

KEY STAKEHOLDER PERSPECTIVES

To augment the development of the data rich component of the Environmental Scan, interviews were conducted with eight opinion leaders regarding health and health care in North Dakota. These individuals represent a wide range of key stakeholders, from policymakers to health care providers to association leadership. Their views are summarized below.

A. Health issues in North Dakota. Obesity is considered one of the most significant health issues in North Dakota. Factors thought to contribute to this problem include long winters in which the population is indoors for significant periods of time and commonly held attitudes that obesity isn't a problem and that health care will take care of obesity related illnesses. A particular concern was expressed about the alarming "incidence of childhood obesity." Individuals also referenced historical eating patterns and cultural traditions. "You can't go anywhere, or have any social event, without food in North Dakota." One participant pointed toward the isolation of rural areas and a lack of adequate fitness equipment in many rural communities as contributing factors to obesity. Other issues of significant concern include alcohol abuse, the aging population, access to services, health disparities between Native Americans and non-Natives, diabetes, mental health, teen driving safety, and farm and ranch safety.

Strategies to address these issues. Prevention activities, from education to incentivizing healthful decisions, and the need for swift changes are the two more frequently cited actions recommended to address the state's significant health issues.

"I liken our current difficulties with obesity to where tobacco was maybe 25 to 30 years ago, where we thought it was a problem but didn't know what to do with it," said one participant.

Several participants recommended increasing education on proper diet and exercise beginning with young children, with one participant citing the programs offered through Healthy North Dakota as good models of effective programming.

It doesn't end with childhood education, however. Health professionals ought to "tool up on the issues of obesity," stated one participant, referencing an American Medical Association publication (Kushner, 2003), which is part of a series designed to help physicians and other health professionals identify and reduce health disparities by integrating focused interventions into routine medical care.

"It took time to figure out what comprehensive tobacco control programs were. This re-changing of societal norms and expectations is probably where we need to go in regard to a lot of the prevention activities."

"We need to provide and develop access to prevention information tools and emphasize the need to remain healthy as opposed to curing people once they get sick."

The prevention theme carried over into worksite wellness, where several participants made reference to encouraging more work-based wellness programs and incentives. A reference was made to Hedahls Parts Plus, a Bismarck-based company that has decreased employee use of health care services with a wellness program initiated in 1993. Hedahls has also helped other companies establish wellness programs. "We have to get creative," said one participant. "We need to offer services and benefits for fitness," and "take a holistic look at employees and the way companies can promote health to help their bottom line." One participant would encourage businesses to support plans that have comprehensive mental health coverage and would encourage insurers to provide coverage with wellness benefits.

Many participants made reference to the need for short-term and long-term changes. Referencing prevention and education, one participant said, "We need to start driving change in that area. Even though it may require some outlay of cash up-front, we really have to bite the bullet; otherwise, we are just going to be in this continual downward spiral." Another participant remarked, "We need to be more strategic and think long-term. It can take 10 to 20 years to begin to see remarkable change."

Decision-makers and key groups. Virtually every participant referenced the need for collaboration and "big picture" approaches to decision-making around health care. Representatives from public and private entities need to be involved, as well as legislators, employers, insurers, Medicare, Medicaid, educators (from elementary to secondary institutions), the governor, attorney general, health care providers, public health professionals, association leadership, and citizens. Also embedded in the conversations was the approach of *how* to look at decision-making. Participants noted the need for more strategic thinking; some participants made reference to gathering broad input and engaging communities when enacting new policies and programs. "I think it's important that we look at [health issues] more broadly than just individual choices and more in terms of what it means to North Dakota [as a whole]."

Approaches to increase collaboration and communication on health issues. Partnerships that generate ideas and action items, as well as openness to new ideas, are essential to addressing health issues in North

Dakota, according to the majority of interview participants. Working collaboratively and sharing resources and expertise are important, especially in a rural state.

Some participants made reference to the importance of moving collaborative ideas into action items and implementation processes. “We need to do a better job of taking the initiatives we developed and coming up with concrete, practical ways of implementation. I think that’s where we still falter, to some extent.”

“It’s more than just getting together, it’s doing it in a way that there’s support for that process and the ability to move it out of the idea range into practical application,” said another participant. The Healthy North Dakota initiative was cited as an example of a good partnership, but one that is sometimes weak when it comes to implementation. In terms of decision-making, North Dakotans need to keep an open mind. Instead, participants recommended “what-if” scenario exercises and pilot program testing when instituting new initiatives. Another participant remarked, “We are in a time right now when, because of the dire straits in a variety of situations, not just health care, but the economy and so forth, this may be the best opportunity in a lifetime for making some significant changes. But indeed, people have got to be willing to talk about them and be open to them.”

