



Center for
Rural Health

<http://ruralhealth.und.edu>

Access, Cost, and Workforce: Three Factors Driving Rural Health Care in North Dakota

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Linton Community Forum
Linton, ND

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



Center *for* Rural Health

- Established in 1980, at the University of North Dakota School of Medicine and Health Sciences in Grand Forks, ND
- 5th oldest state rural health office
- About 38 separate program and/or projects with 42 staff
- 3 National programs (RAC, NRCNAA, Research Center)
- Focuses on:
 - Education, Training, & Resource Awareness
 - Community Development & Technical Assistance
 - Native American Health
 - Rural Health Workforce
 - Rural Health Research
 - Rural Health Policy
- Web site: <http://ruralhealth.und.edu>



Presentation Objectives

- General issues facing rural health
- Maintaining access to quality health services
- Availability of a health care workforce
- Health care costs



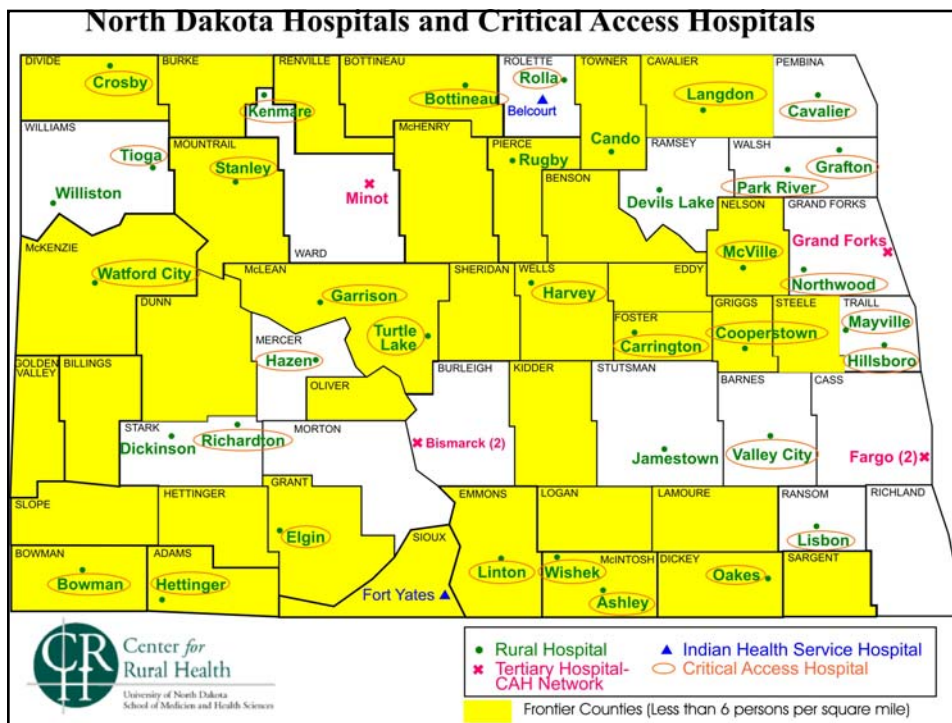
