

September 28-30, 2006, Grand Forks, North Dakota

Health Resources and Services Administration
Office of Rural Health Policy

Grand Forks and Devils Lake, North Dakota
September 28-30, 2006

Meeting Summary

The 54th meeting of the National Advisory Committee on Rural Health and Human Services was held September 28-30 in Grand Forks, North Dakota.

Thursday, September 28, 2006

Mr. Tom Morris convened the meeting at 2:30 p.m. on Thursday afternoon. He announced that Governor David Beasley, Chairman of the Committee, had been delayed in transit.

The members present were: Susan Birch, RN, MBA; Paul L. Craig, Ph.D., A.B.P.P.; Evan Dillard, FACHE; Michael Enright, Ph.D.; Bessie Freeman-Watson; Joseph Gallegos; Julia Hayes; Leonard Kaye, D.S.W.; Michael Meit, M.P.H.; Arlene Jaine Jackson Montgomery, Ph.D.; Ron Nelson, P.A.; Sister Janice Otis; Larry K. Otis; Patti J. Patterson, M.D.; Heather Reed; Thomas Ricketts, Ph.D.; and Tim Size. Members unable to attend were: Sharon Hansen; Thomas E. Hoyer, Jr., M.B.A.; Clinton MacKinney, M.D., M.S.; David Hewett; and Karen Perdue. Present from the Office of Rural Health Policy were: Tom Morris, M.P.A.; Caroline Cochran, M.P.A.; Thomas Pack; and Andrea Halverson.

Welcome and Introduction

Dr. Mary Wakefield, Associate Dean For Rural Health, and Director of the Center for Rural Health, University of North Dakota

Dr. Charles Kupchella, President, University of North Dakota

Dr. Kupchella welcomed the Committee to North Dakota and also extended a welcome to members of the press who were attending the afternoon session. He spoke about the role of the Committee and its responsibilities to advise the Secretary of the Department of Health and

Human Services on rural health and human services issues. He said that the University of North Dakota is well known for its work in rural health and economic development, with the Center for Rural Health providing leadership in these areas.

Dr. Wakefield described the mission of the Committee in greater detail, emphasizing its influence in the Department and with the Congress. She then asked Larry Otis to represent Chairman Beasley in taking question from the press.

A member of the press asked Mr. Otis for examples of issues where the Committee had exerted influence. Mr. Otis cited the recent Committee report on rural ageing programs that has influenced the management of those programs in the Department. Dr. Wakefield responded by describing the work of the Committee on rural issues related to the Medicare Advantage program.

A question was raised about the future of Head Start in North Dakota and whether the program should be expanded. Julia Hayes spoke for the Committee by saying that this was an issue that was currently under investigation by the Committee and that it would be meeting with North Dakota Head Start Programs during its site visits in the State.

A member of the press asked Dr. Wakefield and Mr. Otis for their opinions on important points that the press should take away from the meeting. Dr. Wakefield talked about critical rural issues surrounding the Medicare Advantage program and cited the high quality and low cost of Medicare in North Dakota. Mr. Otis spoke about the importance of the Committee in dealing with rural issues that can reduce the costs of medical care.

North Dakota Health Care: Past and Present

Dr. Mary Wakefield, Director, Center for Rural Health
Mr. Mike Jacobs, Editor and Publisher, Grand Forks Herald
Mrs. Kristine Sande, Center for Rural Health

Dr. Wakefield hosted the session and introduced the speakers.

Mr. Jacobs spoke to the Committee about the history, geography and politics of North Dakota. He described populist traditions in the State, noting that North Dakota is the only state to have a state-owned bank and state-owned insurance companies. The population is relative homogeneous, although there is strong growth among immigrant populations. The State is conservative, Christian, moralistic, and geographically flat. Mr. Jacobs also spoke about relationships between North Dakota, Canada, and the neighboring states. He led a humorous

discussion on various "myths" about North Dakota related to geography, weather, and the farm economy of the State.

Dr. Wakefield provided an overview of the Center for Rural Health. It was established in 1980 as one of the first five of such centers in the nation. The Center has six core areas of focus: education and training; community development and assistance; rural health policy, rural health research, Native American Health, and the rural health workforce. She described projects that are underway at the Center and the publications it produces. She spoke about access to health care in the State, the cost of care, and shortages of health professionals. There are only four large cities in the State, thirty-six counties are frontier, and most rural towns are small with less than 200 people. Rural citizens are more likely to be uninsured. Dr. Wakefield showed that North Dakota leads many other states on Medicare quality of care indicators and cited examples of excellence in the State. She noted that Critical Access Hospitals in the State are falling short of national averages on some quality measures. She highlighted the extent of health manpower shortage areas in the State, stating that 81% of the State's landmass falls within physician shortage areas. There are also acute shortages of dentists and mental health professionals. Dr. Wakefield also described health care innovations affecting the delivery of health care in rural areas, including network formation, shared services, and the use of telecommunication technologies.

