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Center for Rural Health

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UNIVERSITY OF NORTH DAKOTA - QUASQUICENTENNIAL - DEPARTMENT HISTORY



UNIVERSITY OF NORTH DAKOTA
1883-2008
CELEBRATING 125 YEARS

CENTER FOR RURAL HEALTH
UND SCHOOL OF MEDICINE AND
HEALTH SCIENCES



Brad Gibbens, Associate Director and Assistant
Professor
January 2008

***UND Center for Rural Health
UND School of Medicine and Health Sciences***

***Current Operations and Historical Overview
1980-2008***

***Submitted to the Vice President of Academic Affairs
University of North Dakota***

January 17, 2008

***UND Center for Rural Health – Current Operations and Historical Overview
January 2008***

This report covers 1) the current composition of the Center for Rural Health and 2) a historical overview of the Center.

INTRODUCTION TO THE CENTER FOR RURAL HEALTH (2007)

The UND Center for Rural Health (the Center) serves as the focal point on rural health issues for North Dakota. Rural health related programming, research and policy analysis has been directed to local communities and health care providers, as well as state and federal level policymakers. Significant research efforts targeting Native American health both in North Dakota and nationally comprise an important part of these activities. Moreover, the Center serves as a national broker of rural health and human services information through the implementation of the Rural Assistance Center (created in 2002) and the Rural Health Research Gateway Project (created in 2007). Through an array of efforts, the Center has worked to help further understand the challenges and identify solutions that can sustain and strengthen access to quality health care for rural North Dakotans and other rural populations.

The Center has increased its research, policy analysis, and program evaluation efforts by targeting specific new areas important to rural health care delivery. Since 2004, the Center, in partnership with the University of Minnesota, has developed a federally designated rural health research center. Research and program initiatives have been presented at numerous state, regional, and national meetings throughout the year. For example, Center faculty and staff made 80 oral presentations at national, regional, state, and community conferences and meetings. Of these, 36 were at national and regional conferences including nine members presenting at the annual conference of the National Rural Health Association, the premier rural health conference. In addition, two faculty presented at three international conferences. Faculty and staff serve on 68 national and/or regional boards, committees, task forces, editorial review panels, and other deliberative bodies. The Center's work was used to inform ND state legislative committees, the ND state health department and the governor's office. Center faculty and staff provided testimony to legislative committees. In addition, Center staff have provided policy analysis and rural health information to congressional offices and presented at congressional staff meetings. In 2006, the Center received support from the W.K. Kellogg Foundation as part of the *Rural People Rural Policy* initiative. The Center is one of 55 organizations around the country. (and is the only North Dakota organization) that are formed into state-based regional networks. The networks work to develop ideas and plans that are conducive to the creation of a national voice for rural policy as represented by the creation, in 2007, of the National Rural Assembly. Center staff has also served as content experts to key federal agencies including the Office of Rural Health Policy and the Agency for Healthcare Research and Quality, as well as the Administration on Aging. In 2006, the Center hosted the National Advisory Committee to the federal Office of Rural Health Policy, a body that provides advice to the Secretary of the U.S. Department of Health and Human Services. During the last year, the Center participated in the federal Office of Performance Review with a North Dakota Strategic Partnership Summit. The Center continues to provide a learning laboratory for UND students from a range of disciplines,

who, in addition to financial remuneration, received applied experience in rural health issues, research and policy analysis.

Center staff has worked directly with communities and health care providers across North Dakota, serving as a resource on important rural health topics and assisting with specific initiatives such as conducting health professions shortage designation analysis and working to identify clinicians for underserved communities. The Center has also worked directly with rural North Dakota communities to provide community oriented technical assistance, program development, and information dissemination. From 2004-2007, the Center provided benefit to 174 communities emanating from community development, evaluation, research, and other service programs implemented by the Center. This included providing more than \$1 million in grants to organizations through funds administered by the Center. These resources are used to improve access to care, develop health programs, expand technology and communication systems, provide education, and other system improvements. During 2006-2007, the Center implemented 32 programs and employed 42 people.

The Center is a free-standing unit within the SMHS, not part of any department. The Center advances needed infrastructure including centralizing and standardizing processes and project information (e.g., grant development and packaging.) Building synergy across project efforts and increasing visibility of Center work to multiple audiences both in and outside of North Dakota continued to be priority areas. In addition, activities to strengthen partnerships with other UND departments and affiliated organizations (e.g., Department of Family and Community Medicine's Center of Excellence in Women's Health) were initiated. The Center has increased its level of funded projects and hired additional staff to carry out the work effort associated with current and new initiatives.

Future Plans, Goal Setting, and Recommendations: The Center continues to develop and refine its strategic planning process. As was described in the 2004-2005 annual report, the Center initiated a series of "town meetings" called dialogues (held in 16 rural communities) that had been incorporated into our strategic planning process during the 2004-2005, the 2005-2006, and continued into the 2006-2007 fiscal years. From these dialogues, the Center formed eight work groups to address the 13 primary themes. The work group efforts were used to populate our strategic plan, which came to encompass 112 separate tasks. During the 2004-2007 strategic planning period, 101 or 90 percent of all tasks were completed (some continue as ongoing work). In March 2007, the Center initiated a new strategic planning process, inclusive of an internal climate audit and now the beginnings of a Balanced Scorecard process which is a strategy management tool. Center for Rural Health efforts related to University priorities are described below.