General Issues Facing Rural Health

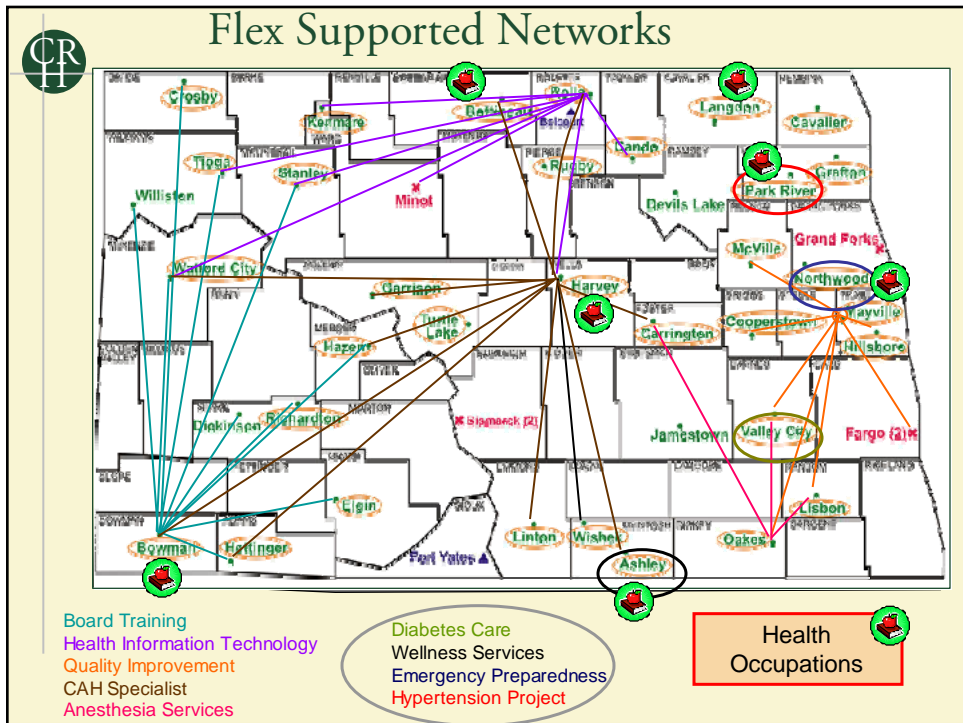
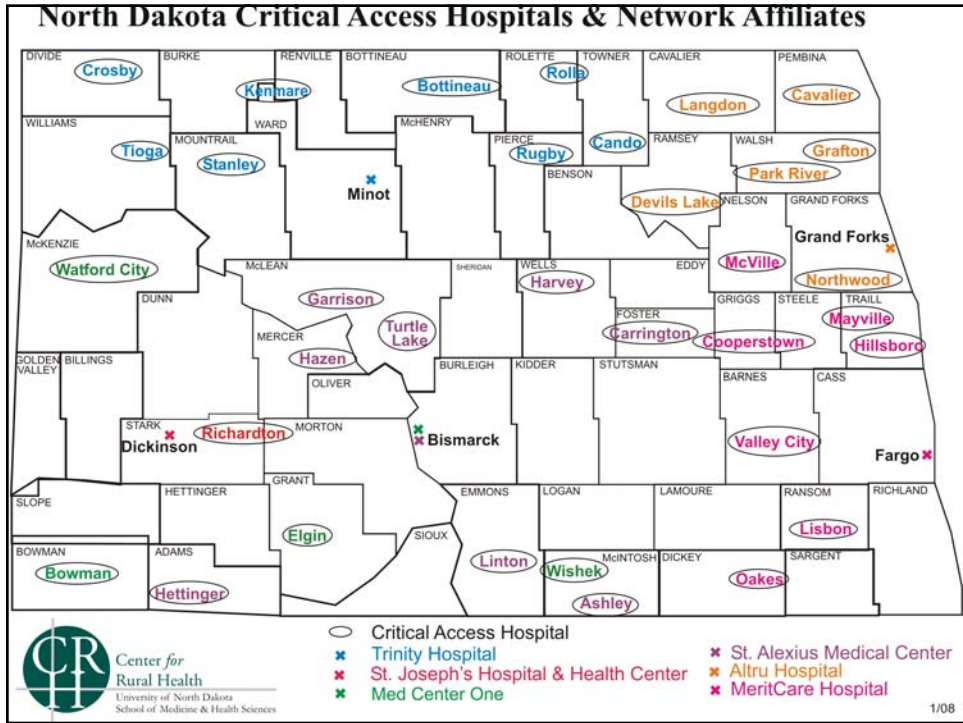
	<u>Rural America</u>	<u>North Dakota</u>
Population	<ul style="list-style-type: none">• 20% of U.S. population tends to have high proportion of over age 65	<ul style="list-style-type: none">• 48th of 50 states high proportion of over age 65 and highest over age 85
Providers	<ul style="list-style-type: none">• 2/3 of HPSAs are in rural areas• Workforce shortage	<ul style="list-style-type: none">• Almost 90% of counties HPSA designated• Workforce shortage
Hospitals	<ul style="list-style-type: none">• Majority are Critical Access Hospitals	<ul style="list-style-type: none">• 33/45 hospitals are CAHs (health care central)
Medicare Payment	<ul style="list-style-type: none">• Tends to be lower in rural states	<ul style="list-style-type: none">• 2nd lowest of 50 states, per enrollee• In top quartile of states on access, quality, and efficiency. <i>(Commonwealth Fund, State Scorecard on Health System Performance.)</i>

