



“Rural Economic Development Believes in Wellness Too”

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Center for Rural Health

- Established in 1980, at the University of North Dakota School of Medicine and Health Sciences in Grand Forks, ND
- Six core areas of focus:
 - Education, Training, & Resource Awareness
 - Community Development & Technical Assistance
 - Native American Health
 - Rural Health Workforce
 - Rural Health Research
 - Rural Health Policy
- Web site:
<http://www.med.und.nodak.edu/depts/rural/>



Objectives

Participants will learn that:

- rural economic developers are recognizing health promotion and disease prevention as a vital element in not only striving for improved community health, but also as a marketing device for business and economic development.

- a viable new partnership for health can be comprised of local/area health providers and economic development working with their State Office of Rural Health (SORH).

- how SORH community development techniques such as forums, community need assessments, and grant development assistance can be used as part of a comprehensive plan for decision-making.

- how rural communities implement their own approach to community wellness relying on community input, assistance from the SORH, local initiatives, and grant development.

The Rural Health Care Economic Linkage

- Employment Impacts

- Attracting/Retaining Local Residents

- Attracting/Retaining Business

- Generating Investment Funds

- Enhancing Local Leadership Capacity

The Rural Health Care Economic Linkage

▪ Employment Impacts

- Rural hospitals are often the 2nd or 3rd largest employer
- Rural health employment: 10-15 percent direct and direct and indirect is 15-20 percent
- A single rural physician with an office staff of 7 typically generates \$320,000 to a rural community
- Multiplier effect: each rural health dollar rolls over about 1.5 times
- Health care serves as a critical anchor for a rural economy
- In ND, high level of integration of rural health providers

The Rural Health Care Economic Linkage

▪ Attracting/Retaining Local Residents

- Jobs attract people – People attract more jobs
- Stabilize and maintain population (for some increase)
- Health as a growth industry

The Rural Health Care Economic Impact

▪ Attracting/Retaining Business

- Interconnectedness of health and business sectors
- Educated workforce
- Dual employment (two-income households)
- Health care provides services to business (health screenings, training, occupational health programs, etc.) and business sector provides goods and services to health organizations (banking, housing, food services, other health providers like pharmacy, etc.)
- Promotion of a healthy and productive workforce

The Rural Health Care Economic Linkage

▪ Generating Investment Funds

- Labor intensive – wages and salaries (ND CAHs – 86 employees and \$3.3 million per CAH in direct and indirect payroll impact)
- Cash and short-term investment in local banks and lending institutions
- Local investment source: loans for other business
- Medical transfer payments: Medicare and Medicaid impact on rural economy
- Retirement income: fastest growing source of rural personal income

The Rural Health Care Economic Linkage

- **Enhancing Local Leadership Capacity**
 - Formal involvement with community leadership
 - Local government
 - Civic organizations
 - Faith community
 - School and education
 - Linkage to economic development
 - Building skills and commitment to civic responsibility
 - Source of new knowledge and resources

Importance of Health Care in a Rural Economy

- Change in Gross State Product (GSP) – North Dakota
 - 1979
 - 18% Agriculture
 - 10% Services
 - 2003
 - 7% Agriculture
 - 21% Services
 - Health services largest component of the service sector (43%)
 - Health services account for 9% of GSP
 - Nationally, health services accounted for 14% of GDP in 2002
 - Eight of the ten largest private employers are in health care

Importance of Health Care in a Rural Economy

- North Dakota economy will grow approximately 13,000 new service sector jobs from 2000-2010
- Health jobs rank second only to business jobs with 2,800 new health jobs expected in ND during this time frame
- North Dakota ranks 6th out of all states in terms of the percentage of workers in health jobs
- Significant health workforce shortage in ND in areas such as medicine, nursing, and other health professions