Mrs. Kristine Sande gave a presentation on the Rural Assistance Center, based at the University of North Dakota. RAC was established in 2002 and is funded by the Office of Rural Health Policy. It is a cooperative venture with the Center for Rural Health and is closely linked to other rural health organizations in the country. She reviewed the range of services offered by the Center, including customized research on rural health issues and topics, location of funding sources, production of electronic and print media publications, and up-dates on selected rural health issue of local and national interest. RAC maintains a sophisticated web site that is very popular and widely used. It features a compendium of state rural health resources, information on health care service sites in the State, and much more. Mrs. Sande described how RAC can assist the general public as well as policy makers in rural health, and mentioned some of the current topics that are resonating in rural areas. These include financial concerns, dental health, the Community Health Center program, and rural hospital concerns. She also reviewed a sample of rural health topics that are frequently handled by RAC and how a typical request for information is processed by RAC staff.

Dr. Leonard and Mr. Morris commented on how useful the Center's web site has been to them.

Mr. Nelson expressed concern that some people do not know about the site and the need to market the site as much as possible.

Governor Beasley said that he would ask the Committee how it might help to promote the site.

Public Comments

There were no public comments and the meeting was adjourned.

Friday, September 29, 2006

Governor Beasley convened the meeting at 8:30 a.m. He reviewed the agenda for the day and the site visits that would be made by each Subcommittee.

Dr. David Wilson, M.D., Vice President for Health Affairs and Dean of the School of Medicine and Health Sciences, University of North Dakota, welcomed the Committee to North Dakota and made a brief presentation about the Medical School. He spoke about the success of the school in training physicians and other health professionals for practice in rural areas of the State.

Following Dr. Wilson's brief remarks, the meeting was adjourned and the members departed for site visits.

The Substance Abuse Subcommittee met at the Holiday Inn with Mrs. Betty Hellerud, Licensed Addiction Counselor, Northeast Human Service Center.

The Head Start Subcommittee traveled to the Early Head Start Program in Devils Lake, North Dakota.

The Medicare Advantage Subcommittee met with staff at the Center for Solutions in Cando, North Dakota.

Following the site visits, the Subcommittees reconvened in Devils Lake at the Spirit Lake Hotel where rooms were made available for the Subcommittees to continue work on the annual report and integrate their findings from the site visits into the report.

The Subcommittee meetings were adjourned at 4:30 p.m.

Saturday, September 30, 2006

The meeting was convened at 9:00 a.m. for a discussion of the letter to the Secretary, reports from the Subcommittees, and selection of report topics for the coming year.

The Committee decided that the letter to the Secretary will highlight the importance of rural issues related to the Medicare Advantage Program and call attention to the report chapter that on this issue that will be part of the Committee report for 2006.

The Substance Abuse Subcommittee is refining its report to articulate the complexities of substance abuse in rural areas. The site visit in North Dakota highlighted some key issues involving collaboration and the economic effects of substance abuse.

The Medicare Advantage Subcommittee reported that this program is of great concern and the rural implications are still unfolding. Their report will address key issues around rural populations' access to the program.

The Head Start Subcommittee will have recommendations related to transportation, collaboration, eligibility issues, national performance standards, and other topics.

Following the Subcommittee reports, there was a discussion of potential topics for the Committee to address in 2007. Next year will be the 20th anniversary of the Committee and it was agreed that this would be a good opportunity for a report that would review the status of rural health and reflect on what has happened over the years.

Dr. Leonard commented that the Committee could include in the report a review of what the Committee has recommended over the years and how it has influenced policy.

Mrs. Birch said that the Committee could draw on the Commonwealth Fund study that portrays the entire healthcare system.

Dr. Wakefield described the Commonwealth Fund study, which examines a group of approximately seven key areas (Access, information technology, health care systems designs, etc.). They are also creating a scorecard to evaluate current efforts and set a baseline for a future tracking strategy.

Mr. Size said that the focus should be on rural communities and expressed a concern that the Commonwealth Study will not satisfy that criteria.

Mr. Gallegos commented that the Committee could look at some common themes that cut across rural issues, such as the workforce concerns.

Mr. Morris emphasized the need to look at federal programs in rural health and keep a focus on the Department.

Several members cautioned that while a focus on the Department is appropriate, there is also the need to look at broader issues and challenges.

The Committee then discussed potential meeting places for June 2007 including sites in Texas, New Mexico, and Colorado. The September meeting will be held in Wisconsin.

Governor Beasley adjourned the meeting.