- The Center for Rural Health serves as an applied learning laboratory for students from multiple disciplines. UND students are employed as GRAs (11 students) and student assistants (12). Students receive considerable exposure to applied rural health research, policy analysis, community development, and other rich learning experiences. These students work directly with exceptional faculty with a range of skills and rural health expertise.
- Of the \$3,927,369 in contracts obtained during 2006-2007, approximately \$400,000 is associated with health services research. In addition, the Center is continuing to develop

opportunities in program evaluation. During this last fiscal year, evaluation contracts accounted for \$239,000 – an increase from the previous year evaluation project total of \$196,000. The remainder of the contracted funds supported a range of creative activities including implementing interdisciplinary training opportunities, rural community development and technical assistance, information dissemination, policy, and working with Native American tribes on specific health care issues. The Center is a federally designated rural health research center. In addition, the Center was one of only three UND Center's of Excellence.

- During the fiscal year, the Center implemented 32 separate programs addressing community development, evaluation, policy, information dissemination, and/or research. Continuing education, offered as part of the Annual Dakota Conference on Rural and Public Health, is sponsored by the Center for Rural Health. All Center activities directly and indirectly enhance the human condition in the region. For example, evaluation of health care networks and partnership with the state health department on a range of activities support health care across the state. The Center is home to the only federally designated National Resource Center on Native American Aging (funded by the Administration on Aging). Two new American Indian focused programs are underway. One involves the analysis of health status and access of American Indian veterans while the second works to address American Indian suicide issues at UND. As a continuation of the Health Care Workforce Summit in November 2006, the Center created in 2007 five statewide workgroups, comprised of about 50 North Dakotans to build an implementation plan to address this critical rural health subject.
- The Center offers a vibrant and rich environment for both students and staff. There are clear lines of communication established related to work effort and while the Center has undergone significant organizational change over the years, a genuine sense of camaraderie exists and the expression of ideas and opinions is encouraged at staff meetings as well as research and development meetings – which are held monthly. Staff partner in small teams to carry out their work effort and the Center has reached out to include faculty and staff from other disciplines on campus to participate in both projects as well as discussions around rural health topics. The Center addresses diversity from a variety of fronts, including the hiring of minority faculty and the training of minority students as graduate research assistants and student assistants. The Center employs 11 graduate and 12 undergraduate students.
- While academic programs are typically not offered through the Center, the Idea Networks of Biomedical Research Excellence (INBRE) initiated planning for the development of the Pilot Project in Developing Research Capacity. This project during 2007-2008 will be implemented at the Spirit Lake Nation teaching research methods to both college students and adult professionals. In addition, two members teach in the medical school, two serve on the UND Graduate Committee, one serves on the UND Research Council, and two faculty served on three dissertation and one thesis committees. Other faculty provide guest lectures to a range of classes across campus, thereby enhancing the knowledge exchange between rural health experts at the Center and UND students.
- The Center for Rural Health uses information technology to engage health care providers across North Dakota and through federal funding has made teleconferencing technology available to a number of rural communities. During 2006-2007, the Center facilitated and

chaired a statewide HIT committee and the State Office of Rural Health Program Directors served on two national/regional HIT planning committees.

- The faculty and staff of the Center for Rural Health are highly competent and fully engaged in making professional contributions to rural community development as evident from the description of faculty presentations, publications, presentation of testimony, etc., documented in following sections of the report. In addition, the Center has developed an internal electronic communication system, designed an internal information management system, and developed an employee orientation process. The Center has continued to undergo significant expansion during this reporting period. Significant non-state funding shows external support.
- To support the above-discussed priorities, the Center for Rural Health employs a staff of 42 (excluding students but including 10 faculty and three part time faculty.) The Center represents the mission and values of the University of North Dakota through its efforts at the community level (providing assistance to approximately 175 communities, including directing federal resources to communities), state level (collaborating with state agencies and statewide associations and providing testimony to the ND Legislature), and national level (active leadership in a number of national associations and interest areas and providing policy analysis to congressional offices).

ORGANIZATION

The Center for Rural Health is located within the University of North Dakota's School of Medicine and Health Sciences. The Center's director reports directly to the Dean of the School of Medicine and Health Sciences and Vice President for Health Affairs. The director serves on the Dean's advisory council, the Dean's Staff. The director serves as the Associate Dean for Rural Health. The Center serves the University and the School of Medicine and Health Sciences primarily through its external focus in rural community health development, health services research and policy, information dissemination, and three national resource/research centers. The Center collaborates with other university colleges, departments, and divisions in its activities throughout North Dakota and the nation.

MISSION OF THE UNIT

The Center for Rural Health mission statement is as follows:

The Center for Rural Health connects resources and knowledge to serve the people in rural communities.