B. Health care issues in North Dakota. Participants identified a variety of significant health system issues in North Dakota that need to be addressed, most frequently citing the cost of care, access to health services, and shortages of health providers in rural areas. Causes of these problems, according to participants, include a number of finance-related factors such as the “out of whack” reimbursement system, “faulty assumptions” of federal regulators who base funding on the idea that providing health care in rural areas costs less than providing care in urban areas, and a monopoly on health insurance that “dictates rather than negotiates terms and reimbursement for hospitals and physicians in rural and urban areas.” Other participants made references to an aging workforce and difficulties in attracting providers (and their spouses and families) to rural communities.

Strategies to address health system issues. Participants recommend a variety of public policy solutions to deal with health systems issues, including more education, a ban on television pharmaceutical advertisements, and prevention promotion. One participant recommended “prioritizing the uses for health care funds. An example would be the Oregon plan put together 15 years ago, but it ended up being a model just for Medicaid.” Another participant recommended stimulating the sagging United States economy, which is currently having a negative effect on health, “because some

citizens are putting off getting services, and they’re not filling their prescriptions.”

“There are some good examples of [partnerships] right now, but I think we can do things better in some of the collaborations we already have,” said one participant.

Private sector solutions varied widely. Several comments reflected financial suggestions, such as expanding the pool of members in health care plans to spread the costs over more members and reduce the cost per individual, increasing co-payment amounts to reduce overuse of the health system for trivial health care problems, and refraining from implementing a

Medicare-like system that underpays quality performance in rural states. One participant recommended “improving access to lower cost prescription drugs in Canada.”

Workforce shortage solutions were another priority issue. Suggestions on how to address workforce shortages included fostering greater collaboration between health care providers so towns and regions with a surplus of providers could share their services with those experiencing a shortage, utilizing retired health care providers in rural areas by redefining the role they can play in providing services and by providing flexible scheduling, and increasing the use of telepharmacies to reduce the problem of distance in accessing pharmacies. Other strategies viewed as important include:

- Promote prevention;
- Provide financial incentives to promote the primary physician as gatekeeper and to promote the medical home concept (a patient-centered, coordinated model of care);
- Improve the ability to transfer health care coverage from one health insurance plan to another without being subject to preexisting condition restrictions; and
- Improve recognition of the important role that the public health system plays in North Dakota.

Decision-makers and key groups. Virtually every participant again made reference to the idea of collaboration and broad-based approaches to decision-making. Representatives from public and private entities need to be involved, as well as legislators, employers, federal and state government, health care facilities and providers, the insurance commissioner, governor, attorney general, health care providers, association leadership, and citizens.

Approaches to increase collaboration and communication on health system issues. When it comes to increasing collaboration and communication on health systems issues, participants had a variety of responses. Some recommended communication tools, such as a quarterly magazine with content that challenges thought

leaders—physicians, administrators, and legislators—to think about health care issues or a website with a question-of-the-week, where the public and the medical community could submit free-form answers and a moderator would create a summary of discussions.

Other comments focused on specific action items to improve awareness and communication flow, such as increasing accessibility to the attorney general's office to register complaints; encouraging partnerships and cooperative agreements between hospitals (professionals and administrators), similar to the joint power agreements that some schools have; leveraging existing networks among organizations to develop solutions; and creating health care forums that are structured to take the ideas generated and move them into products. One participant noted, "The insurance department, Medicare, and Medicaid need to collaborate in order to produce effective change." Existing associations and organizations also can be used more effectively to disseminate information via e-mail lists, educational sessions, and conferences. Increased collaboration and communication would also benefit from more research, according to participants. Participants recommended funding health care issues research in North Dakota, including community assessment efforts and customer satisfaction surveys.

Roles for North Dakota's leading health experts and organizations. Participants recognized their roles as leaders, including serving as education, information and collaboration ambassadors, and also as drivers of change. Several participants mentioned increased lobbying for health care reform through their organizations, while others focused on maintaining good relationships with legislators to improve the state's health system and quality of health.

Implications. Addressing the health issues in the state requires a multifaceted approach. Broad-based collaboration to address priority health and health care issues was strongly advocated, along with a sense of urgency in addressing health issues such as obesity. These key stakeholders all suggested that the health of North Dakotans and health care in the state require profound and pervasive change; ranging from ensuring that day-to-day health needs of citizens are met to having health care that effectively manages acute and chronic diseases. The state must be well positioned to meet major health care challenges and ensure that the health of communities is not compromised by lack of available quality health services.