Importance of Health Care in a Rural Economy

- Nationally, health care accounts for about 10-15 percent of the primary jobs in a rural community. When secondary jobs are added – 15-20 percent
- ND has 31 Critical Access Hospitals (CAHs)
 - 2,800 primary jobs associated with the 31 CAHs
 - 1,400 secondary jobs
 - 4,200 total jobs in rural ND created by CAHs
- Payroll impact of an individual CAH
 - \$2.2 million direct or primary impact due to CAH jobs
 - \$1.1 million indirect or secondary impact due to CAH jobs
 - \$3.3 million payroll impact to a rural community from a CAH

Importance of Health Care to a Rural Economy

- Payroll impact of the 31 CAHs to ND rural economy
 - \$67 million due to direct/primary job creation
 - \$34 million due to indirect/secondary job creation
 - \$101 million total impact due to CAH related jobs in rural ND
- Nationally, a rural physician with an office staff of 7 has an economic impact of \$320,000
- ND CAHs average 2.75 physicians
- About \$880,000 physician impact for each CAH
- \$27.3 million impact due to CAH physicians in ND

North Dakota

- Population – 634,366 (July, 2004 Estimate)
- Median age - 36.2 (2002)
- 47 of 53 counties lost population (1990-2000)
- 66% (35/53) of ND Counties are Frontier Counties
- 89% of ND counties are entirely or partially a HPSA/MUA for physicians
- Average age of RN – 43 years
- 93% of EMTs are volunteers
- 79% of ND Rural Hospitals are Critical Access Hospitals (31/39)

Community Development

Purpose: To assess community interest in developing a Wellness Center.

1) Community Engagement

- Initiate ideas – brainstorming
- Identify champions
- Informal assessment of current services and gaps in services
- Development of consortium/network of stakeholders

2) Development

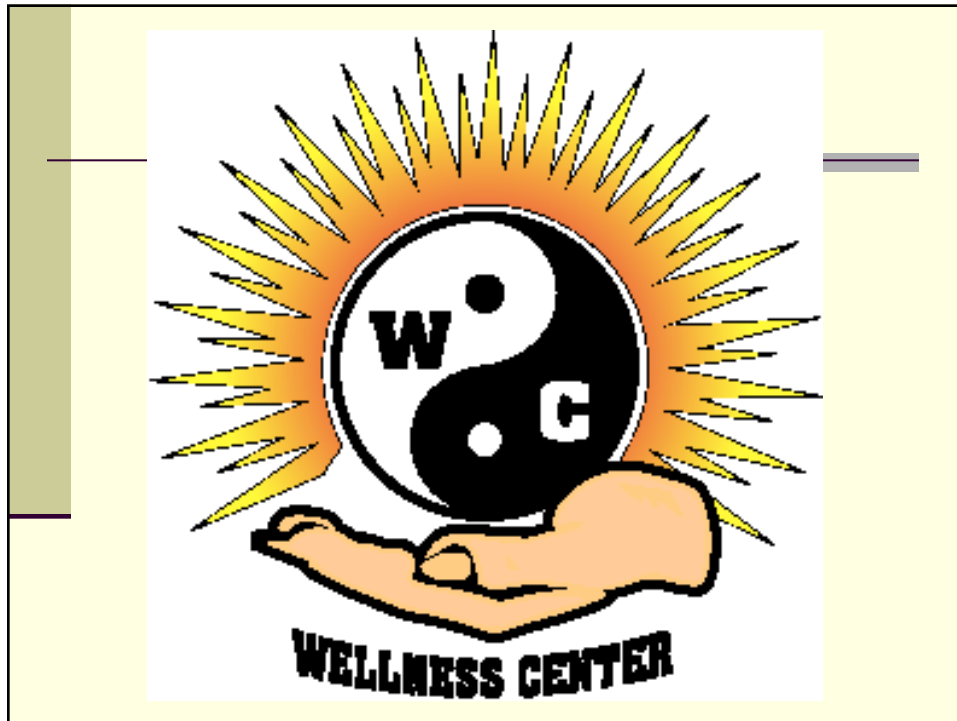
- Formalize a small working group
- Formal assessment of needs
- Identify resources
- Develop a plan to access resources (e.g. grants)