The Center for Rural Health serves the people of the state, region, and nation. As a resource, we identify and research rural health issues, analyze health policy, strengthen local capabilities, develop community-based alternatives, and advocate for rural concerns.

The Center serves the University of North Dakota by identifying and addressing rural health issues, developing and implementing community-focused programs, conducting health policy analysis, and conducting health services research. In this capacity, the Center represents the

University at the local, state, and national levels. The Center serves to extend the University's mission and scope of activities to the most rural and remote regions of the state. This outreach function expands the reach of the University to communities, organizations, and individuals otherwise left outside the traditional range of an academic center. Center staff work directly with rural communities providing community oriented technical assistance, program development, and information dissemination. They collaborate at the state level forging strong working relationships for the University with an array of statewide organizations, state agencies and departments, associations, and interest groups. They also work collaboratively at the national level as a member and partner with national rural health organizations (e.g., the National Rural Health Association and the National Organization of State Offices of Rural Health) in participating in program development, policy formulation, and health services research efforts. The Center is recognized as a rural health leader both within the state and nationally. The director and nine Center employees have academic appointments within the School with two other faculty members having appointments in departments external to the SMHS. The Center implements its functions with 42 full and part-time staff. In addition, the Center provides a learning experience to 11 graduate research assistants, and 12 student assistants/interns. Center faculty and staff serve the University through participation on University committees, work groups, and internal list serv discussion groups. The Center collaborates with numerous University departments, divisions, and units in grant discussions and development, conference and workshop development and sponsorship, health services research and policy analysis, and information exchange. In implementing the broad mission of the University of North Dakota, the Center for Rural Health engages in a variety of activities including the following: community assistance and development, education, health system development, information dissemination, policy analysis and education, program evaluation, and research. Its implementation approach, firmly rooted in a philosophy oriented toward cooperation and collaboration, has been expressed in a series of activities and programs meant to facilitate the development and maintenance of viable rural health systems. Mission and goal implementation has been achieved through a series of relationships involving community leaders, health care organizations and providers, policy makers, tribal nations, and other rural health stakeholders. The Center, through the work of faculty and staff, provides the external community of the University with specialized expertise, including the following: community development, health care quality and patient safety, Medicare policy, Native American community research and assistance, program evaluation, promoting the transfer of research knowledge to the policy arena, and public policy leadership.

STATE OF THE UNIT

The UND School of Medicine and Health Sciences recognized the need to focus on and address growing rural health issues twenty-seven years ago. Forming an office of rural health in 1980, North Dakota (through the initiative of the School of Medicine and the North Dakota Legislature) was an early leader in identifying and addressing rural health issues. There are only four states that preceded North Dakota with the creation of state rural health offices. Today, all states have such an office. In its twenty-seven year history, the UND Center for Rural Health has grown into one of the premier rural health organizations in the country. It has made significant contributions in national leadership, health services research, rural health policy, and state and community health services' development and assistance.

National Leadership: The Center has made many contributions to rural health leadership at the national level. Center staff serves on regional and national committees. Faculty and staff served on 68 commissions, boards, committees, editorial review boards and other national decision-making bodies in 2006-2007:

- Commonwealth Fund Commission on High-Performance Health System;
- National Rural Health Association's
 - Policy Board,
 - State Office Council,
 - Quality Steering Committee,
 - Statewide Health Resources Constituency Group,
 - Education and Research Constituency Group,
 - Public Health Constituency Group;

- Steering Committee on National Voluntary Consensus Standards for Hospital Performance;
- Board of Directors, AcademyHealth;
- Advisory Board, WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) Rural Health Research Center;
- Board of Stewardship Trustees, Chair, Catholic Health Initiatives;
- Committee on Quality, Chair, Catholic Health Initiatives;
- Citizen Advocacy Center, Board of Directors;
- Health Panel to Rural Health Policy Institute (RUPRI);
- Institute of Medicine of the National Academies, Washington, DC.;
- Department of Veterans Affairs' Special Medical Advisory Group;
- Rural Health Panel, Rural Policy Research Institute;
- National Organization of State Offices of Rural Health Board Member and Treasurer and the following NOSORH Committees:
 - Legislative,
 - Rural Hospital Flexibility,
 - Region E Conference Planning,
 - National Conference Planning,
 - Strategic Planning,
 - Finance,
 - Communications,
 - EMS,
 - Health Information and Technology;

- Rural and Underserved HIT Network;
- Rural HIT National Conference Planning Committee;
- Rural HIT Regional Summit Conference Planning Committee;
- National Advisory Committee on Interdisciplinary Community-based Linkages;
- National Rural Recruitment and Retention Network (Board of Directors);
- Psychiatric Mental and Health Nursing Advisory Committee;