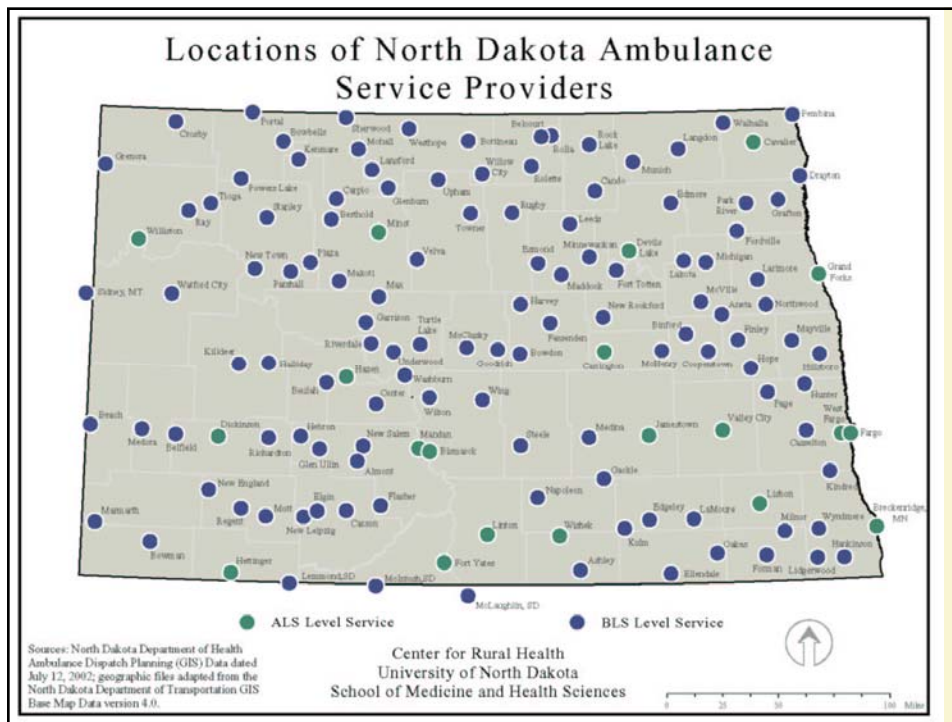


Maintaining Access to Quality Health Services

- Sources of care: Where do we seek care in rural North Dakota
 - Critical Access Hospitals
 - Clinics (federally certified Rural Health Clinics – RHC and Community Health Centers – CHC or FQHC-look alike)
 - Emergency Medical Services
 - Public Health and nursing homes
- Sustaining care: What helps to keep rural health care available and viable
 - Rural Hospital Flexibility Program – CRH, NDDH, NDHA
 - Rural Health Outreach, Network Development Planning, and Network Development grants – CRH <http://ruralhealth.und.edu/>
 - Rural Assistance Center – CRH <http://www.raconline.org/>
 - Health workforce efforts -- CRH
 - State Rural Health Association (forming)





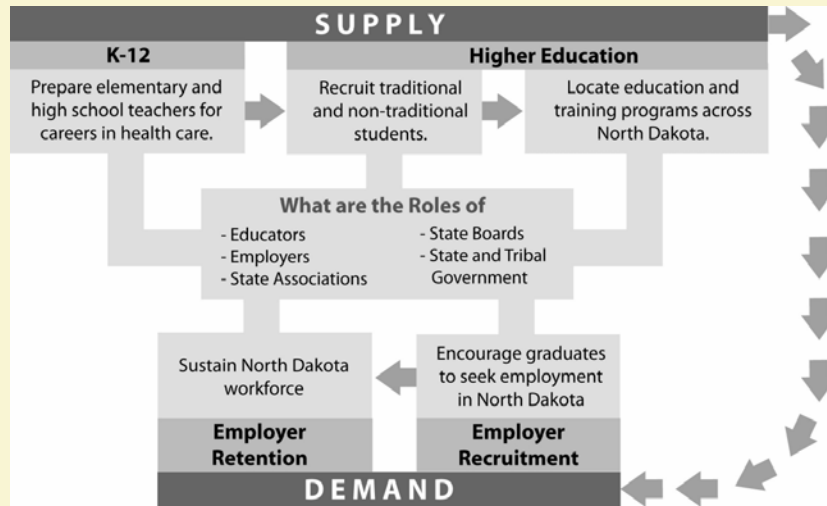


Availability of a Health Care Workforce

- Healthcare Workforce Pipeline
- Supply and Demand Features
- ND Workforce Summit
 - o Statewide meeting representing supply side (educators) and demand side (employers), along with policy makers, associations, and others
 - o Committee system representing core Pipeline functions
 - o Development of Area Health Education Center (AHEC) grant



