



Center for Rural Health

The University of North Dakota
School of Medicine & Health Sciences

Primary Care Workforce Project Report

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

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INTRODUCTION

The University of North Dakota School of Medicine and Health Sciences (SMHS) aims to address primary care workforce needs in North Dakota (ND) and to keep ND health professions students in the state after graduation. To augment these efforts, Dr. Joshua Wynne, Vice President for Health Affairs and SMHS Dean proposed a two-fold primary care project funded by the Dakota Medical Foundation and implemented by the SMHS' Center for Rural Health (CRH) in collaboration with the ND Area Health Education Centers (AHECs) which would conduct focus groups in rural communities and host a one-day rural Primary Care Symposium.

The focus groups gathered input from a variety of community members about improving access to primary care services, raising awareness of local and state efforts to recruit ND youth for health care (specifically primary care) professions, and encouraging ND youth to remain in or return to the state after graduation.

The Primary Care Symposium informed a group of stakeholders representing an assortment of organizations, associations, and agencies about the ND primary care workforce environment, featured existing efforts and programs of the SMHS and other partners to both increase interest among North Dakota youth in health careers and also expose students to rural practice through community experiences, and solicited input regarding new strategies for the SMHS and its partners to best address primary care workforce shortages.

This project used the following definitions:

Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, and/or diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, and day care). Primary care is performed and managed by providers (defined below), often in collaboration with other health professionals, utilizing consultations or referrals as appropriate. Primary care providers also provide patient advocacy in the health care system to accomplish cost-effective generalist care by coordinating of health care services. Primary care promotes effective communication with patients and encourages the role of the patient as a partner in health care.

Primary care providers include family medicine physicians, general pediatric physicians, general internal medicine physicians, obstetric/gynecologic physicians, non-physician generalist nurse practitioners, and generalist physician assistants.

METHODOLOGY

Focus Groups

A CRH team developed the questions for the focus groups:

- Dr. Gary Hart, CRH Director, who has over 25 years of health care workforce research experience,
- Lynette Dickson, CRH Associate Director, who oversees and directs all CRH and AHEC workforce programs, and
- Aaron Ortiz, CRH Workforce Specialist, who works with rural ND healthcare entities to recruit physicians and other health professionals.

At the same time this project was initiated, the CRH had the good fortune to be working with Dr. David Schmitz, Associate Director of Family Medicine at the Idaho Family Medicine Residency Program, on a project related to family medicine recruitment and retention. Dr. Schmitz provided input on the questions, focus group participant lists, and overall project methodology process. A draft version of the questions was submitted to Pat Traynor, Executive Director of the Dakota Medical Foundation (DMF), and Deb Watne, DMF Grants Manager, for approval.

The focus-group questions were designed to:

- determine resident preferences for accessing primary care services locally versus traveling outside their communities, and
- help the SMHS better understand the degree to which rural ND communities are aware of local and state health workforce recruitment / retention efforts and programs, and solicit suggestions for new recruitment / retention efforts.

The CRH and regional AHEC staffs selected geographically-dispersed rural communities around the state. CRH staff worked with representatives from the local economic development, job development authority, and health care system offices to select and invite 6-8 local residents representative of the broad interests of the community and manage meeting logistics. A meal was provided to participants when the focus groups were held over a meal time. Participant lists ultimately included male and female homemakers, parents, young adults, clergy, and senior citizens representing local health care systems, businesses, schools, churches, and economic development groups.

Each focus group lasted between 60 and 90 minutes. Participants were asked to provide their contact information so that the final results of the project could be sent to them and assured that their information would not be not used or shared for any other purposes. No participants declined.

Participants were also assured that all their comments and suggestions would be confidential and the results would be reported only in aggregate form.

Two staff members (CRH and/or AHEC) traveled to each community and conducted the focus group discussion using the approved questions (Appendix A). One person administered the questions and facilitated the discussion while the second recorded the comments and suggestions using a laptop. Information was compiled upon completion of all focus groups.

Primary Care Symposium

Dr. Wynne and the CRH team developed the list of approximately 55 stakeholder invitees, aiming to balance geographic representation with a variety of organizations, associations, agencies, health care providers, and health care facilities as directed by DMF (Appendix B). Invitations were distributed electronically, three times, to each participant. In some cases, invitations were also mailed.