- National Health Information Infrastructure (NHII) workgroup of the Public Health Data Standards Consortium;
- Rural EMS and Trauma Technical Assistance Center (REMSTTAC) Advisory Board;
- National Rural Health Clinic Technical Assistance Series Project Steering Committee;
- National Rural Hospital Performance Improvement Education Project Advisory Board;
- National Rural Assembly Organizing Committee;
- Rural People Rural Policy Great Plains Region;
- Upper Midwest Rural Health Policy Summit Planning Committee;
- Association of State and Territorial Health Officials, Community Health Status Indicator Advisory Group;
- Association of State and Territorial Health Officials, Workforce Enumeration Taskforce;
- Association of State and Territorial Health Officials, Privacy & Public Health Practice Workgroup;
- AcademyHealth State Health Research and Policy Interest Group;
- Reviewer, Journal of Neurology;
- Reviewer, Journal of Obesity;
- Reviewer, Journal of Rural Health;
- Reviewer, Editorial Board of the Journal of the International Council of Nursing;
- Reviewer, Journal of Healthcare for the Poor and Underserved;
- Editorial Board of the Annals of Family Medicine;
- Editorial Advisory Board of the Policy, Politics, and Nursing Practice;
- Editorial Board of Nursing Economics;
- Editorial Board of the Journal of Native Health & Aging;
- American Indian Alaska Native Research Network;
- Indian Health Service Long-Term Care Agenda Committee;
- Technical Assistance and Service Center;
- National RN Shortages Expert Panel;
- American Psychology Association Annual Meeting,
- Environmental Psychology Committee;
- American Library Association;
- Alzheimer's Association Committee for Oversight of Ethnic Minority and Diversity Research;
- American Society of Aging;
- Disabled American Veterans Lifetime Member;
- Council of Social Work Education;
- American Counseling Association;
- Native Research Network;
- National Rural Mental Health Association.
- In addition, many faculty and staff served on federal grant review panels.

Rural Health Services Research: Center faculty and staff members have designed and conducted a number of policy-relevant studies on rural health services. These studies have addressed a myriad of rural issues pertaining to health status, health care access/utilization, and health personnel (e.g., distribution, supply, demand, perceptions, needs, and quality). Specific

issues addressed in the Center's FY2006-2007 research projects included North Dakota's nursing supply and demand, American Indian veterans, pesticide exposure on cognition in children, utilization of medication assistants, hospitalizations of rural children for ambulatory care sensitive conditions, patient safety in small rural hospitals, avoidable hospitalizations among rural residents, and nursing faculty interns. The Center, through its Building Research Infrastructure and Capacity (BRIC) program and the rural hospital medication study, is developing a focus in quality improvement research. The Center is a partner with the University of Minnesota in the Upper Midwest Rural Health Research Center. It collaborates with other universities in the Rural Policy Research Institute (RUPRI).

Rural Health Policy: The Center serves as a resource to policymakers at both the state and national level. A Center faculty member serves on the NOSORH Legislative Committee. In addition, the Center is an active participant in the annual National Rural Health Association Policy Summit in Washington, DC. During the 06-07 fiscal year the Center hosted a policy forum. It addressed health care workforce issues and solutions and was attended by approximately 200 participants, including 50 state legislators. The Workforce Summit has resulted in two policy papers and the creation of five work groups targeting specific issues (e.g., K-12 education, employer needs, and other issues). Approximately 50 North Dakotans are serving on these committees. One faculty member (Brad Gibbens) provided testimony during the 2007 Legislature. In addition, a legislative manual on rural health and the Center was developed and provided to all legislators. The W.K. Kellogg sponsored project, Rural People Rural Policy, has provided project faculty members (Alana Knudson, Ph.D. and Brad Gibbens) with training on policy framing and networking. They are members of the Great Plains Regional Network. As a result of this program, the Center had one of its policy papers critiqued by the FrameWorks Institute, national experts in policy development and contracted by the Kellogg Foundation to provide training and assistance to participating organizations. The purpose of such exercises is to strengthen the Center's ability in providing assistance to policymakers.

State and Community Health Services Development and Assistance: Since its inception in 1980, the Center has placed the highest premium on providing quality, responsive service to rural North Dakota providers, communities, state agencies, and state-wide associations. Partnerships, collaboration, and cooperative ventures are philosophical cores comprising the approach advocated by the Center, both for itself and for the rural health delivery system. The Center has forged successful collaborative relationships with state agencies (e.g., health, human services, commerce); state associations (e.g., hospital, long term care, nursing, medical, EMS, pharmacy, primary care, public health); state-wide health organizations (e.g. the development and implementation of a rural health grant program for Blue Cross Blue Shield of North Dakota); and regional health delivery systems (e.g. Northland Healthcare Alliance, Bismarck; North Region Health Alliance, Grand Forks). The Center's influence is still felt today throughout rural America. The Center has continued in the tradition of community development through its efforts with the State Office of Rural Health grant program, Rural Hospital Flexibility program (FLEX), the Family to Family Network, primary care and workforce development, National Resource Center on Native American Aging (funded by the Administration on Aging), the Blue Cross Blue Shield of North Dakota Rural Health Grant Program, and the Small Hospital Improvement Program. The Center's Otto Bremer Foundation funded community engagement initiative (VOICE, Vision, Opportunity, and Inspiration through Civic Engagement) is working

in Nelson County. This project focuses on developing a multi-community regional approach based on civic engagement, training of a regional team, and concepts associated with a healthy community. The Center also places a premium on developing processes that integrate the strengths of its various program areas. It is common for faculty and staff who focus on research to work closely with faculty and staff who work primarily in community development. The community is laboratory where various skill sets (e.g. research and community development) can blend together, creating stronger community outcomes and empirically reliable research. Faculty and staff with different backgrounds and skills, work well together, respecting the integrity of their colleagues and believing in and implementing the mission of the Center.

