

AN ENVIRONMENTAL SCAN OF HEALTH AND HEALTH CARE IN NORTH DAKOTA:

Establishing the Baselines for Positive Health Transformation



June 2009



Report Brief



ENVIRONMENTAL CONTEXT



An Environmental Scan of Health and Health Care in North Dakota: Establishing the Baselines for Positive Health Transformation provides an overview of selected health and health care issues in North Dakota. Measures specific to these issues are identified and North Dakota's performance on the measures is presented. Additionally, examples of programs designed to address the selected health and health care issues are briefly summarized, serving as a resource for individuals and organizations interested in capitalizing on current health care activities in the state.

Information presented in this report is drawn from a range of sources including reports, websites, databases, queries of agencies and organizations, and perspectives of key leaders in the health field.

The message that emerges from the environmental scan is that the best of North Dakota—a cooperative and collaborative spirit, a can-do attitude, concern for our neighbors, and clear recognition of the link between North Dakotans' health and the economic health of their communities—can be brought to bear directly on transforming the state of our health and health care. Capitalizing on these strengths, our efforts will need to be targeted, collaborative, strategic, and measurable. It is just the sort of thing that North Dakotans, pulling together and putting their minds to it, can do. It is time.

The Dakota Medical Foundation and the Center for Rural Health want the standards set and met for North Dakotans' health and health care to be the best in the nation—to make what is less than acceptable, good, and to make what is good, great. The ultimate aim can and should be that when other states seek solutions, their health and health care compasses will point to North Dakota.

North Dakota's health and health care are affected by demographic, social, and economic factors. With urban clusters and a small, geographically rural and frontier population, the state faces a unique set of challenges and opportunities that confront the population's health, the types of health care services needed, and the financial viability of health care systems.

The state's growing elderly population (46 of the state's 53 counties will have 22% or more of their population age 65 or older by 2020), expanding minority population (13.8% increase from 2000 to 2006; primarily occurring on Indian reservations), and the significant decline in the number of youth, aged 19 and younger (a 15% decline from 2000 to 2005), have direct implications for health care services.

Around 12% of the state's population lives in poverty. Rural poverty is greater than urban, and rural income is, on average, lower than urban income levels. Poverty and income levels have direct implications for public programs, such as Medicaid, and the financial status of providers.

The health system is also affected when patient volumes change, causing financial concerns for many types of providers (e.g., decreases in elective procedures due to economic concerns, depopulation of some rural communities).

Efforts directed toward improving health and health care should be accompanied by close attention to performance on key measures in order to ascertain effectiveness of strategies and programs.

HEALTH-RELATED BEHAVIORS

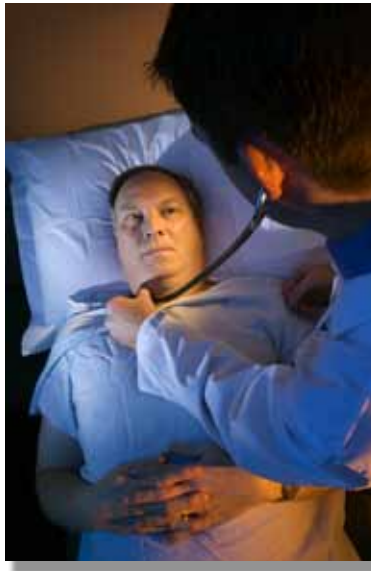


North Dakota has achieved improvement in many health related behaviors, particularly the 19.5% decrease in youth smoking since 1999 and seat belt use at an all time high at 82% in 2007.

Serious behavioral health challenges exist in the state, including a large overweight and obese adult population (64.9%), 21% of the adult population that smokes, and the second-highest rate (23.2%) in the nation in binge drinking. Decreases in these and other health-compromising behaviors are important as they have significant consequences for individual health, morbidity, mortality, and health care service utilization and related costs.

In order to reduce the future burden caused by negative health behaviors, proven strategies should be considered and supported, and pilot projects should be developed and evaluated related to selected priorities. Measures need to be adopted and applied in order to track progress at individual, community, and state levels.

CHRONIC DISEASES



Cardiovascular disease and cancer are the leading causes of death in North Dakota, comprising 49% of all mortality. North Dakotans also suffer from: arthritis (26.9%), asthma (7.7%), and diabetes (6.3%).

North Dakota's performance on measures of chronic disease-related conditions tends to be better than national averages and most states, with the following exceptions: prostate cancer (9th highest); colorectal cancer in men (15th highest); stroke mortality (16th highest); and prostate cancer mortality (17th highest).

To address the state's health issues related to chronic disease, investments in prevention-related activity can be instituted or strengthened. To ensure data-driven decision-making and to maximize the efficient use of resources, it is important to close information gaps regarding chronic diseases and other common health problems.

HEALTH CARE STATUS



Both strengths and challenges are associated with health care infrastructure in North Dakota. Public and private insurers tend to obtain health care services at low cost compared to other states. However, an imbalance between reimbursement levels and cost of providing care is driving some health care facilities to decrease services or at least consider cutbacks in infrastructure, salaries, and staffing.

Limited access to health services is a challenge due to geographic distances, health professions shortage areas, and, for uninsured and underinsured, lack of adequate insurance coverage.

Performance measurement indicates that hospitals and nursing homes frequently meet and exceed national averages in both individual rural and urban.

A challenge is to eliminate the variation in quality and aim for performance that is consistently high on quality measures, regardless of where in North Dakota health care consumers seek care.

INFRASTRUCTURE



North Dakota hospitals (6 urban and 39 rural) tend to be highly integrated with other services. This can help position North Dakota to respond to new emerging care models such as medical homes and new payment strategies currently being contemplated by both national-level public and private payers.