The Primary Care Symposium was intended to:

- provide an overview of the health care workforce environment in North Dakota,
- feature existing efforts and programs of the SMHS and other partners to both increase interest among North Dakota youth in health careers and also expose students to rural practice through community experiences,
- provide examples of similar programs outside North Dakota, and
- solicit input from participants regarding new strategies for the SMHS and its partners to best address primary care workforce shortages, and develop realistic solutions for the SMHS to focus on the primary care shortages in ND.

The agenda (Appendix C) for the Primary Care Symposium was developed with direction from DMF staff (Traynor & Watne). With their guidance, SMHS / CRH staff (Wynne, Hart, Dickson, and Ortiz) selected speakers. Symposium topics included descriptive overviews of the following:

- North Dakota healthcare workforce data,
- rural provider survey results,
- Altru Health System's "Mission Physician" program,
- current community recruitment/retention activities,
- current CRH and AHEC K-12 health workforce programs,
- Rural Opportunities in Medical Education (ROME) program activities, and
- current and future SMHS efforts to address primary care workforce needs.

The invited speaker was Mark Deutchman, MD (Professor at the University of Colorado School of Medicine and director of UC's Rural Track program within the Department of Family Medicine) presented "A Web of Rural Programs – Colorado's Experience." Dr. Deutchman acknowledged a number of programs and efforts currently in place in North Dakota (e.g. Rural Med Scholars Program, ROME, Scrubs Camps and Health Academy) and shared information about initiatives in Colorado which may present ideas for further consideration among ND health workforce stakeholders, such as the Colorado Health Service Corps - loan repayment program; rural tracks in health professional school programs; and health professional school scholarships. The PowerPoint presentations that were made at the Symposium are available on the CRH website: <http://ruralhealth.und.edu/topics/workforce/>

Following the presentations, participants were divided into the following six groups for a working lunch:

- Admission Standards and Process
- Community Engagement
- Debt Relief
- K-12 Activities and Resources
- Non-Governmental Support
- Rural Clinical Rotations and Residencies

Each group was asked to discuss and list thoughts and suggestions related to their topic. The results of the small group discussions, summarized later in this document, were reported to the combined Symposium attendees during the afternoon. Dr. Deutchman facilitated the final session's discussion, which focused on the following six topics.

RESULTS

Focus Group Results

The CRH and AHEC staff selected 10 rural communities, geographically dispersed throughout ND: Bowman, Ellendale, Hettinger, Jamestown, Langdon, Northwood, Tioga, Turtle Lake, Watford City, and Williston. A total of 54 rural community members participated. Facilitators explained the definitions of "primary care" and "primary care providers" prior to asking discussion questions.

Access to Primary Care

Many of the same issues were dominant in each focus group, but additional challenges were identified related to the oil-boom in the groups located in or near the Oil Patch. Participants were asked where they receive primary care services and what type of provider they utilized. The majority of the

participants indicated they receive primary care services locally from: 1) physician assistants (PAs); 2) nurse practitioners (NPs); 3) mid-level providers (generally speaking: unsure if their providers were PAs or NPs), and lastly; and 4) physicians.

Generally, the top five reasons listed for seeking primary care locally were:

- 1) convenience (nearby geographic access),
- 2) availability / timeliness (rarely have trouble getting an appointment same or next day),
- 3) knowing and trusting the provider,
- 4) high-quality services, and
- 5) continuity of care.

The top two reasons reported for seeking primary care outside their local communities were:

- 1) need to visit a specialist (e.g., orthopedists, cardiologists, etc.), and
- 2) need/preference to visit obstetrician/gynecologist and/or pediatrician not available locally.

Summaries of participant comments include the following:

- due to the influx of the additional population in the ND Oil Patch, people get frustrated when they can't get in for an appointment right away; consequently, they tend to go to the emergency room (ER), which pulls providers away from their scheduled appointments in the clinic to the ER,
- some local people don't have health insurance, but they just go to the clinic or ER and don't intend to pay,
- specialists should travel to the rural communities to provide specialty care or utilize telehealth as appropriate,
- dentists are either not available locally or have limited hours so people tend to not take care of their teeth or go to the ER,
- comments about financial challenges(cost of health care services, no insurance, travel costs, etc.) were mixed – some said they didn't feel it was an issue and others felt cost and (even co-pays) kept some people from seeking care, and
- a number of participants voiced concerns about any one health care delivery system expanding and fragmenting healthcare in rural communities.