HISTORY OF UND CENTER FOR RURAL HEALTH

The UND Center for Rural Health, created in 1980 -- under the original organizational name, the North Dakota Office of Rural Health (ND ORH) -- to serve as the focal point for rural health issues. At that time, there was an embryonic national movement around the concept of rural health as a distinct and unique health sector and concept. The nation's first state rural health office had been formed a handful of years before (1973) in North Carolina. The North Dakota Office of Rural Health was only the fifth such office in the country. Today, all 50 states have a State Office of Rural Health. During 1979-1980, the dean of the UND School of Medicine (Tom Johnson, MD) and the chair of the UND Department of Community Medicine (Robert Eelkema, MD) recognized the need for a medical school in a primarily rural state to develop a specialized focus on the needs of the rural population. Thus, Drs. Johnson and Eelkema, with support from the North Dakota legislature, created the ND ORH.

In 1980, the National Rural Health Association (NRHA) had yet to develop; however, there was a national organization representing rural primary care. That organization along with a second national rural health organization merged in the early 1980's (about 1983) to form the NRHA. The first director of the ND ORH, Kevin Fickenscher, MD, and a future assistant director, J. Patrick Hart, Ph.D. were architects in developing NRHA and establishing its national focus; thus, North Dakota rural health was already exerting national influence. Both Drs. Fickenscher and Hart would in time become presidents of the NRHA. Two future directors (Dr. Jack Geller and Dr. Mary Wakefield) would serve on the board of directors and the policy board, respectively.

The Early Years: Identifying Focus and Building Alliances

In North Dakota, the ND ORH was focusing on rural hospital and clinic issues. Following a fact-finding tour of the state in 1980-1981, Dr. Fickenscher concentrated efforts primarily on rural hospital and clinic issues. The primary focus was twofold: physician recruitment and community needs assessment. These two themes emerged from the preliminary visits to rural communities. The ND ORH developed a service contract program whereby rural hospitals and/or clinic contracted with the Center to perform certain services such as physician recruitment and/or community needs assessment. Over about a seven or eight year period, the ND ORH performed community needs assessments for all rural hospitals in the state and a number of hospitals external to North Dakota. The final assessment report for Nelson County Hospital in McVille was also the first health marketing report conducted under the new marketing division

representing the movement into health marketing that came to dominate the thinking in the late 1980's. There were only a handful of states with rural health offices to have such assessment and recruitment capabilities; thus, rural hospitals outside of North Dakota came to view the skill set at the University of North Dakota to be beneficial for them. The ND ORH had physician recruitment and/or needs assessment contracts with hospitals in Alaska, Iowa, Michigan, Minnesota, Montana, Nebraska, North Dakota, South Dakota, and Wyoming. It was providing a valuable service not only in its native state, but also for a number of states in the Midwest, Great Plains, and west. In addition, the ND ORH, from 1982-1984 and 1984-1986, forged a collaborative relationship with Lutheran Hospital and Homes Society (LHHS, later Lutheran Health System and then Banner Health System) of Fargo, ND to conduct physician recruitment for a number of its rural sites, both in and out-of state. This was one of the earliest formal partnerships for the nascent office. The partnership would also result in the first formal foray into developing a conceptual approach to rural community and rural health development: the Affordable Rural Coalition for Health (ARCH) project (see next section).

Over time, developing partnerships, collaborative agreements, and networks would become a common theme and approach by the North Dakota office. During 1981-1982, the ND ORH forged a partnership with the ND State Department of Health conducting a statewide Rural Resource Assessment Planning Project for the state. The office was contracted by the North Dakota Hospital Association to develop a study on a new hospital concept – eventually applied to rural hospitals – to look at a hybrid model involving acute and long term care, called swing beds. In addition, the office conducted for the hospital association a statewide study on senior attitudes toward health care needs. During the early 1980's, the office also conducted a nurse manager's development program, performed director of nursing recruitment services, and incorporated into its community needs assessment process long term strategic planning. By the early to mid 1980's the publicly supported health planning agencies and councils (e.g. Agassiz Health Planning Agency in Grand Forks) had been de-funded and for all practical purposes disbanded. However, there was still a need for some level of strategic planning and rural health organizations sought the assistance of the rural health office to facilitate planning and/or to conduct community health assessments. Rural hospitals on their own contracted with the Center to perform long range planning and/or community needs assessments. The ND ORH formed its first federal partnership in 1982, through a contract with the National Health Service Corps (NHSC), to develop and implement a collaborative recruitment and management project, which included physician education. This formal contract covered the years, 1982-1986 and while the contract option expired in 1986, the working relationship between the NHSC and North Dakota continues today through the office facilitating matches between eligible communities and NHSC physicians and providing rural communities with information on the NHSC option. It is one of our most enduring relationships.

