent of the nursing and medical staff.

Rugby – Golden Heart Services – Rural Advanced Pre-Hospital Education Program: A voluntary coalition of professional educators, rural EMS educators, health care facilities, and rural ambulance services have forged a partnership to offer high quality paramedic programs to rural areas. Heart of America Medical Center and Golden Heart Paramedics, both of Rugby, along with the F-M Ambulance Service of Fargo/Moorhead will bring advanced EMS training to

rural EMS personnel who want to remain in their communities providing advanced level emergency care. Presently, the most common way for a rural EMT to receive advanced training as a paramedic is to travel to Bismarck or Fargo to complete the required 700 hours of clinical education. This entails three days a week in classroom activity outside of the home community making it very difficult to simultaneously travel and to hold a full time job. The solution offered by this coalition is to employ interactive video conferencing with the EMT remaining in the rural community for class work and the education being broadcast from the F-M Ambulance Service. A local paramedic or nurse proctor will supervise the education at the rural site. The clinical aspect of the training will occur in both Fargo and the rural site. Through video conferencing the travel requirements for the rural EMT will be significantly reduced. The program is accredited through Bismarck State College and the student can also earn an associate degree.

Trenton – Trenton Indian Service Area – Case Management Program: The Trenton Indian Service Area is the only congressionally approved and classified Indian Service Area in the country. It is not organized as a reservation or urban area. The Service Area covers six counties in north western North Dakota and north eastern Montana serving the needs of the area members of the Turtle Mountain Band of Chippewa Indians. A case management system was created and funded last year through Blue Cross Blue Shield of North Dakota grant funding. The case management system has facilitated a more seamless system of assisting tribal patients making their way through tribal, IHS, public, and private health infrastructures and at the same time it has assisted the various provider groups by monitoring payment streams, tracking patient data (computerized clinical outcomes and administrative information), and fostering collaborative relationships built around the needs of the client. Both the patient and the provider groups experience more coordination and the payment process is maintained and even streamlined. In the first year, the partners consisted of the Trenton Indian Service Area, Mercy Medical Center of Williston, and Northwest Human Service Center also of Williston. For this second round, the three core partners remain but have been joined by Williams County Social Services. The goals of the Case Management Program are to improve and facilitate access to appropriate services, to provide and facilitate continuity of care, to improve coordination of services, to provide alternate care sites, to contain and/or decrease costs (while improving access) and to ensure appropriate utilization of the entire spectrum of services.

Hospital Administrators Meet With Congressman Pomeroy

by Brad Gibbens, MPA

Connecting with the public, hearing and responding to concerns, sharing viewpoints: this is an essential aspect of health policy. Coming off the climatic passage of the Medicare Modernization Act (MMA) of 2003, Congressman Earl Pomeroy recently met with a group of rural hospital administrators to share perspective on rural health policy.

In a June, 2004 meeting, facilitated by the Center for Rural Health, University of North Dakota School of Medicine and Health Sciences, and hosted by Union Hospital, Mayville, ND,

Congressman Pomeroy met with the administrators and CEOs of the Valley Rural Health Cooperative (VRHC). The co-op is a formal network of 14 rural hospitals – 10 in North Dakota and four in Minnesota – all located in the Red River Valley of the north. Most, but not all, of the hospitals are Critical Access Hospitals. All, however, face significant issues revolving around Medicare and other federal health policy issues.

“In reality, if you take rural hospital services away from the people who need them you put lives at stake,” comments Pomeroy on the seriousness of the Medicare debate and the implications of the MMA. “But my vote [in favor of passage of the MMA] was the right thing to do for rural America.” Pomeroy was alluding to the controversial nature of the MMA which had as its most media prominent feature the prescription drug benefit. The battle over passage pitted Congressman Pomeroy – co-chairman of the House Rural Health Care Coalition – advocating for his rural constituency in North Dakota against many prominent members within his own party. Pomeroy was one of only a couple of handfuls of Democrats to break ranks and support the measure.

In discussing the Medicare bill struggle with the VRHC, Pomeroy told the rural administrators that the political cost was worth it because “we needed to try to address equity issues [for rural providers] or facilities were going to close.” Pomeroy informed the group that

the MMA will pump about \$180 million dollars more into North Dakota (hospital, physician, and other payments) over the next 10 years.