Recruitment and Retention of Providers

Although participants indicated that they prefer to receive primary care services locally, they also acknowledged significant recruitment and retention challenges (not having enough providers and

keeping physicians and other providers in their rural communities). The second portion of each focus group aimed to assess the degree to which participants were aware of local and/or state efforts to recruit local and other North Dakota health care professions students after graduation to work within North Dakota. A number of creative local community solutions were noted, including:

- economic development office provides a tax incentive program and low-interest loans (e.g., to a dentist and two opticians),
- local foundation provides student loan reimbursement for local students who come back and practice (not just with primary care – anything in healthcare),
- local hospital has a grow-your-own program for nurses who sign a commitment agreement, and
- a rural community purchased a house for the new physician.

The only state or federal programs identified by participants were loan repayment opportunities; however, there was minimal knowledge of which professions were eligible, the dollar amounts available for loan repayment, or how specifically the programs worked.

Specific comments and concerns from participants included:

- “Between UND and the state legislature we are finally moving toward a program that keeps graduates in ND.” (in reference to the UND SMHS Rural Med Scholars Program),
- most participants were surprised to know that the state and federal loan repayment programs weren’t available for all health professions, and
- high housing costs and limited housing in western North Dakota prevent medical and other health professions students with significant school loan debt from practicing locally.

Participants were asked for suggestions of ways to recruit North Dakota health professions students after graduation to practice in rural ND communities. The top three suggestions follow:

- 1) Provide financial incentives (tuition waivers or loan repayment in exchange for a time commitment [e.g., 2-4 years]). A state loan repayment program should not just focus on primary care providers, but also include pharmacists, nurses, physical therapists, clinical lab technicians, and also pre-hospital or EMS professionals.
- 2) Increase the number of health professions students with rural residencies and/or clinical rotations.
- 3) The ND AHEC should expand K-12 programs to increase the interest in and awareness of health careers among students from rural communities.

Participants were asked for suggestions on how to better retain North Dakota healthcare providers in rural communities. The top four suggestions follow:

- 1) Health systems need to develop models for rural medical practice that allow providers to “have a life” so they are less likely to get burned out and ultimately leave.
- 2) Communities and local businesses (not just health care facilities) need to work together to make health care providers, their spouses, and their children feel welcome and involved beyond the initial recruitment period.
- 3) Community members need to make certain that their town is physically and socially appealing.
- 4) Health care facilities must have an adequate number of competent and skilled staff as well as high quality, up-to-date buildings and technology.

Primary Care Symposium Results

In March 2012, 36 people representing a broad range of rural ND healthcare and community stakeholders gathered in Jamestown to participate in a Primary Care Symposium (see Appendix D for participant list). Following the morning’s presentations (summarized above), participants were asked to divide into six small groups. Each of which reported to the full group during a facilitated discussion session led by Dr. Deutchman. The following overarching issues and/or suggestions developed during the discussion (listed in no particular order):

- **K-12 Activities and Resources**

- Key points:

- North Dakota has a number of K-12 career awareness activities around the state; these are important to expand but it is also very important to coordinate programs, leveraging information and resources for the greatest influence,
- the AHEC, CRH, and Career and Technical Education (CTE) centers are vital players in K-12 activities; concern was raised about federal funding cuts and sustaining these programs with other than federal funds,
- ask students what would motivate them to select a health career and stay in (or return to) North Dakota,
- involve/inform parents about health career opportunities for their children and the course preparation needed; provide them with information and resources,
- provide career counselors with consistent, up-to-date information and resources about the demand for health professionals in North Dakota and opportunities for health careers, and

- ensure that all students (rural and urban) have equal access to the proper curricula and occupational learning opportunities necessary to prepare for and pursue health career programs.