State and Community Health Services Development and Assistance:

During the mid 1980's, the ND ORH expanded its almost exclusive focus on community services and it initiated an expansion of effort to include health policy and health services research. Community services remained a primary focus (as it does in 2008); however, an understanding was developing in the office that to truly impact rural communities and to improve the health status of rural North Dakotans that the community focus needed to be augmented with a strong research capacity and a policy analysis effort. About 1985, to reflect this change in

scope, the ND ORH changed its name to the UND Center for Rural Health Services, Policy, and Research (in 1988 or 1989 it shortened the name to the familiar UND Center for Rural Health).

Organizationally, the ND Office of Rural Health, in the early 1980's, had created two divisions to address the primary community service needs. One division, the Health Manpower Placement Program (HMPP) concentrated on recruitment and retention issues and the second, the Community Assessment Program (CAP) focused on identifying and understanding the expressed needs of community members. Key informant interviews and a community survey were the major approaches by the division. A third division, the Health Resources Development Program (HRDP), was created in 1985 to assist rural hospitals, clinics, and other rural service providers and organizations to improve their management systems and practices and to effectively market their services. In January 1986, the Health Resources Development Program and the Community Assessment Program merged into the Community Assessment and Development Program (CADP). This new division assumed responsibility for the new community development/organizing program supported by the W.K. Kellogg Foundation, the Affordable Rural Coalition for Health (ARCH).

Community development had become, by the mid 1980's, a dominant focus of the Center and it continued to develop new initiatives to improve conditions facing health organizations and communities. North Dakota became an early leader in exploring and strengthening the relationship between a rural health delivery system and its local community. With the core of a rural delivery system typically being the hospital, the Center concentrated efforts on stabilizing and improving the hospital environment. Much of the community development efforts were led by Sharon Ericson, from 1981-1986 along with Sharon Beck (now Mohs) followed by J. Patrick Hart, Ph.D. and Carole Cochran MSW. Dr. Richard (Rick) Ludtke from the UND Sociology Department was a significant partner in conceptualizing and developing the office's approach to working with and developing the capacity in rural communities. Brad Gibbens joined the Center in the fall of 1985 and served first as a physician recruiter in the Health Manpower Placement Program and then as a program assistant in the HRDP and then the CADP working on developing the health marketing program within the CADP with Dr. Dennis Elbert.

A significant driving force was the growing number of rural hospital closures (nationally approximately 250 closed from 1981-1990 with another 200 closing from 1990-2000 and about 10 ND rural hospitals closed in the 1980's to early 1990's) combined with the impact of a new hospital reimbursement methodology, the prospective payment system. The Center focused on hospital network development and the relationship of the hospital to its community. Through a small grant (\$28,000 from the Otto Bremer Foundation in 1985 and written by rural health), the Center worked with a group of small rural hospitals to form a rural hospital network, called the Valley Rural Health Cooperative (VRHC) comprised of about ten rural hospitals in the Red River Valley of North Dakota and Minnesota. The VRHC is still active today having merged with another Minnesota based hospital cooperative (in 2006) as the North Region Health Alliance.

A significant expansion in the community development area was the development and implementation of the ARCH project (Affordable Rural Coalition for Health), funded for \$1.2 million from the W.K. Kellogg Foundation, ARCH was the largest private award received at that

time by the Center. ARCH operated from 1986-1990, and was based on a community development model created by the Center through the work of Drs. Fickenscher and Ludtke along with the new ARCH director, Dr. J. Patrick Hart and Carole Cochran, MSW. The core of this model relied on community engagement, community involvement, training, and local/area collaboration. ARCH operated in about 12 communities in North Dakota, Colorado, and Montana. In most of the communities, a network was formed involving three communities working through a shared local board of citizens called an ARCH board. Board members and a local ARCH coordinator (i.e. a trained and salaried position), following training, acted as advocates for the community in addressing local and area health needs. ARCH communities developed a plan with a scope of services to improve health in their area. ARCH was a significant contributor to the national focus on rural health and community development and influenced the work of other applied researchers and community development specialists in Washington state, Idaho, and other areas that were experimenting with community health models at that time. ARCH was followed, in the Center, by other significant community focused programs

- LEADers, \$1.0 million from W.K. Kellogg Foundation, a leadership development and economic development project implemented in over 30 communities in ND and SD – 1989-1993;
- Long Term Care Cooperative Project, implemented in MN, \$165,000 from the Retirement Research Foundation – 1987-1990;
- Rural Hospital Transition Project, \$18,000 from the Minnesota Blandin Foundation, a demonstration project which led to the passage of the federal Rural Hospital Transition Grant Program – 1988-1990; and
- Working Together for Rural Action project, \$177,000 from the Northwest Area Foundation – 1990-1992).

