The Role of Community in Healthcare Leadership

Nelson County Health System
McVille, 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
• 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://medicine.nodak.edu/crh
Strengthening the Community

- How can the local healthcare system work with the community to build a healthier community?

Rural Health Issues

- Population
- Economics
- Workforce
- Finance
- Attitude
Demographics

Demographic Issues

- Revised population – 634,366 (July, 2004 Estimate)
- 1990-2000 population 47 of 53 counties lost
- 1990-2000 in 48 of 53 counties saw a decline number of youth
- Median age 1960 was 26.2 and in 2000 it was 36.2
- 2000-2004 47 lost pop.; however, only 2 over 10 percent loss
Demographic Issues

- People 65 and older accounted for 12.3% of ND population in 1980 but 14.7% in 2000

- Elderly growth is not ubiquitous
  - 1990-2000, 39 counties saw a decline in the number of county residents 65 and older
  - Counties that equal or exceed state average (14.7%), 35 experienced a decline in the number of people 65 and older

- The state’s birth rate has declined every year since 1982
North Dakota Frontier Counties

36 of 53 North Dakota Counties designated as Frontier
(less than 6 persons per square mile) Based on 2000 Census

Economics
Gross State Product by Industry in North Dakota: 1979 and 2001
Source: U.S. Bureau of Economic Analysis

1979
- Agriculture: 18%
- Mining: 7%
- Construction: 8%
- Manufacturing: 5%
- Transportation: 9%
- Wholesale trade: 9%
- Retail trade: 9%
- Finance, Real Estate: 12%
- Services: 10%
- Government: 14%

2001
- Agriculture: 4%
- Mining: 4%
- Construction: 5%
- Manufacturing: 9%
- Transportation: 10%
- Wholesale trade: 10%
- Retail trade: 10%
- Finance, Real Estate: 15%
- Services: 20%
- Government: 14%

Workforce
Health Professions

• Primary Care

- 89% of ND counties are entirely or at least partially a HPSA/MUA for physicians.

- From 1992-2002, there was an average 16 physician vacancies per year for primary care physicians, particularly family practice.

- ND vacancy rate started dropping in 1994 and 1996 due to the Conrad 30 program.

Health Professions

• Primary Care

- Nationally, only 11% of U.S. Physicians practice in rural areas. In ND, 17% of physicians practice in rural (15,000 population or less)

- Of 125 Schools of Medicine, the UNDSMHS ranks 7th in the percentage of medical graduates selecting a family practice residency from 1991-2001.
Health Professions

- Nursing
  - Nationally, RNs have an average salary of $48,240 and in ND the average salary is $41,760. Nationally, LPNs receive $31,490 and in ND they receive $26,540.
  
  - Nationally the average age of an RN is 45 and in ND it is 44. Only 15% of ND RNs are 30 or younger.
  
  - 12 ND counties have a nurse vacancy rate of 6% or more indicating some level of shortage.

Hospitals
Hospital Demographics:

How would you characterize your organization?

- Stand alone acute care
- Acute care w/primary care clinic
- Acute care w/LTC
- Acute, primary care & LTC

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<td>Acute, primary care</td>
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Hospital Demographics:

Affiliation Partners

- Both: 28%
- Urban: 52%
- Rural: 8%
Hospital Demographics:
Local Citizens are Aware of our Financial Situation

- Yes: 85%
- No: 11%
- Unsure: 4%

Hospital Demographics:
Hospital Receives County and/or City Tax Support

- Yes: 81%
- No: 15%
- No Response: 4%
Hospital Demographics:

Likelihood of Receiving Local Tax Support
Over Next 5 Years

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CAH and Flex Program

Finance:

Financial Impact of CAH Status by Years of Designation
Hospital’s Net Income (Median)

- Fiscal Year of Conversion: $11,000
- First Full Year of Conversion: $15,000
- Second Full Year of Conversion: $47,030
- Third Full Year of Conversion: $62,000
- Fourth Full Year of Conversion: $80,000
- Fifth Full Year of Conversion: 11,720

Net Income/Loss for the Year Prior to Conversion
-$237,000
Asked: “What is your number one concern today?”

- **Reimbursement**: 47%
- **Workforce**: 27%
- **Community Support**: 7%
- **Clinic Relations**: 7%
- **Population**: 3%
- **Rules/Regs**: 3%
- **Aging Plan**: 3%
- **Technology**: 3%

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**Social Culture**
Rural Culture: Attitudes Towards Change

- **Change is natural**
- **Resistance to change**
  - Threat to established order, way of life
  - Better an old problem than a new opportunity
  - Demographics and economic base
  - Community rivalry
- **Agrarian Fatalism**

Rural Culture: Attitudes Towards Change

- **Overcoming our Natural Resistance**
  - Accept yet gently challenge rural attitude toward change
    - rural school consolidation
    - humor
  - Change Agents
  - Education of Community
  - Education of Providers
  - Experience – seeing is believing
Jonathan Swift once said:

“Vision is the art of seeing things invisible”

Community Cooperation

“We are seeing greater cooperation between communities in the education field and in health care. The times are forcing those of us in small towns to work together, to find common ground.” We’ve competed for years in basketball and football but now people are realizing what is good for one town can be good for its neighbor. This started to evolve first in education with school consolidation – painful at times, but necessary because we now see the benefit of sharing classes, sharing teachers. We’re seeing this in health care now. Sharing and cooperative effort is banding together for the common good.”

Les Wietstock
CFO, West River Regional Medical Center
Hettinger, ND
Phone interview, February - 1996
Community Dialogues

- Citizen input
- How you see it
- Structured discussion
- Healthier community
- Citizen involvement
  - Task force
  - Work groups

Community Partners

- Health
- Education
- Faith-based
- Economic Development
- Government
Leadership Development

- No set recipe
- Situational
- Skill sets
- Experience

Strengthening the Community
Rural Community Survival
20 Factors

1. Participatory approach to community decision making
2. Cooperative community spirit
3. Conviction that, in the long run, you have to do it yourself
4. Willingness to seek help from the outside
5. Active economic development program
6. Deliberate transition of power to a younger generation of leaders
7. Acceptance of women in leadership roles
8. Strong presence of traditional institutions that are integral to community life
9. Evidence of community pride
10. Strong belief in and support for education

11. Emphasis on quality in business and community life
12. Willingness to invest in the future
13. Realistic appraisal of future opportunities
14. Awareness of community positioning
15. Knowledge of physical environment
16. Problem solving approach to providing health care
17. Strong multi-generational family orientation
18. Sound and well-maintained infrastructure
19. Careful use of fiscal resources
20. Sophisticated use of information resources

**Principles of Rural Health Adaptation**

1. **Changes must fit with local conditions**
   a. No one solution fits every community
   b. Consider unique circumstances
   c. Local citizens **must** be involved in the planning process
   d. Local control is **essential** for community pride and support of the new system

2. **Providers must consider regionalization**
   a. Cooperation over competition

3. **Need a macro not micro focus**
   a. Look at entire health system **not** just the hospital
   b. Cooperative arrangement of human and health services
   c. Move beyond acute care needs: long-term, out-patient, preventative, and rehabilitation


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**Principles of Rural Health Adaptation**

4. **Providers must consider alternative configurations for offering access to physician services**
   a. Physician shortages means physicians simply cannot be available in all communities that seek such services
   b. Regionalization of physician services
   c. Greater use of mid-level practitioners

5. **Greater emphasis on transportation and telecommunication**
   a. Facilitate greater access to care during a period of threatened access

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