



Understanding Rural Health: Community, Health Policy, and Health Reform

Grand Forks Blue Plate Special Meeting
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Grand Forks, ND

Presented by Brad Gibbens, Deputy Director
And Assistant Professor



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- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country's most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Home to seven national programs
- Recipient of the UND Award for Departmental Excellence in Research

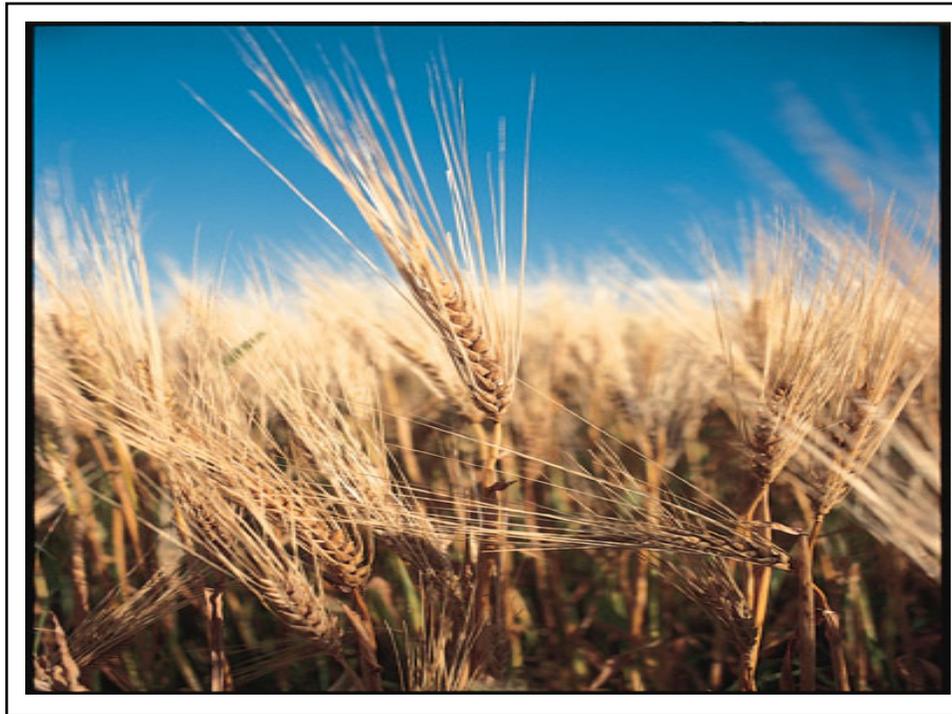
Focus on

- Educating and Informing
- Policy
- Research and Evaluation
- Working with Communities
- American Indians
- Health Workforce
- Hospitals and Facilities

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Objectives

- To understand the nature of rural communities, rural health, and general dynamics
- To understand the primary issues found in rural health
- To understand the nature and focus of rural health policy
- To understand health reform as it relates to rural populations.

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To understand the nature of rural communities, rural health, and general dynamics

- Importance of Values
- What is Rural Health?
- Rural and Urban Strengths and Weaknesses
- Rural Community Health Equity Model



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The Importance of Values

Ultimately our values guide our perceptions toward health, health care, our view of the importance of "community", and the development of public health policy

"It is not what we have that will make us a great nation, it is how we decide to use it"

Theodore Roosevelt

"Vision is the art of seeing things invisible"

Jonathan Swift

"Americans can always be relied upon to do the right thing...after they have exhausted all the other possibilities"

Sir Winston Churchill

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What Is Rural Health?

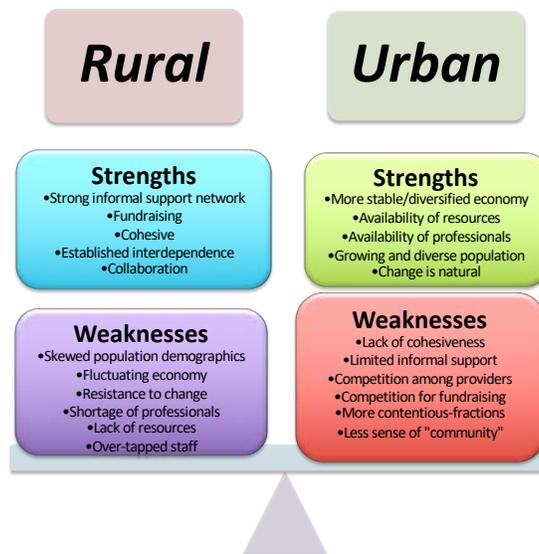
- Rural health focuses on **population health** for an area (“community”) and improving overall **health status** for rural community members
- Rural health relies on **infrastructure** – the organizations, resources, providers, health professionals, staff, and other elements of a health delivery system working to improve population health (the **rural health delivery system**)
- Rural health ***is not*** urban health in a rural or frontier area
- Rural health focuses on **health equity and fairness**
- Rural health is very **community focused and driven** – interdependent and collaborative
- Rural health is inclusive of **community sectors** – 1) health and human services, 2) business and economics, 3) education, 4) faith based, and 5) local government