In addition, the Center for Rural Health along with the UND American Indian Services and the UND Gerontology Resource Center received funding from the Administration on Aging (\$95,000 in 1989) to provide technical assistance and to conduct research on Native American aging with U.S. tribes. This was to become one of the largest program focuses of the Center and its second oldest formal program (following only the community development divisions). The National Resource Center on Native American Aging (NRCNAA) has provided technical assistance (e.g., teaching practical research and assessment skills to tribal representatives) and research capacity to over 340 separate tribes in the U.S. The effort grew from the experiences of Dr. Ludtke from the ARCH program combined with the administrative and political skills of Dr. Alan Allery. Dr. Allery became the long time director of the NRCNAA until his untimely death in 2007 when the leadership passed to Dr. Russ McDonald, a long term contributor to the program. Today, the influence of the ARCH project is still present in the work of the National Resource Center on Native American Aging (1989 – present), State Office of Rural Health (1991 – present), the Medicare Rural Hospital Flexibility (Flex) program (1999 – present), the VOICE project (2006- present) and other efforts.

The Center continued its focus on community development and strengthening the rural health delivery system via a fee-for-service arrangement with rural health organizations. Another effort was the development of the health marketing program operating from about 1985-1991, within the CADP. Dr. Dennis Elbert of the UND Marketing Department developed the scope of the

program. This program offered 1) marketing assessments, 2) staff marketing education, 3) board oriented marketing education, and 4) market oriented strategic planning. The marketing program sought to assist rural hospitals in not only better understanding their markets, but also in building skill levels and capacity in the rural hospital leading to self-sufficiency.

The Center also applied its skill set in planning, program development, community development, and research and assisted the broader university community. In 1989, the Center received funding from the U.S. Department of Agriculture for the Telecommunication Outreach in the Health and Social Sciences Project, which resulted in the first generation interactive communication network for the UND School of Medicine and Health Sciences, called Medstar.

A critical element in the Center's pursuit of rural health system and community issues has always been health professional workforce issues. With its first inception of a Health Manpower Placement Program in 1981 (focus on fee-for-service recruitment and retention contracts), the Center has worked with communities to not simply conduct "recruitment and retention", but also to facilitate their skill development so they can assume greater responsibility for sustaining local efforts. Over the years this has included the creation of the State Primary Care Cooperative Agreement in 1990 (creating the state Primary Care Office which is now co-administered by the Center with the ND Department of Health), the development of the Fellowship Program (1994) which focused efforts on interdisciplinary health science student training (this later extended the concept through SEARCH – 1998- present and Project Cristal – 2001-2006), to the submission in 2008 of an AHEC (Area Health Education Center) proposal involving a partnership of the UND School of Medicine and Health Sciences and the UND College of Nursing. Over the years, the Center has developed statewide efforts such as the Practice Opportunity In North Dakota (POND) coalition which was a multi-organizational rural community driven physician recruitment and retention effort. Operating in the 1990's, this was developed and facilitate by Mary Amundson with the strong involvement of a number of rural hospital administrators. The Center forged strong relationships with key constituencies such as the state Medical Association and Primary Care Association to help facilitate statewide partnerships and solutions. In 2006, the Center developed and hosted the first statewide Health Workforce Summit attended by approximately 200 employers, educators, policy makers, and others interested in examining the confluence of supply and demand factors contributing to health professional issues in the state. Starting with the efforts of Dave Gregory (Health Manpower Placement Program, NHSC contracts, and fee-for-service arrangements) in the 1980's and extending through the leadership of Mary Amundson (development of multi-organizational collaborative efforts, interdisciplinary training, and local and statewide capacity building) through the 1990's and 2000's, the Center has had a strong commitment to health workforce issues. The Center's experience in this area has evolved from direct fee-for-service arrangements with individual providers to one that encompasses publicly supported efforts typically involving multi-organizational arrangements.

While the Center's operational base has always been in the School of Medicine and Health Sciences in Grand Forks, the Center did, in 2002, open an extension office in Minot to better serve western North Dakota.

Rural Health Services Research:

The formal research effort of the Center began in 1986 with a \$550,000 grant from the Bush Foundation, which developed rural health research center capacity at the Center for Rural Health. Thus, the Center was adding to it community specialization by developing research and policy skill sets. This initial Bush grant allowed the Center to develop infrastructure which led to the successful funding of the Midwest Collaborative Rural Health Research Center (1989-1992). This research center was later followed by the Upper Midwest Rural Health Research Center, a collaboration with the University of Minnesota in 2002 (check date). The new federal Office of Rural Health Policy (ORHP), funded the research center grant in 1989.