Implementation

- Adopt proposed action steps
- Conduct on going process evaluation
- Redirect as needed
- Develop program report

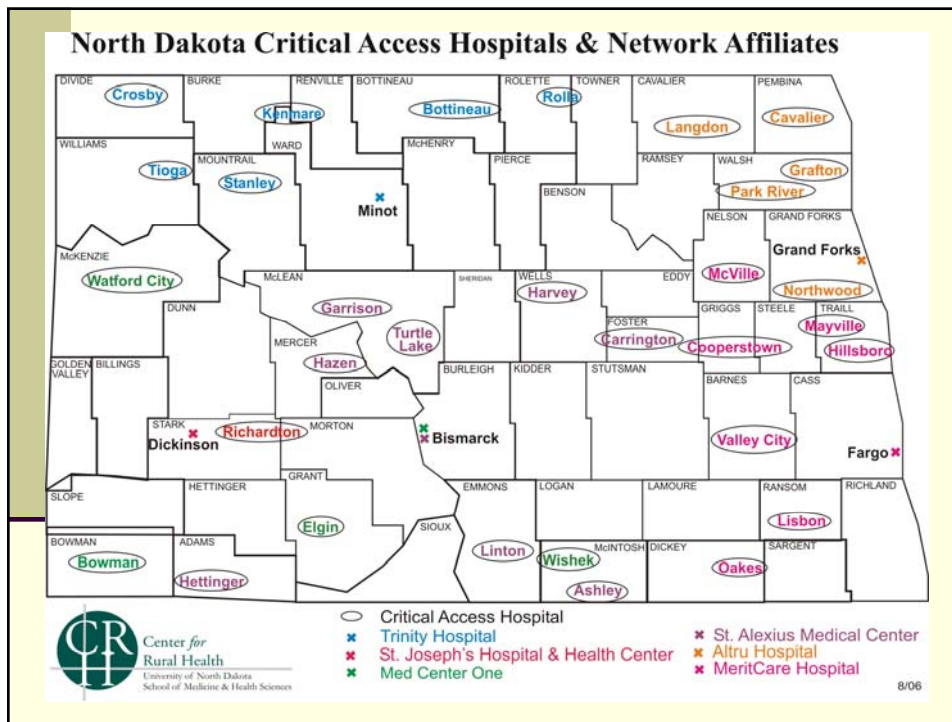
Three Rural North Dakota Community Projects

- Bottineau Economic Development
- Washburn Economic Development
- Cavalier County Job Development Authority



COMMUNITY OF LANGDON, ND

- City of Langdon has approximately 2,000 residents and is 16 miles south of the Canadian border.
- Cavalier County Memorial Hospital (CCMH) is a 25 bed Critical Access Hospital located in Langdon, ND.
- CCMH provides health care services to residents of Cavalier County, the northwest section of Pembina County (including the city of Walhalla), and the northern portion of Ramsey County (including the city of Edmore).
- CCMH provides health care to approximately 13,416 people within a 2,607 square mile service area.
- CCMH currently staffs three full time internists and two full time family nurse practitioners in the Langdon Rural Health Clinic and two satellite clinics, located in Walhalla and Munich.
- The nearest level 2 trauma center is located in Grand Forks, which is 115 miles from Langdon.