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Rural and Urban Strengths and Weaknesses

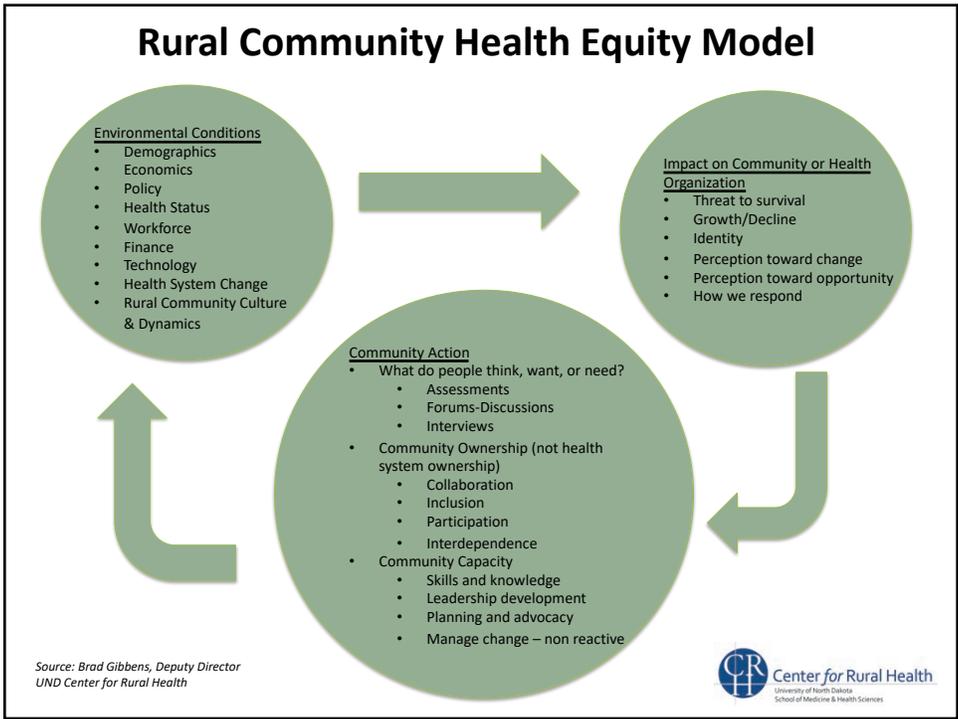


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To understand the primary issues found in rural health

- Access to care/availability of care
- Health professional workforce
- Population health/health status
- Quality of care
- HIT
- EMS
- Finance and funding
- Networking and collaboration
- Behavioral and Mental Health
- Community and Economic Development
- Demographics