- **Admission standards and process(s)**

- *Key points:*

- it is unclear how important MCAT scores are for admissions to the UND SMHS,
- it was clarified in response to questions about the UND SMHS admissions committee that the SMHS Dean does not dictate who is offered admission to medical school; he can, however, provide vision, direction, and set expectations with regard to the focus on rural and primary care,
- attendees wondered whether or not all UND SMHS departments (staff/faculty) are focused on the official SMHS Mission, in terms of developing workforce in North Dakota,
- UND SMHS admissions should aim to address primary care provider supply and demand projections for North Dakota, and
- participants were not in favor of admitting students based on state population profile.

- **Non-Governmental Support**

- *Key points:*

- corporations/industry (non-healthcare) should also have ‘skin in the game’ in order to better understand the challenges, needs, and solutions to maintain access to health care for their employees,
- requests for support from corporations/industry to support access to health care services must be focused and coordinated,
- a good example to explore might be the Colorado Trust Foundation’s Health Professions Scholars Program, which supports loan repayment for students from a variety of health professions who are willing to practice for two years in rural/underserved communities, and
- keep the Dakota Medical Foundation--and other similar foundations, companies, and health care systems—informed about North Dakota workforce needs and involve them when developing solutions.

- **Debt Relief**

Key points:

- income expectation is an indicator of where medical students might choose to specialize,
- loan repayment opportunities are available from state and federal sources, but not all health professions are included. Modifications, such as allowing medical students to sign up after their first year of medical school, have been made to increase utilization of the new UND SMHS Rural Med Scholars Program, and

financial literacy important for health professions students -- include education on this in health professions curricula so students understand the implications of the debt incurred from student loans as well as possible ways to reduce student debt.

- **Rural Clinical Rotations and Residencies**

Key points:

- increase the number of rural clinical rotation and residency sites in North Dakota,
- rural communities currently not participating may be interested in serving as a clinical rotation site, but are unaware of the specific criteria required to qualify,
- attendees wondered whether or not an option exists for communities that cannot meet all requirements (such as a ROME “lite” program, modeled after the current UND SMHS-sponsored Rural Opportunities into Medical Education (ROME) program),
- physicians and other health professionals aren’t necessarily natural teachers. Community faculty/preceptor support, professional development, and feedback are critical for developing competent, confident instructors and role models. These may, in turn, increase the number of community faculty and lead to a more positive rural rotation for students and preceptors,
- develop a way for primary care providers from urban settings to work in rural communities, and
- provide opportunities for health professions and medical students to experience rural health care settings earlier in their programs and for longer periods of time.

- **Community Engagement**

Key points:

- healthcare workforce recruitment and retention are community responsibilities, not only those of the UND SMHS or local healthcare entities,
- some communities may benefit from technical assistance with health workforce recruitment and retention, and
- ask health professions students what they most value and look for when being recruited.

SUMMARY

This project represented the broad interests of approximately 90 participants representing rural community members and leaders; legislators; health care professionals; and key organizations, associations, and agencies from across the state. Focus group discussions revealed that community members have immediate concerns about maintaining local and/or proximate access to quality primary care services. They indicated that they value the trust intrinsic in relationships with their local providers regardless of whether they were NPs, PAs, or MDs. They would like to see more specialists travel to rural communities to provide specialty care or utilize telehealth as appropriate.

Concerns were raised about the significant amount of debt incurred by college students in all health professions, not only medical students. Much discussion centered around why loan repayment programs (state and federal) should not be restricted to only a few health professions. Changing these programs may serve as an incentive for new health professionals to stay in or return to North Dakota to practice. It was also noted that although financial incentives and compensation are important factors, the quality of life in a rural community is as well, and "quality of life" varies for everyone.

Most participants did not feel it was the sole responsibility of the UND SMHS or any other single entity to meet the primary care needs in North Dakota. The general consensus among participants was that financial support for solutions to address the healthcare workforce needs in North Dakota should come from a combination of local, state, federal, and private (foundation and corporate) sources. We "are all consumers of health care services" directly or indirectly; therefore, "we all need to have some skin in the game" in order to be successful.

Stakeholder input from the Symposium echoed many of the concerns raised by community members in the focus groups. New concerns were highlighted about UND SMHS admissions criteria, processes in place and plans to increase the number of students admitted who are sincerely interested in rural medicine, and the need to expand community-based rural training opportunities (e.g. residencies, clinical rotations).