The administrators expressed their appreciation to the Congressman for his efforts on behalf of rural citizens and rural health care – then proceeded to respectfully comment on the need for Congress to understand that the task at hand – namely assuring access to necessary care – was still a struggle in rural America. The tone of the discussion was positive and cordial; however, it was



Congressman Earl Pomeroy, North Dakota, listens to Roger Baier, administrator, Union Hospital, Mayville, North Dakota as they discuss rural health issues at a recent meeting.

clear that there are other – possibly more interpretive and regulatory – issues to grapple with in the future. The issue of periodic interim payments was discussed. The administrators educated the Congressman on the complexity of payment methodologies, time lags, and over/under payments. As difficult as it is to change and/or create health policy it appears equally challenging to comprehend the intricacies of agency rules, interpretations, and guidance. The Congressman listened intently to the detailed explanations and took his

own notes. Congressman Pomeroy stated he intends to continue to stress the importance of not only adjusting policy but also making sure the implementation of policy, as found in regulations and procedures, was integrated and compatible with Congressional action.

In addition to reimbursement, payment, and regulations, the VRHC administrators stressed other issues such as workforce. Bruce Bowersox, administrator, Hillsboro Medical Center, Hillsboro, ND, commented on the growing nursing shortage. Bowersox identified concerns regarding nursing directors splitting necessary time on the floor doing shifts in the hospital and then finding the necessary time to be a full-time nursing director. Congressman Pomeroy also addressed this growing issue and outlined his Nurse Reinvestment Act which will provide grants and other resources for nursing education.

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 to share some of these events with you. If you read of a conference, report, or presentation that may benefit you or your colleagues, please contact the appropriate party by calling (701) 777-3848.

Mary Wakefield, PhD, RN, Professor and Director, presented “Committing to Quality: Facing Old Challenges, Setting New Standards,” as the Reilly Memorial

Address speaker at the National Rural Health Association annual conference, May, 2004, San Diego, CA. She presented “Evidence-Based

Safety Standards for the Rural Hospitals,” at the Minnesota Hospital Association Healthcare Executives’ Institute Conference, March, 2004, Minneapolis, MN. Dr. Wakefield presented “Institute of Medicine Report – Recommendations for Nursing Education,” at the North Dakota Board of Nursing Conference, February, 2004, Bismarck, ND. Dr. Wakefield is the author of a chapter “Government Response: Legislation,” in *Health Policy and Politics - A Nurse’s Guide* (2004).

Mary Amundson, MA, Assistant Professor, presented “Recruitment and Retention 101” at the 2004 Dakota Conference on Rural and Public Health, March, 2004, Fargo, ND.

Lynette Dickson, MS, LRD, Project Coordinator, State Office of Rural Health, presented “Rural Health Update” at the 2004 North Dakota Dietetic Association Conference, May, 2004, Bismarck, ND.

Brad Gibbens, MPA, Associate Director and Assistant Professor, facilitated a discussion on rural leadership development at the 2004 Dakota Conference on Rural and Public Health, March, 2004, Fargo, ND. He presented “Rural Health at a Crossroads: Issues and Trends,” to the Community of Care Steering Committee (of the Good Samaritan Society), March, 2004, Casselton, ND. He presented “Issues and Options for Rural Communities,” to a Langdon community group, March, 2004, Langdon, ND.

Brad Gibbens and Lynette Dickson, MS, LRD, Project Coordinator, State Office of Rural Health, co-presented workshops on grant writing, “You Want Me to Write a Grant? Fundamentals of Grant Writing,” in Rolla, ND (March) and Garrison, ND (June), 2004.

Terri Lang, BA, Project Coordinator, has been selected to join the Shortage Designation Branch at the Health Resources and Services Administration Focus Group to discuss Mental Health Professional Shortage Areas methodology for designation.

Marlene Miller, MSW, LCSW, Project Coordinator, Rural Hospital Flexibility Program, recently

completed internal personnel audits at Linton Hospital and Medical Center, Linton, ND and Pembina County Memorial Hospital Wedgewood Manor Nursing Home, Cavalier, ND; strategic planning at Northwood Deaconess Health Center (with Lynette Dickson and Brad Gibbens); and a community assessment at Wishek Community Hospital, Wishek, ND.