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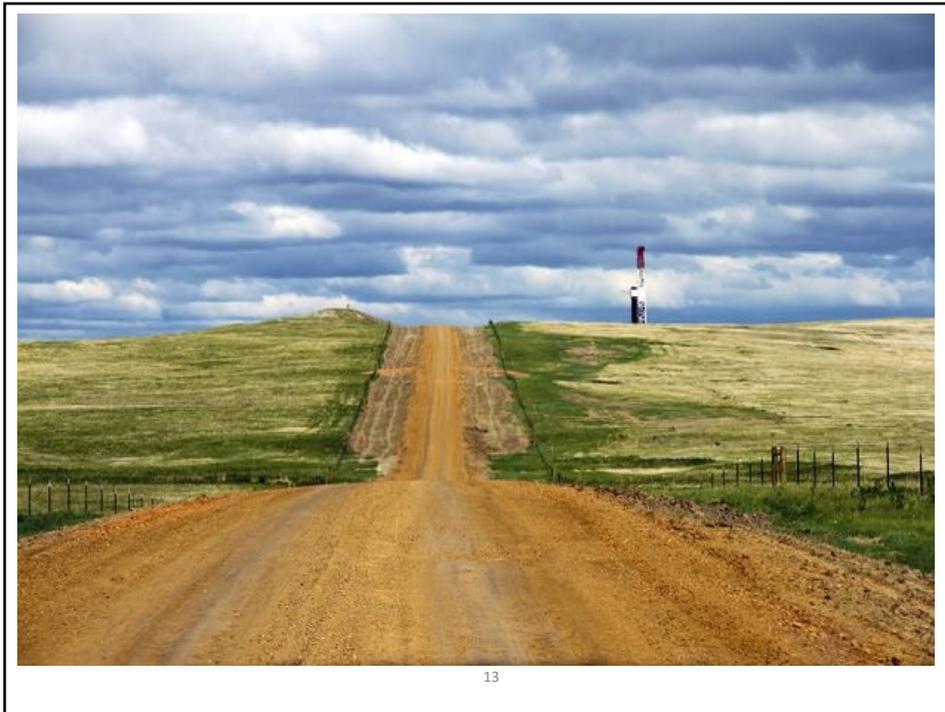
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Health Issues According to Rural North Dakotans 2019-2021

- CHNA process in 2019-2021 used with rural hospitals and many public health units.
- 24 hospitals out of 36 (November 2019)
- Top 4-5 ranked community health issues -107 ranked (4.45 per CHNA)
- **Thematic**
 - Community environment (jobs livable wage, day care, young families, housing) 30 or 28%
 - Mental health – 25 or 23%
 - Behavioral health – 20 or 19%
 - Health system – 10 or 9%
 - Cost – 6 or 6%
 - Elderly – 6 or 6%
 - Wellness/fitness/obesity – 4 or 4%
- **Most often identified as #1**
 - Availability of mental health -7
 - Ability to retain primary care providers – 5
 - Attracting and retaining young families -3
 - Cost of health care insurance – 2
 - Not enough jobs with a livable wage – 1



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To understand the nature and focus of rural health policy

- Federal and state health policy wraps around each of the previously identified primary issues
 - Constituency for each issue – advocate for and against, associations, alliances
 - For example Balanced billing
 - Incremental, generally slow, generally based on consensus and compromise – ripeness
 - Federally, no small rural health bill gets enacted – build momentum – wait patiently for a larger bill that has to pass, work to attach your idea to that bill.

- Rural Health Policy Advocacy

- Three legs
 - Advocacy group – National Rural Health Association
 - Congressional champions – Senate Rural Health Caucus and House Rural Health Care Coalition
 - Federal bureaucracy – Federal Office of Rural Health Policy
 - Comprise “Iron Triangle”

- Achievements

State Office of Rural Health	Flex Program for hospitals	Loan repayment and scholarships
Quality Improvement	Payment reform	Health Reform (access and system)



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To understand health reform as it relates to *rural populations*

- Financial access – Medicaid Expansion – Marketplace – uninsured declined from about 12-13% to 7-8%, ticking up now
- Impact on providers – healthier hospitals (viability is critical for access)
- **Better Care, Better Health, and Lowered Costs** – little media attention
- Population health focus – prevention, care coordination, system redesign
- System redesign
 - Volume to value (better care or changing how we provide care such as emphasis on prevention, care coordination, quality measures, disease management, population health contributes to better health or improved health status which can lower costs.)
 - New payment models to reward outcomes and performance *over* volume
 - Before payments and outcomes disconnected – now linking the two.
 - Accountable Care Organizations common form of alternative payment model, a range of acronyms (EHRI, VBM, PQRS, CPC, CPC+, PCI, PCF, MACR, MIPS) all different payment models that were developed since about 2012.



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Summary

- Our values drive how we see the world, our sense of right and wrong, how we interpret policy, how we measure impact or success.
- Rural is not the same as urban – our culture drives much of what we see, how we see it, how we respond to, if we respond to it.
- Rural has similar issues to urban (workforce, access, availability) but rural has unique elements.
- Rural engages in health policy and has unique policy instruments.
- Rural is impacted by health reform, but again, sometimes in different ways as our needs may be different.
- Rural has been, is, and always will be about **“community.”**

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Wolf Mountain Prairie



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Contact us for more information

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