A common topic in the focus groups and Symposium was the need for collaboration and coordination between all entities in the state to leverage financial, human, and educational resources, assuring the greatest influence of the resources expended. Most participants agreed that it is not in the best interest of the state to keep doing the “same old thing” and emphasized that it is critically important to be innovative and learn from others both within the state and beyond.

It was evident, given the many suggestions and ideas which emerged in discussions, that most participants were aware of the workforce challenges in rural health care; however, many were not aware of programs and initiatives that are currently in place or how different organizations, agencies, rural and urban health care facilities, and others are working in partnership to address these challenges. This indicates a lack of adequate communication with communities. Although a number of initiatives are in place, much remains to be accomplished.

North Dakota is a small, financially stable state with a rich history of addressing challenges through a strong culture of collaboration. The primary care workforce challenges currently facing the state are no different.

The following (short-term) action steps, resulted from the focus group discussions and Primary Care Symposium:

- 1) Compile results of Symposium and focus groups; disseminate to Dakota Medical Foundation, focus group participants, Symposium attendees, and other appropriate stakeholders.
- 2) Solicit additional feedback and suggestions from focus group participants and Symposium attendees through an electronic questionnaire, administered using Qualtrics survey software.
- 3) Reconvene stakeholders (or a work group of stakeholders) to prioritize focus areas and develop promising, feasible strategies for the UND SMHS and other partners.
- 4) Prior to January 2013, develop both a cohesive message as well as a communications approach to inform the Governor and state legislators about:
 - the broad array of issues surrounding primary care,
 - the long-term process necessary to recruit a young primary care provider or health professional to practice in North Dakota,
 - programs currently in place to address workforce needs in North Dakota,
 - how these programs currently work collaboratively,
 - the gaps in health workforce programs and solutions, and

- the economic impact of healthcare, and how this all relates to commerce in North Dakota.

Preserving adequate access to local primary care throughout rural North Dakota is an essential goal, necessitating the concerted efforts of many stakeholders, adequate resources, successful programs at the state and local levels, and effective collaboration between programs and activities with minimal duplicative efforts. We cannot accomplish this without programs and dedicated individuals that expose interested K-12 students to health professions, provide adequate training slots to increase the likelihood that they practice within rural North Dakota, and retain the health care providers they are able to recruit. Further, no system designed to provide rural communities with adequate access to primary care will succeed in the long run unless those rural providers who practice in the communities are fairly compensated for their work, have meaningful professional experiences, and have fulfilling social lives for themselves and their families.

Appendix A
Focus Group Questions

UNDSMHS - Primary Care Project
Supported by Dakota Medical Foundation

Purpose: Conduct 10 focus group discussions in rural communities to gather suggestions and plans to augment current efforts to address the problems of primary care provider supply and demand in North Dakota and keeping students in ND after graduation.

Definition: Primary care includes: health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, and day care). Primary care is performed and managed by generalist physicians, physician assistants (PAs), and nurse practitioners (NPs) often collaborating with other health professionals, and utilizing consultation or referral as appropriate. Primary care providers also provide patient advocacy in the health care system to accomplish cost-effective generalist care by coordination of health care services. Primary care promotes effective communication with patients and encourages the role of the patient as a partner in health care.

For purposes of this discussion, we will define primary care providers as: family medicine physicians, general pediatric physicians, general internal medicine physicians and obstetric/gynecologic physicians; non-physician generalist (primary care) nurse practitioners and generalist physician assistants.

Focus Group Questions:

1) I most often seek primary care services from:

- Nurse Practitioner-local clinic
- Physician Assistant-local clinic
- Physician-local clinic
- Emergency Department
- Urgent Care Clinic
- Nurse Practitioner-outside of my community
- Physician Assistant- outside of my community
- Physician- outside of my community
- Public health nurse
- Other

2) How far (travel time) do you need to travel to access primary care services?

- 3) If you have a primary care need, how long does it take to get an appointment at your local clinic?**

- 4) If you seek primary care out of town is it because:**
 - a. It takes too long to get an appointment?
 - b. You think the quality is better?
 - c. You have concerns about privacy?
 - d. You are already seeing a specialist in the same location?
 - e. Other reasons?