Patricia Moulton, PhD, Assistant Professor and Research Analyst, presented “Using Focus Groups in Nursing Workforce Research” at the Colleagues in Caring National Workforce Meeting, April, 2004, Orlando, FL. She presented “North Dakota Nursing Needs Study: Tools to Predict the Future of Rural Healthcare Workforce,” and “Focus Groups: A Valuable Tool in Health Professions Research,” at the 2004 Dakota Conference on Rural and Public Health, March, 2004, Fargo, ND. Dr. Moulton also presented “Policy Implications of the North Dakota Nursing Needs Study” to the Dakota Medical Foundation, February, 2004, Fargo, ND.

Patricia Moulton, PhD and Kyle Muus, PhD, Assistant Professor and Director of Research, presented “Access to Care Correlates of Chronic Disease and Physical Activity Limitations for American Indian Elders,” at the 2004 Dakota Conference on Rural and Public Health, March, 2004, Fargo, ND.

Kyle Muus, PhD, presented “Emergency Department Use for Non-Emergent Health Conditions in North Dakota,” at the Dakota Conference on Rural and Public Health, March, 2004, Fargo, ND.

Maren Niemeier, MLIS, Lead Information Specialist, has had several articles published recently. “Spyware: What it is and What to Do About it” was published in North Dakota Library Association’s *The Good Stuff* in March 2004. “Free Resource for Information on Rural Issues,” appeared in *Middle Atlantic Perspective Newsletter of the National Network of Libraries of Medicine-Middle Atlantic Region*, January/February, 2004.

Sue Offutt, MS and Vivian Drees, presented “The Emotional Support—What Service Providers Cannot Offer,” at the 2004 Dakota Conference on Rural and Public Health, March, 2004, Fargo, ND.

Dmitri Poltavski, PhD, Research Analyst and Assistant Professor of Neuroscience and Kyle Muus, PhD, wrote “Factors Associated with Incidence of ‘Inappropriate’ Ambulance Transport in Rural Areas in Cases of Moderate to Severe Head Injury in Children” to be published in the *Journal of Rural Health* in 2005.

Alana Knudson, PhD, Assistant Professor, Kyle Muus, PhD, and Mike Cogan, MA, Research Analyst, presented “Health Insurance Coverage Among North Dakotans” to the Governor’s Health Insurance

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STAFF NEWS

New Resources Available from the Rural Assistance Center

by Kristine Sande, MBA

The Rural Assistance Center (RAC) has recently added several new information guides to its web site at www.raconline.org. New topics include:

- People with Disabilities
- Public Health
- Schools
- What is Rural?
- Job Retention and Career Advancement
- Faith-Based Initiatives

RAC's information guides provide access to a variety of information and resources on select health and human services topics. Each guide contains frequently asked questions on the topic, links to publications and online tools, as well as contacts for more information. In addition to the information guides, RAC's web site features news, funding, a calendar of events, and the *Rural Monitor* (a quarterly publication).

The use of RAC's web site and customized information services continues to grow. In the 18 months since

RAC's launch, there have been over 92,000 visits to the web site and 1,300 requests for customized information searches. If you are seeking information on grants, programs, or background information on a specific subject please contact us and we will help.

One of the more popular services of the Rural Assistance Center has been its electronic mailing lists on health and human services, which help subscribers stay up-to-date on the latest news, funding opportunities, documents and tools. One subscriber writes, "Your newsletter is always timely, useful, and an absolutely incredible resource." Those wishing to join RAC's electronic mailing list may sign up at <http://www.raconline.org/listserv/>.

The Rural Assistance Center is a federally-funded national information resource with a range of products and services addressing rural health and human services issues. RAC is based at the Center for Rural Health, University of North Dakota School of Medicine and Health Sciences.

