Future of Rural Health Care: Factors Driving the Need for Change

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UND School of Medicine and Health Sciences
Cooperstown Community Forum
Cooperstown, ND

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
- 5th oldest state rural health office
- About 38 separate program and/or projects with 42 staff
- 3 National programs (RAC, NRCNAA, Research Center)
- 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://ruralhealth.und.edu
Presentation Objectives

- General issues facing rural health
- Maintaining access to quality health services
- Availability of a health care workforce
- Health care costs

General Issues Facing Rural Health

<table>
<thead>
<tr>
<th>Rural America</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
<td><strong>Population</strong></td>
</tr>
<tr>
<td>• 20% of U.S. population tends to have high proportion of over age 65</td>
<td>• 48th of 50 states high proportion of over age 65 and highest over age 85</td>
</tr>
<tr>
<td><strong>Providers</strong></td>
<td><strong>Providers</strong></td>
</tr>
<tr>
<td>• 2/3 of HPSAs are in rural areas</td>
<td>• Almost 90% of counties HPSA designated</td>
</tr>
<tr>
<td>• Workforce shortage</td>
<td>• Workforce shortage</td>
</tr>
<tr>
<td><strong>Hospitals</strong></td>
<td><strong>Hospitals</strong></td>
</tr>
<tr>
<td>• Majority are Critical Access Hospitals</td>
<td>• 33/45 hospitals are CAHs (health care central)</td>
</tr>
<tr>
<td><strong>Medicare Payment</strong></td>
<td><strong>Medicare Payment</strong></td>
</tr>
<tr>
<td>• Tends to be lower in rural states</td>
<td>• 2nd lowest of 50 states, per enrollee</td>
</tr>
<tr>
<td></td>
<td>• In top quartile of states on access, quality, and efficiency. (Commonwealth Fund, State Scorecard on Health System Performance.)</td>
</tr>
</tbody>
</table>
Maintaining Access to Quality Health Services

- Sources of care: Where do we seek care in rural North Dakota
  - Critical Access Hospitals
  - Clinics (federally certified Rural Health Clinics – RHC and Community Health Centers – CHC or FQHC look alike
  - Emergency Medical Services
  - Public Health and nursing homes

- Sustaining care: What helps to keep rural health care available and viable
  - Rural Hospital Flexibility Program – CRH, NDDH, NDHA
  - Rural Health Outreach, Network Development Planning, and Network Development grants – CRH [http://ruralhealth.und.edu/](http://ruralhealth.und.edu/)
  - Health workforce efforts – CRH
  - State Rural Health Association (forming)
Availability of a Health Care Workforce

- Healthcare Workforce Pipeline

- Supply and Demand Features

- ND Workforce Summit
  - Statewide meeting representing supply side (educators) and demand side (employers), along with policy makers, associations, and others
  - Committee system representing core Pipeline functions
  - Development of Area Health Education Center (AHEC) grant
Health Care Workforce Pipeline

**SUPPLY**

- **K-12**
  - Prepare elementary and high school teachers for careers in health care.

- **Higher Education**
  - Recruit traditional and non-traditional students.
  - Locate education and training programs across North Dakota.

**What are the Roles of**

- Educators
- Employers
- State Associations
- State and Tribal Government

**DEMAND**

- Sustain North Dakota workforce
- Encourage graduates to seek employment in North Dakota
- Employer Retention
- Employer Recruitment

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**EFFICIENCY**

**International Comparison of Spending on Health 1980 – 2004**

**Average spending on health per capita ($US PPP)**

**Total expenditures on health as percent of GDP**


(Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006)
North Dakota: Distribution of Health Care Expenditures by Service by State of Residence (in millions), 2004

<table>
<thead>
<tr>
<th>Service</th>
<th>% ND</th>
<th>$ ND</th>
<th>% US</th>
<th>$ US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Care</td>
<td>42%</td>
<td>$1,533</td>
<td>38%</td>
<td>$566,886</td>
</tr>
<tr>
<td>Physician and Other Professional</td>
<td>23%</td>
<td>$866</td>
<td>28%</td>
<td>$446,349</td>
</tr>
<tr>
<td>Drugs and Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Non-durable's</td>
<td>15%</td>
<td>$537</td>
<td>14%</td>
<td>$222,412</td>
</tr>
<tr>
<td>Nursing Home Care</td>
<td>10%</td>
<td>$387</td>
<td>7%</td>
<td>$115,015</td>
</tr>
<tr>
<td>Dental Services</td>
<td>5%</td>
<td>$174</td>
<td>5%</td>
<td>$81,476</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>0%</td>
<td>$18</td>
<td>2%</td>
<td>$42,710</td>
</tr>
<tr>
<td>Medical Durables</td>
<td>1%</td>
<td>$55</td>
<td>1%</td>
<td>$23,128</td>
</tr>
<tr>
<td>Other Personal Health Care</td>
<td>3%</td>
<td>$124</td>
<td>4%</td>
<td>$53,278</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>$3,693</td>
<td>100%</td>
<td>$1,551,255</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation State Health Facts

Mortality Amenable to Health Care

Mortality from causes considered amenable to health care is deaths before age 75 that are potentially preventable with timely and appropriate medical care.

Deaths per 100,000 population*  
International Variation - 1998  
State variation - 2002

See Technical Appendix for list of conditions considered amenable to health care in the analysis.  
Data: International estimates—World Health Organization, WHO mortality database (Nolte and McKee 2003); State estimates—K. Hempstead, Rutgers University using Nolte and McKee methodology.
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