PRIMARY FOCUS

- Importance of health in area population and bridging healthcare to economic development
- 7 aspects of wellness -aim is to obtain a degree of balance and harmony across all 7 dimensions of health and wellness areas that are represented by the health wheel.
 - Physical Wellness
 - Psychological, Mental and Emotional Wellness
 - Career Health And Wellness
 - Social networks wellness
 - Financial Health And Wellness
 - Spiritual Health and Wellness Dimension
 - Personal Relationships/Family Wellness

FOCUS AREA

- Fall of 2000, PT from hospital became aware of the Rural Health Care Services Outreach Grant from HRSA
- In 2001, Job Development Authority (same as economic development) completed Strategic Plan, which identified the need for community wellness program
 - Grant writer hired in December of 2003
 - PT from hospital brought awareness needs to the attention of the grant writer at Job Development
 - Discussion on community needs and businesses that would be interested in being on committee
 - Economic development and hospital visited with CRH to discuss options for community wellness program

COMMUNITY DEVELOPMENT

- **PURPOSE:** To assess community interest in developing a Wellness Center.
 - Community Engagement
 - Development
 - Implementation
 - Community Engagement

COMMUNITY ENGAGEMENT

- Initiate Ideas
 - Started visiting with community members from various organizations
 - Hospital and economic development met to discuss core groups
- Formalize the WILL Network (smaller work group), consisting of:
 - Hospital
 - economic development
 - public health (was added)

COMMUNITY ENGAGEMENT

- Informal assessment of current services and gaps in service
 - Cavalier County Health Network-purpose as to disseminate information concerning social and health programs available in the region.
- Developed and engaged the (Wellness Interventions Lasting a Lifetime)- WILL Consortium (large group)
 - Made up of 3 previously mentioned organizations (WILL Network-hospital, economic development & public health) and:
 - County extension service (Nutrition Education Agent)
 - County social services (social worker)
 - Walhalla Economic Development (Director)
 - The City of Langdon (Commissioner & Mayor)
 - Senior Meals and Services (Director and assistant)
 - Faith Based Organizations Parish Nurse
 - Additional hospital staff: physicians, CEO, 2nd physical therapist, nurse practitioners, dietician, and cardiac rehab nurse

DEVELOPMENT

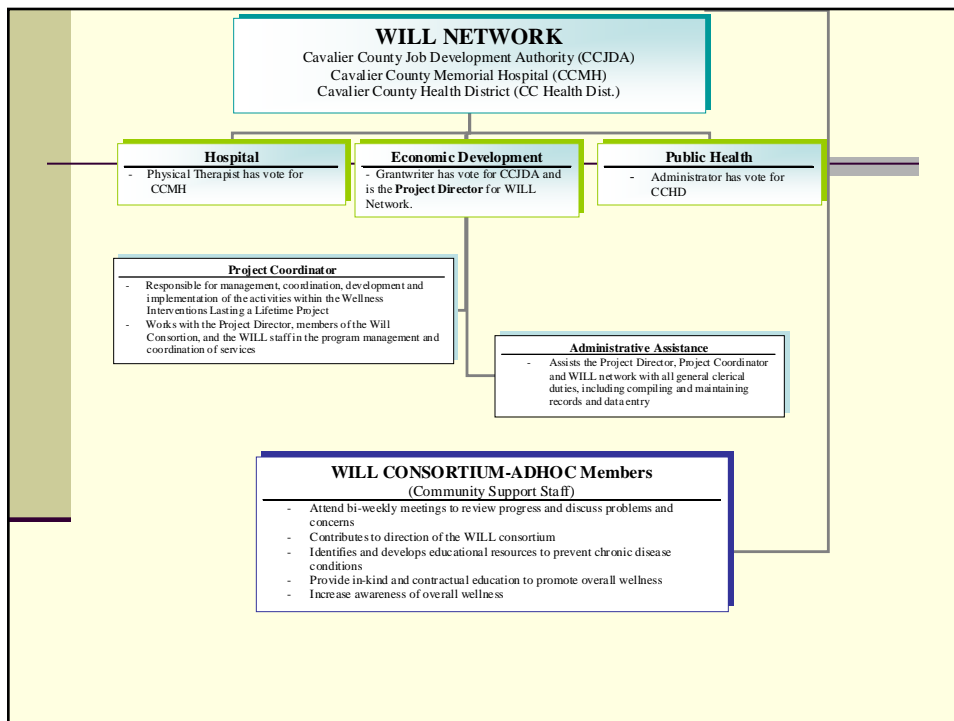
- Identify the issues to address
 - Existing wellness approach
 - Looked at Healthy 2010, whose first goal is to help individuals of all ages increase life expectancy and improve their quality of life.
 - Through Discussion at meetings, decided to address chronic health issues with a wellness approach
- Identifying resources
 - CRH gave presentation to Langdon community members regarding how to get started, how to accomplish objectives, discussed options for funding, and answered questions
 - RAC (Rural Assistance Center)
 - Utilized and renovated existing building (LAC-owned by city)
 - Loans
 - Grants
 - Allow yourself time to research & write
 - Check due dates
 - Have attainable & measurable goals