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, State Office of Rural Health at (701) 777-3848 or by email at: ldickson@medicine.nodak.edu

Rural Healthy People 2010: A Companion Document to Healthy People 2010. Volume 3 addresses several rural health concerns and objectives not covered in Volumes 1 and 2 of Rural Healthy People 2010. It includes overviews, literature reviews, and accompanying models for practice for two topics, with an additional three topics to be added in August 2004. It is available on the Southwest Rural Health Research Center's web site at: <http://www.srph.tamushsc.edu/rhp2010/Vol3rhp2010.pdf>

2004 Report to the Secretary: Rural Health and Human Service Issues provides an overview of key issues and trends affecting health and human service delivery in rural communities. Detailed information on the coordination of behavioral health and primary care, access to oral health care, and access to human services for the elderly is displayed. It can be found on the National Advisory Committee on Rural Health and Human Services' web site at: <ftp://ftp.hrsa.gov/ruralhealth/NAC04web.pdf>

Federal Medicaid Reform, A Rural Perspective

discusses possible changes to the federal Medicaid policy and how these changes could impact rural and frontier areas. An overview of challenges facing the current Medicaid program and the National Rural Health Association policy recommendations for Medicaid reform is offered. Please see: <http://www.nrharural.org/dc/policybriefs/medicaidpolicy.pdf>

Medicare Modernization Act (MMA) contains information on the Centers for Medicare & Medicaid Services (CMS) implementation of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. It includes links to CMS fact sheets and press releases, as well as other resources for understanding the impact of the MMA. It is available at: <http://www.cms.hhs.gov/medicarereform/>

The Future of Primary Care is a new book that explores the organization and delivery of primary care to address the needs of our future populations. It offers a self-critical and constructive analysis of primary care that is perfect for scholars, faculty, and students who are interested in public health services and policy. Editors: Jonathan Showstack, Arlyss Anderson Rothman, and Susan B. Hasmyler. Publisher: Jossey-Bass. ISBN: 0-7879-7243-6. Paperback.

CLEARINGHOUSE

Rural Health Clinic Update Seminar

by Mary Amundson, MA

I recently attended one of the Rural Health Clinic (RHC) Update seminars presented by Mark Lynn, a rural health consultant from Healthcare Business Specialists of Chattanooga, TN. While this was the first time I had attended one of these eight-hour seminars that provide a solid background related to rural health

clinics, I was surprised to hear that attending these seminars is a virtual rite of spring for many of the attendees. Some of the participants had

attended four or five years in a row.

We all know how volatile the health care system is and just when you think you have a handle on things – it changes. Such is the case with the much debated Quality Assessment and Performance Improvement (QAPI) program. For those of you unfamiliar with the QAPI, it is a self-assessment and performance improvement program that focuses on maximizing outcomes by improving patient safety, quality of care and patient satisfaction.

QAPI was going to be a requirement by the Centers for Medicare and Medicaid Services (CMS). However, recent information from CMS indicated that clinics will not be required to adopt a QAPI program at this time. This statement came during the discussion related to the

decertification of RHCs. As you may be aware, “no clinics will be subject to decertification until the federal rulemaking process is redone. This will also allow considerable opportunity to revisit with CMS decertification and the process for decertification (particularly those clinics located in areas no longer defined as rural).” Perhaps it is just a matter of time and QAPI will surface again.

If you would like to explore the elements of a QAPI, the information I have provides a step-by-step guide to developing this tool. The take-home materials and CD provided at the seminar contained numerous RHC resources including the following: quality improvement polices and procedures, an RHC policy manual, cost reporting software, billing forms, etc.

There is also a book on “How to Start a RHC” published by the Health Resources Services Administration that is easily accessible through the Rural Assistance Center’s web site (<http://www.raconline.org>) at <ftp://ftp.hrsa.gov/ruralhealth/RHCmanual1.pdf>.

If you are interested in the information presented at this seminar, please contact me at (701) 777-4018 by phone, or by email at mamundson@medicine.nodak.edu.

You can also go to Healthcare Business Specialists’ web site at: <http://www.ruralhealthclinic.com/>

PRIMARY CARE NEWS

Training Activities Among Native Elder Populations

by Leander McDonald, PhD, and Richard Ludtke, PhD

The National Resource Center on Native American Aging (NRCNAA) has recently been presenting information and providing training to Native elder providers across the nation.

Training sites included Reno, NV; Phoenix, AZ; Oklahoma City, OK; and Rapid City, SD. All sites, with the exception of Oklahoma City, were held in coordination with the federal Administration on Aging (AoA) Department of Health and Human Services Tribal Listening Sessions. These listening sessions were held by AoA to gather information on the needs of Native elderly.

NRCNAA researchers have used the presentations to disseminate results of the Native elder needs assessment project back to communities.

