The Power Potential of Economic Development and Health Care

Presented to:
Economic Development Association of North Dakota
Summer Conference
Carrington, ND

June 17, 2008

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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://ruralhealth.und.edu
Presentation Objectives

- What is rural health?
- What are the issues facing rural health?
- How does the Center for Rural Health work with communities?
- What is the relationship between rural health and rural economic development?
- What are the next steps?

What is Rural Health?

- Rural health facilities, providers, services, and programs available to the public
  - Community hospitals, clinics, public health, EMS, nursing homes/aging services, home health, mental health, dental, pharmacy, and other
- Philosophy: rural people have the same right to expect healthy lives and access to care as do urban people – sense of fairness
  - Access essential services locally or regionally
  - Access to specialty services through network arrangements
  - Quality of care on par with urban
  - Availability of technology
- Rural health is very community oriented
  - Integral part of what a community is and how people see themselves
  - Sectors: Economic/business, public/government, education, faith/church, and health/human services
  - Direct services provided to the public and secondary impact for other sectors
  - Major employer
What Does North Dakota’s Rural Health System Look Like?

- Hospitals (50 total in ND)
  - 39 rural hospitals
    - 34 are Critical Access Hospitals
    - 3 are larger rural hospitals in Dickinson, Jamestown, and Williston
    - 2 are IHS hospitals in Belcourt and Ft. Yates

- Clinics
  - 74 rural primary care clinics
    - 64 federally certified Rural Health Clinics (RHC)
    - 10 communities with a central or secondary site for Community Health Center (CHC)

- Nursing Homes (83 total skilled nursing facilities)
  - 68 are rural

- Home Health (29 agencies)
  - 16 rural
  - 4 serve ND but are located in SD or MN

- Public Health (28 agencies or units covering all 53 counties)
  - Single county
  - Multi-county
  - City-County

- EMS or Ambulance Services (141 ground ambulance services)
  - 125 Basic Life Support
    - All rural
  - 16 Advanced Life Support
    - 6 urban
    - 10 rural
  - Number of providers
    - 2,465 EMTs
    - 1,880 First Responders
What Are the Issues Facing Rural Health?

- **Demographics**
  - Depopulation
  - Aging
  - Small towns getting smaller
  - Implications for community survivability
  - Implications for economic development and rural health viability

- **Health Workforce**
  - Demand, supply, and mal-distribution
    - Not just physicians
    - Demand
      - shortages of physicians and nurses
      - aging
    - Supply
    - Expectations of a new generation of health professionals

North Dakota Frontier Counties

- 30 of 93 North Dakota Counties designated as Frontier (less than 6 persons per square mile) based on 2000 Census
What Are the Issues Facing Rural North Dakota?

- **Health Facility Viability (or fragility)**
  - Rural hospitals
    - Financial picture
    - Workforce
  - Rural clinics
    - Financial picture
    - Number of closures – over 30
  - Rural EMS
    - Number of closing
    - New state legislation to assist rural ambulance
What Are the Issues Facing Rural Health?

- **Technology and Capital Improvement**
  - Availability and need
  - Financial considerations

- **Community Attitude**
  - Agrarian fatalism
  - Community to community attitude – is there a region?
  - School consolidation as a wedge for health care
  - Brain drain and skill level
How Does the Center for Rural Health Work with Rural Communities?

- **Community Development**
  - Building community and/or organizational capacity
  - Skill building and improved knowledge
  - Community input and involvement in local health decisions

- **What Approach Do We Apply to Health-Focused Community Development?**
  - We listen, we ask questions, we try hard to work with specific issues
    - Rural Health Dialogues
    - Example: Bottineau, Langdon, and Washburn Economic Development -- wellness programming assessments
  - Neutral presence
  - Connections
    - National – NRHA, research community, NOSORH, congressional delegation
    - State – associations -- NDRHA

How Does the Center for Rural Health Work with Communities?

- Building relationships, partnerships, and networks
  - Rural Hospital Flexibility Program
  - State Office of Rural Health
  - Rural Health Outreach Grants (federal)
  - Rural Health Network Development Grants (federal)
  - Rural Health Network Development Planning Grants (federal)
  - Blue Cross Blue Shield of North Dakota Rural Health HIT Grants
  - Our Tool Box
    - Facilitation and Community Forums
    - Community Needs Assessment and Special Subject Assessments
    - Strategic Planning
    - Key Informant Interviews
    - Focus Groups
    - Grant Development
      - Proposal Critiques
      - Grant Writing Workshops
    - Program evaluation
    - Media relations assistance
    - Recruitment and Retention Assistance on Workforce
    - Federal Shortage Designations
    - Provider Tracking
What is the Relationship Between Rural Health and Economic Development?

- Employment
  - 10 percent of direct employment and 5 percent indirect (15%)
  - Rural hospital first or second largest employer
  - 34 CAHs payroll impact
    - $111 million (direct)
    - $ 56 million (indirect)
    - $ 4.9 million (mean for each CAH, direct and indirect)
  - CAH average 80 employees (120 D and I)
  - Statewide CAH’s contribute 2,720 jobs (4,080 D and I)
  - Rural physician practice (5-7 employees) - $320,000
  - Statewide rural physicians --$29.9 million
  - Statewide 8 of top 10 private employers
  - Statewide health care is 8.5 percent of GSP
  - Statewide hospital’s account for 19,700 jobs (36,000 D and I)
  - ND ranks 6th for percentage of workers in health care jobs
  - Health jobs rank 2nd only to business jobs for growth in ND (2000-2010)
What is the Relationship between Rural Health and Economic Development?

- Attracting and Retaining Local Residents for Business and Public Sectors
  - Anchor for other economic activity
  - Stabilize and maintain (even grow) area population
  - Building a regional economy
  - Educated workforce
  - Dual employment

- Generating Local/Area Investment Funds
  - Local economic impact
  - Cash and short-term investment available from local financial centers
    - Source for local investments – loans for other business
  - Transfer payments – Medicare and Medicaid
  - Retirement income

- Enhancing Local Leadership Capacity
  - Formal involvement as community leaders
    - Local government
    - Civic organizations
    - Local economic development
    - School and education
    - Faith community
  - Building skills and commitment to civic responsibility – catalyst
  - Linkage to external resources and knowledge
What are the Next Steps – Where Do We Go From Here?

- Recognize the significance of the local health sector in economic matters
- Recognize the significance of the local health sector in community development
- Search for opportunities to link economic development and rural health development
- For both economic development and rural health development remember the importance, the legitimate role, and the impact of community participation
- Recognize that one size does not fit all – change must fit with local needs
- Build a relationship with the North Dakota Rural Health Association
- Contact the Center for Rural Health to work with you
- Flex program Rural Health and Economic Development Planning Group

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Connecting resources and knowledge to strengthen the health of people in rural communities.