Supply of health workforce, aging physical plants, reimbursement levels, demographic changes, and the prospect of increasing numbers of uninsured associated with deteriorating economic conditions are systemic issues facing health care facilities, both urban and rural alike.

Public health (28 single and multi-county local public health units), home health (35 entities), and Emergency Medical Services (at least one ambulance service in each county) are, in many cases, challenged to continue their current activities across their current service areas. Decreasing or delaying access to these services can have direct implications for patient outcomes.

Regionalization of more health care infrastructure, network building, and use of telemedicine can help to strengthen health care services and extend these services to hard-to-reach populations.

Harnessing technology, developing networks, and deploying different levels of health care providers can ensure access to high quality services ranging from home health to mental health.

QUALITY



The state's health care systems perform better than many others in providing consumers with relatively high-quality and efficient health care services (the 13th highest performance average in the country). Nevertheless, there are clear opportunities for quality improvement. Enhanced networking and communication, and sustaining and strengthening primary care are pivotal to quality health care.

A multi-stakeholder approach can be important to selecting priorities and related measures that can track progress in specific areas. Annual reviews could be conducted to track how well the state's facilities do compared to each other and to other states in order to identify areas and approaches to improve care.

ACCESS



Access to health services in North Dakota is influenced by geographic, economic, and other factors. Payment methods, workforce supply, and even area population fluctuations influence the availability of services.

Potential and actual decreases in service areas or closures of health facilities should be carefully evaluated to determine their effect on local communities. Groups of experts, along with the community, should work together to develop potential strategies and new approaches.

HEALTH INSURANCE



With an uninsured prevalence of 8.2% (approximately 51,900 people), North Dakota varies in rates of insurance across geography, race, income, and other factors.

Specific groups that are more likely to be uninsured include rural residents, young adults, American Indians, and workers of small employers.

The lack of health insurance has a profound impact on individuals and families as it seriously limits access to health care, contributes to poorer health outcomes, increases inefficiencies within the health care system (e.g., seeking care in more expensive service centers such as the emergency room), and reallocates financial responsibility for the payment of care in inequitable ways.

Ongoing assessment of insurance coverage across vulnerable groups is important, in addition to ensuring comprehensive dissemination of information regarding the availability of public programs.

Public policy can be used as a means to strategically address specific problem areas, targeting resources to better meet standards of efficiency and equity.

WORKFORCE



The state faces emerging challenges to ensure access to an adequate workforce, ranging from primary care shortages to shortages of dentists. Total reported health care provider vacancies in North Dakota indicates a need for 271 physicians, nurses, clinical laboratory scientists, mental health professionals, and X-ray technicians.

A comprehensive approach to generate interest and support for greater production, recruitment, and retention of health care providers requires assessing successful strategies targeting all components of the workforce pipeline and replicating them where possible.

UTILIZATION OF SERVICES



Health care costs are directly tied to utilization of health services. The state has higher admission rates (9th highest in the nation; 137 admissions per 1,000 population in 2005) and longer lengths of stay than the national average (ND average was 8.8 days compared to the U.S. average of 5.7 days in 2005).

Research that explores the reasons behind utilization patterns can inform strategies to further decrease health care spending in the state.

FINANCING HEALTH SERVICES



Health expenditures in North Dakota increased annually by 6% from 1991 to 2004. North Dakotans spend more on hospital care, drugs, other medical nondurables, and nursing home care than found for the overall United States. However, North Dakotans spend less on physician and other professional services, home health care, and other personal health care compared to the U.S. population.

The current economic recession is likely to affect public and private payers of health services as well as health care systems, businesses, and families. Projections for a growing population of older citizens in North Dakota indicate that Medicare will remain a dominant payer, and consequently, the state's health care providers will be particularly sensitive to the adequacy of the program's reimbursement rates.

With very low or negative margins across many North Dakota hospitals and other signs of health system vulnerability, such as contraction of home health services, measures of viability and access are important to monitor.

Data that tracks access measures at local and regional levels as well as factors influencing the viability of the local health care sector can facilitate planning for strengthening or redeploying health care services to minimize access-to-care problems. Local communities and health facility leaders can embark on community assessments to ensure an alignment between what community members want in terms of health care and what providers offer.

KEY STAKEHOLDER PERSPECTIVES



Key stakeholders recommend investment in prevention-related activity. Similarly, a majority of recently surveyed North Dakotans indicate strong interest in wellness programs. The sensitivity of chronic illness to healthful behaviors and the interest on the part of the public and opinion leaders in addressing health promotion and disease prevention strategies speak to the importance of and opportunity for offering related programs, education, and services, including fitness activity, encouraging more work and community-based wellness programs and incentives, and encouraging businesses and insurers to leverage health coverage and activities that include wellness benefits.

CENTER FOR RURAL HEALTH

The Center for Rural Health is one of the nation's most experienced organizations committed to providing leadership in rural health. Located in Grand Forks, ND, the Center serves as a resource to researchers, educators, policymakers, reporters and health care providers across the state of North Dakota and the nation. Activities are targeted toward identifying and researching rural health issues, analyzing health policy, strengthening local capabilities, developing community-based alternatives, and advocating for rural concerns.
ruralhealth.und.edu

DAKOTA MEDICAL FOUNDATION

Dakota Medical Foundation, Fargo, ND, focuses its efforts on improving health and access to medical and dental care in the region, with a special emphasis on children. Since 1996, the Foundation has invested over \$36 million to over 300 nonprofit organizations in the region.
dakmed.org

To view the full report, visit
ruralhealth.und.edu/projects/escan/publications.php