A goal of the presentations was to provide factual information to Native elder providers and elders, so they

might combine the data with their experiences to get a better picture of the needs of their communities, and use this knowledge in their discussions with the AoA officials.

Researchers also trained Native elder providers on how to conduct research in their communities, use data to build long-term care infrastructure, and use data in writing proposals to address identified needs.

Additional training activities focused on developing health promotion and chronic disease management programs in American Indian communities. The development of this training has been guided by information gathered during the first cycle of the Native elder needs assessment and implements examples from ideal health promotion activities and models.

For more information contact Leander McDonald at (800) 896-7628 or by email at rmcdonal@medicine.nodak.edu

Rural Health Awards Presented at Dakota Conference

by Amanda Scurry, MS

Four Rural Health Awards were presented at the annual Dakota Conference on Rural and Public Health in Fargo on March 25.

Anthony Rayer, MD, Altru Clinic-Lake Region, Devils Lake was named the 2004 *Outstanding Rural Health Provider*. The award is presented to a health care clinician whose practice is in rural North Dakota and has unselfishly made an important contribution to their community and area.

Rayer has dedicated his career to rural health care through his medical practice, program development and training. He is currently a staff physician in Family Practice at Altru Clinic-Lake Region and a member of the board of directors for Mercy Hospital in Devils Lake. As an advocate for Children Against Child Abuse, Rayer is involved with Social Services and the Federal Bureau of Investigation to identify cases of child abuse. He is also a member of a steering committee organized by the Lake Region Human Service Center to identify and meet deficiencies in delivery of mental health.

Gary Allen, a member of the Towner County Ambulance Service, Cando was named the 2004 *Outstanding Rural Health Volunteer*. This award recognizes the contributions made by community people who have contributed their energy, time, and skill on a volunteer basis toward the betterment of rural health care.

Allen has been a part of the emergency medical services in Towner County for over 30 years. During his 32 years of volunteer service, he has served continuously as the training officer, established protocols, equipped ambulances, purchased supplies and written numerous grants. Allen is also a member of the local volunteer fire department, the Towner County Ambulance Service Board of Directors and the American Legion.

Kathleen Hoeft, administrator for the Ashley Medical Center, was named the 2004 *Outstanding Rural Health Professional*. This award is presented to a health care professional located in rural North Dakota who had demonstrated leadership in the delivery of rural health services.

Hoeft, a registered nurse, was a distinguished past chair of the North Dakota Long Term Care Association and was recently elected to the American Hospital

Association's governing council for small or rural hospitals. Hoeft was appointed to the North Dakota Healthcare Association's Legislative Council promoting rural healthcare delivery in North Dakota.

Western Sunrise, Inc., was named the 2004 *Outstanding Rural Health Program*. The Outstanding Rural Health Program is presented to programs that deliver services in innovative ways, highlight coordination among providers, or improve the quality of care to rural residents.

Western Sunrise, Inc., is a consumer run non-profit organization that serves those with serious and persistent mental illness in rural northwest North Dakota. They have recently implemented a Peer Support and Advocacy Program, which consists of a team who assists those who are chronically mentally ill with the skills they need to stay in their homes and communities.

Nominations for the 2005 Dakota Conference on Rural and Public Health awards are currently being accepted. Consider making your nominations early. An essay of 500 words or less and three letters of recommendation are all that is needed to nominate a deserving individual or program for a Rural Health Award. Previous nominees who did not win are still eligible for Rural Health Awards.

For more information please contact Brad Gibbens or Lynette Dickson at the University of North Dakota Center for Rural Health at (701) 777-3848.

Established in 1993 to acknowledge the contributions of North Dakotans to improve rural health care, the Rural Health Awards are part of the Dakota Conference on Rural and Public Health facilitated by the University of North Dakota (UND) School of Medicine and Health Sciences' Center for Rural Health, coordinated by the Bismarck State College and sponsored by Altru Health System; North Dakota Public Health Association; North Dakota Academy of Physician Assistants; UND College of Nursing, and the UND School of Medicine and Health Sciences' Center for Rural Health, Department of Community Medicine, Department of Family Medicine, and North Dakota AIDS Education and Training Center.

Mark Your Calendar

Dakota Conference on Rural and Public Health
March 7-10, 2005 -- Bismarck, North Dakota