Health Care Workforce Pipeline

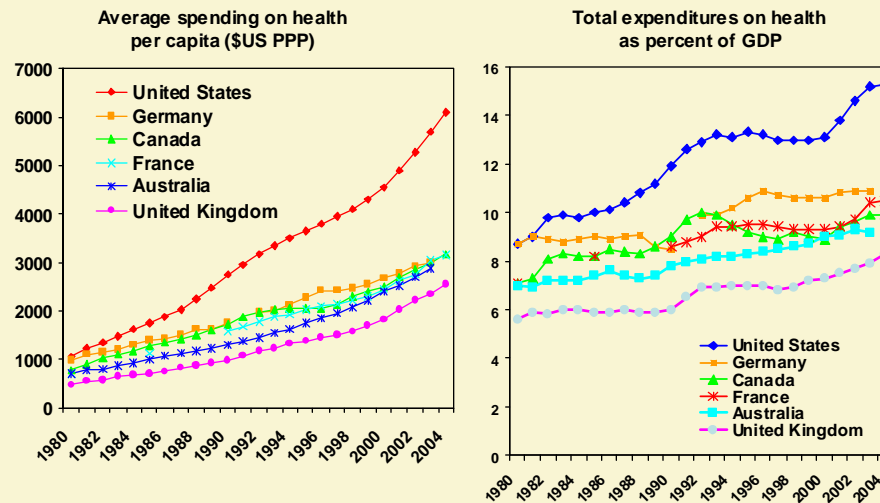


Wakefield, Amundson, and Moulton, 2006



EFFICIENCY

International Comparison of Spending on Health 1980 – 2004



Data: OECD Health Data 2005 and 2006.

(Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006)



North Dakota: Distribution of Health Care Expenditures by Service by State of Residence (in millions), 2004

	% ND	\$ ND	% US	\$ US
Hospital Care	42%	\$1,533	38%	\$566,886
Physician and Other Professional	23%	\$866	28%	\$446,349
Drugs and Other				
Medical Non-durable's	15%	\$537	14%	\$222,412
Nursing Home Care	10%	\$387	7%	\$115,015
Dental Services	5%	\$174	5%	\$81,476
Home Health Care	0%	\$18	2%	\$42,710
Medical Durables	1%	\$55	1%	\$23,128
Other Personal Health Care	3%	\$124	4%	\$53,278
Total	100%	\$3,693	100%	\$1,551,255

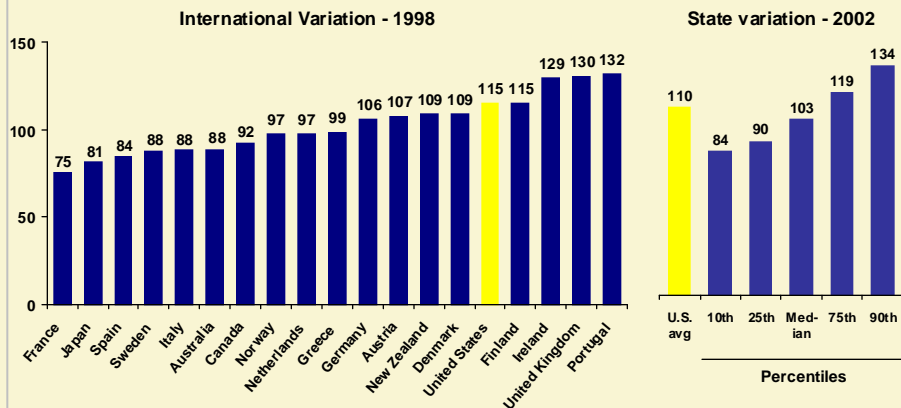
Source: Kaiser Family Foundation State Health Facts



Mortality Amenable to Health Care

Mortality from causes considered amenable to health care is deaths before age 75 that are potentially preventable with timely and appropriate medical care

Deaths per 100,000 population*



See Technical Appendix for list of conditions considered amenable to health care in the analysis.
 Data: International estimates—World Health Organization, WHO mortality database (Nolte and McKee 2003);
 State estimates—K. Hempstead, Rutgers University using Nolte and McKee methodology.



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