FACT SHEET: RURAL HEALTH OUTREACH GRANT PROGRAM in NORTH DAKOTA
February 24, 2004

PROGRAM PURPOSE: The focus of this federal grant initiative is on increasing access to essential rural health services either through the development of new services or augmenting exiting services. Critically important to this process is the development of community based networks and/or partnerships. The program requires that three separate legal entities work together to address a common problem. The philosophy of the program is that new solutions to rural health problems can be best established through collaboration, shared responsibility, and a common vision. Programs funded have varied greatly and have brought care that would not otherwise have been available to over 3 million rural citizens across the country. In addition to addressing necessary rural health service needs, the program builds provider-to-provider and community-to-community collaboration by requiring a network of three separate legal entities working together. Applicants can receive up to $200,000 a year for up to three years. Since the program began in 1991, there have been 17 successful Outreach grants funded in North Dakota. The Center for Rural Health offers grant development assistance to networks including background information searches, network meeting facilitation, and grant proposal critiques. The federal grant is awarded directly to the network.

IMPACT IN NORTH DAKOTA: The 17 North Dakota projects encompass a wide variety of needs and an equally impressive array of network members. To date, Outreach grants have provided 17 rural networks with approximately $3 million in resources to invest in rural based solutions. North Dakota rural communities use these federal funds to invest in necessary services to improve the lives of rural residents. The grants serve the role of start-up funds used by community partnerships to address locally and regionally identified needs. The Outreach Grant Program allows rural North Dakotans to initiate their own solutions by working together, combining resources, and most importantly sharing ideas and strategies. Public and private legal entities are eligible for the program; however, the applicant must be either a public on non-profit entity. Common health issues addressed in North Dakota include EMS, wellness/disease management, and mental health. North Dakota projects have addressed the following service needs with the following network arrangements:

- Healthy Lifestyle and Disease Management Program, Hettinger: A network consisting of a hospital, public health unit, and the School of Medicine creates a Wellness and Healthy Lifestyle Center to develop new healthcare management concepts, create a comprehensive approach to healthy lifestyles and to change the health culture.

- Wellness in the Valley Suicide Prevention, Valley City: A network consisting of a hospital, primary care clinic, and public health (and 18 supporting agencies) creates a county-wide suicide prevention and education program modeled after a national program called Strategy for Suicide Prevention. Volunteers are trained.
Behavioral Health Services Network, Hazen: A network consisting of 13 rural hospitals creates a focus on behavioral health by consolidating administrative functions (e.g., scheduling, billing, etc.), training and using mid-level practitioners to expand availability of services, developing a data base through outcome measures, and using telemedicine to increase the cost-effectiveness of mental health providers.

Wishek Community Hospital and Clinics, Wishek: A network consisting of a hospital, public health, tertiary system, and local pharmacies creates a program to address prevention, early detection screenings, chronic disease management, and support services surrounding the following conditions: diabetes, osteoporosis, heart disease, and cancer.

Pathways to Healthy Lives, Dickinson: A network consisting of public health, a hospital, and a community action agency creates an eight county program to address cancer prevention and to increase earlier detection of cancer through community sponsored screenings.

Regional Elder and Alzheimer’s Care Rural Health Network, Elgin, Richardton, and Bismarck: A network consisting of two rural hospitals and one tertiary system creates a program to prove elder and Alzheimer’s care, education, and training to health providers, volunteers, care givers, and community members.

Diabetes Project, Garrison: A network of 13 rural hospitals and nursing homes creates a disease management model program to address the condition of diabetes with a computerized data base to assist both the patient and the provider in treatment and follow-up.

Community Emergency Medical Education, Ashley: A network consisting of a hospital, ambulance, fire department, and public health creates a program to provide EMT training, First Responder education, Certified Heavy Rescue and Extrication training, and community education in the areas of CPR, Safe Baby Sitter training, and Farm Safety classes.

Golden Heart Hour Emergency Access Response Team, Rugby: A network consisting of a hospital, primary care clinic, ambulance systems in seven communities, and fire/rescue first responders creates a program to provide ALS to accident victims, advanced trauma care, continuing and advanced EMS education, and farm safety education.

Project TRANSCENDS, Minot: A network consisting of a tribal college, technical college, community college, university based Native American nursing program, and two nursing education programs creates a distance education program for rural and tribal residents (two reservations) seeking a degree in Applied Science in Practical Nursing.

Rural Health Program, Dickinson: A network consisting of a hospital, HIS, group home, and several ambulance services creates a program to provide first responder training, counseling services for minors in group homes, and specialty services like obstetrics, internal medicine, and orthopedics.

Spirit Lake Sioux Nation Mobile Prevention Project, Fort Totten: A network consisting of a tribal college, ND Maternal and Child Health, HIS, Early Childhood Health Tracking Program, Healthy Start, and Family Health Coalition creates a mobile health clinic program (e.g., 32 foot mobile unit to provide outreach services in the most remote sections of this reservation) and a community development program addressing substance abuse, child abuse, and domestic violence.

North Dakota Rural Mental Health Consortium, Minot: A network consisting of four rural hospitals creates a program to provide high quality and cost effective mental health services over an 11,500 square mile area through a case management system and the education of two clinical nurse specialists in psychiatry.

Rural School Nursing Center, Steele: A network consisting public health, social services, and six rural public schools creates a shared system of school nursing, community education, prevention, and agricultural injuries.

Rural EMS Project, Grafton: A network involving rural hospitals and rural EMS units creates a regional EMS system based on an ALS ground ambulance transport intercept model and provides training.
➢ Rural Health Services, Oakes: A network consisting of a hospital, public health, community development, school district, social services, and other community groups creates a program to address school based services, community education, and rural health clinic survivability.

➢ Statewide EMS Response, Cooperstown: A network consisting of the EMS Association, rural EMS systems, Division of Emergency Health Services, ND Advanced Life Support Society, ND Instructors/Coordinators Society, and the ND Test Team creates a statewide program to address EMT skill upgrades, EMT recruitment/retention, statewide EMS conference, 12 regional mini-conferences, and teleconferencing for professional development.