DEVELOPMENT

- Address the Need
 - Gather background information
 - Community Needs Assessment from CRH conducted (survey)
 - 710 surveys were sent with 163 responses received
 - Survey sent out 2nd time to 459 participants with 64 responses received-total response rate of 37%
 - 61 % favored a wellness center & stated they would use the center 2-3 times week
 - 75% wanted wellness center to be paid for by grant funds
 - Top services and programs desired:
 - > 70% massage/reflexology
 - > 69% walking/running track
 - > 63% senior exercises
 - > 61% cardio equipment room
 - > 61% nutrition/healthy eating classes
 - > 61% relaxation and stress reduction classes
 - > 59% CPR/1st Aid classes
 - > 59% whirlpool
 - > 59% fitness assessments
 - > 55% weight control classes

DEVELOPMENT

- Additional comments:
 - A wellness center would be great!
 - A wellness center could attract people from outside the community also
- Gaining community support



IMPLEMENTATION

- ACTION STEPS
 - Met with city to discuss use of building
 - Acquisition of equipment
 - Interviewed and hired Project Coordinator
 - Installation of equipment
 - Open House held
 - Advertised by:
 - > Radio
 - > Newspaper
 - > Flyers
 - > Brochures
 - > Set up informational booth at community events
 - Utilized Georgia Health Policy Center for technical assistance/conflict resolution
 - wrote Memorandum of Agreement (MOA)

IMPLEMENTATION

- Benefits
 - Increased revenue to Langdon Activity Center
 - Hospital received much needed equipment, such as cardio stress test treadmill
 - Hospital physical therapists had optional ways to perform treatments on patients by using the equipment at Langdon Activity Center
 - Additional programs on healthcare prevention and maintenance
 - Community facility for all ages for prevention and maintenance of healthcare

COMMUNITY ENGAGEMENT

- Future Development-goes back to the large workgroup (WILL Consortium)
- Positives
- Measurements of Success:
 - Increased memberships to Langdon Activity Center
 - Increased participation in wellness programs

MOVING FORWARD

- Impact of Implementation
 - Goals reached
 - Year 1
 - Year 2
 - Year 3-working on
 - Worksite Wellness
 - What will the business community get from this?

Langdon Activity Center-Paramount equipment



Langdon Activity Center-Precor cardio equipment



BARRIERS

- Fiscal administration of funds
- Memberships going through city instead of hospital

Lessons Learned

- Make sure ALL important stakeholders are part of the Network
- Make everything as *clear* as you can
- Be prepared for *unanticipated* events and impact
- Have *everything* in writing
- Community *buy-in*: everyone isn't always on the same page
- Consider *role and responsibilities*: What is each individual going to do and what do they gain?
- Consider the *roles* people and organizations play and the *relationships* that exist between people and organizations in a small town

Lessons Learned

- If project will or can *generate income* work this out in the beginning
- Remember *technical assistance* available from SORH, federal sources, and others – don't be afraid to ask for help and advice
- Not everyone has the same idea on what *rural economic development* means when *health* is a part of the equation



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*Connecting resources and knowledge to strengthen
the health of people in rural communities.*