- 5) How often do financial challenges (travel, cost of co-pays, services, prescriptions, etc.) keep you from seeking primary care services?**

- 6) What do you think the two top benefits are for seeking primary care services locally?**

- 7) Are you aware of local and/or state efforts to recruit ND/local students, after graduation, to work in our state? If yes, please explain.**

- 8) What suggestions do you have for recruiting ND students (primary care, health professions, etc.), after graduation from college, to rural communities?**

- 9) What suggestions do you have for retaining ND students (primary care, health care professions, etc.) to rural communities?**

Appendix B
Primary Care Symposium
Invitation

February 12, 2012

Greetings,

As a thought leader and stakeholder, involved in North Dakota healthcare, you are invited to participate in a **Primary Care Symposium**, sponsored by Dakota Medical Foundation.

Date: Monday, March 19, 2012

Time: 8:30-4:00

Location: Buffalo City Grill
103 1st Avenue South
Jamestown

The intent of the symposium is to engage a diverse group of participants from around the state to: 1) learn about the healthcare workforce landscape in North Dakota; 2) learn of current efforts in place to address healthcare work force needs; and more importantly; 3) solicit your ideas, thoughts and suggestions on how to strategically ensure an adequate supply of quality primary care workforce for the future. The information gathered will be used by the UND, School of Medicine and Health Sciences, and other health profession programs, to inform the direction going forward.

Dakota Medical Foundation-Fargo has generously made available a grant to support this symposium to include your travel costs (round trip mileage and hotel). Please RSVP no later than Friday, March 2 to Michelle Graba (michelle.graba@med.und.edu) or 701-777-3294 if you are unable to attend, or able to attend and if you will need hotel arrangements.

If you have any questions, please feel free to contact either of us. We value your opinion and hope you are available and willing to participate.

Sincerely,



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Appendix C
Primary Care Symposium
Agenda

Agenda

- 8:00-8:30 Registration/ Continental Breakfast**
- 8:30-8:45 Welcome and Introductions**
Joshua Wynne, MD, MBA, MPH, Vice President for Health Affairs, University of North Dakota and Dean, School of Medicine and Health Sciences (UND SMHS)
- 8:45-9:15 Overview of Healthcare Workforce in North Dakota**
Gary Hart, PhD, Director, UND SMHS Center for Rural Health
- 9:15-9:35 Rural Provider Survey Results**
Larry Halvorson, MD, Altru Family Medicine Residency
- 9:35-9:55 Mission Physician Program**
William Mann, MD, Altru Family Medicine Residency
- 9:55-10:15 Healthcare Workforce Programs**
Lynette Dickson, MS, RD, LRD, Associate Director, UND SMHS Center for Rural Health;
Director, Area Health Education Center
- 10:15-10:30 Break**
- 10:30-10:50 Rural Opportunities Medical Education (ROME) Program**
Roger Schauer, MD, Associate Professor, UND SMHS Department of Family & Community Medicine
- 10:50-11:10 New Rural Residency Training Track**
Robert Beattie, MD, Chair, UND SMHS Department of Family & Community Medicine
- 11:10-11:30 Community Apgar (Recruitment/Retention) Program Results**
Aaron Ortiz, Workforce Specialist, UND SMHS Center for Rural Health
- 11:30-12:00 UND SMHS Current and Future Efforts to Address Primary Care Workforce Needs**
Joshua Wynne, MD, MBA, MPH, Vice President for Health Affairs, University of North Dakota and Dean, UND SMHS
- 12:00-1:00 Lunch- Key Topic Discussions**
- 1:00-2:15 Designing a Web of Rural Programs: The Colorado Experience**
Mark Deutchman, MD, Professor, University of Colorado School of Medicine, Department of Family Medicine & School of Medicine; Director, Rural Track
- 2:15-3:15 Facilitated discussion** to solicit ideas/strategies/action steps for the UND SMHS, and others to address the primary care workforce needs in North Dakota.
- 3:15-3:30 Break**
- 3:30-4:00 Action Steps and Wrap up**
Joshua Wynne, MD, MBA, MPH, Vice President for Health Affairs, University of North Dakota and Dean, UND SMHS

This event, generously supported by Dakota Medical Foundation.



Appendix D
Primary Care Symposium
Participant List

Primary Care Symposium
March 19, 2012 – Jamestown, ND

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