The primary focus of the original Midwest Collaborative Rural Health Research Center was 1) health systems, 2) nursing, and 3) state policy analysis. Dr. Geller, in addition to being the director of the Center for Rural Health was director of the research center and led efforts on the health system studies, Dr. Jeri Dunkin of the UND College of Nursing led nursing research, and Brad Gibbens, MPA, led state policy studies. The state policy analysis included one of the first studies on alternative rural hospital models (e.g. Medical Assistance Facilities and other models that were to be precursors to the Critical Access Hospital model). Policy studies also addressed state health professional loan and scholarship programs, EMS, state health policy advocacy models, and other work. The policy analysis section also created a database of state policy contacts under the title of the State Rural Health Policy Network. Prior to the creation of the federal Office of Rural Health Policy (ORHP) supported program for State Offices of Rural Health, which led to all 50 states having a rural health office, there were about 20 states that had developed rural health offices. The State Rural Health Policy Network included most if not all of these state offices as contacts; thus, the Network was one of the first avenues of collaboration and communication for the fledgling state office movement. This predates the creation of the National Organization of State Office of Rural Health (1992), as well.

Prior to the advent of the federally supported research efforts and due to the capacity built through the Bush grant, two of the initial research studies performed in the latter 1980's concerned what was referred to as the "Medicare differential" and rural hospital closure. The Center, under contract from the Valley Rural Health Cooperative, conducted one of the nation's first studies on the impact of the new Medicare reimbursement methodology – Prospective Payment System – on rural hospitals. The study compared rates on rural coop member hospitals and larger, urban hospitals. This also linked the Center's development of it health services research capacity to its developing focus on health policy as the research document was integrated into a broader health policy advocacy framework for the Coop. There were two hospital closure projects. The Texas Hospital Association (1989) funded one and the second study was conducted in 1990 and was funded by the Health Corporation of America (\$55,000). Under the former, the Center researched three types of rural hospitals in Texas (one where the hospital had closed, a second where the hospital appeared vulnerable, and the third being a viable rural hospital). The Center also collaborated with Oklahoma State University and Dr. Gerald Doeksen who was developing a national reputation through modeling economic activity associated with the health sector. Thus, the Centers work on the Texas project explored social and community factors in relation to viable, vulnerable, and closed hospitals along with the economic impact of hospitals and hospital closures. The Health Corporation of America study

supported the Center in examining factors associated with the impact of hospital closings in New Rockford and Beach North Dakota.

Rural Health Policy:

Health policy was an early and special focus of the Center and its first director, Dr. Fickenscher. Developing a close relationship with then North Dakota Senators Mark Andrews (Republican) and Quentin Burdick (Democrat) and their health policy staffs, Dr. Fickenscher created the blue print for the formation of the Senate Rural Health Caucus in 1985, with Andrews and Burdick being the first bi-partisan co-chairs. The Senate Rural Health Caucus is still an important part of the federal health policy process, (with over 70 of the 100 U.S. Senators being members) and it still operates with bipartisan co-chairs. The Senate Caucus was followed by the creation of the House Rural Care Coalition in 1987 (its current co-chair is Congressman Earl Pomeroy of North Dakota). Another significant marker in the national history of rural health policy was the creation of the Office of Rural Health Policy (ORHP). This was a health policy outcome of the Senate Rural Health Caucus and the National Rural Health Association and represented a formalization of a rural health presence in the executive branch. In 1987, a policy triad was forming comprised of a policy advocate representing rural communities and providers (National Rural Health Association), the legislative branch (Senate Rural Health Caucus and the House Rural Healthcare Coalition), and finally an executive agency (Office of Rural Health Policy). All three were instrumental in securing a viable structure to formulate rural health policy. It was this structure that led to the creation of critical rural health programs that operate in or benefit virtually all states (rural health research program – 1989; State Office of Rural Health grant program – 1991; Rural Health Outreach grant program – 1991; Rural Health Network Development grant program – 1997; and Medicare Rural Hospital Flexibility grant program – 1999). The Center for Rural Health has been a multi-year recipient of research center, state rural health office, and Flex funding and has assisted numerous rural communities in North Dakota to access Outreach and Network Development grants.

In addition to the previously discussed Medicare differential study for the VHRC, another milestone in the health policy development effort of the Center was the work done with the VRHC to develop a policy advocacy process for the Coop (1988). The Center, under the leadership of Dr. J. Patrick Hart and Brad Gibbens developed a plan with coop members that resulted in a "Policy Advocacy Guideline Booklet." The Guideline Booklet was a process, which the Coop implemented, to formulate and operationalize their policy agenda, particularly with congressional members. The Center also studied and reported rural health findings to the congressional offices, conducting the "North Dakota Rural Hospital Study" in 1993 for Senator Kent Conrad and the "North Dakota Hospital Closure: Community Impact" study in 1994, also for Senator Conrad. In the mid 1990's the Center created a Legislative Advisory Committee comprised of eight North Dakota legislators. One of the primary outcomes of the committee was the decision to create a series of rural health policy briefs for state policy makers. Starting about 1995, the Center developed succinct (one page back-to-back) briefs on such issues as tele-health, emergency medical services, primary care, and other subjects. Today, the Center still develops and disseminates policy briefs. In addition, the Center created in 1999, a Policy Briefing Book for State Legislators and has reissued the document for every legislative session since that time.

The State Health Task Force (1991-1995) was another milestone in the history of the Center and its work to assist North Dakota. The original effort, initiated by Dr. Robert Wentz, ND State Health Officer, in 1991 elevated the subject and fostered an understanding for the need to focus on health system change; however, the formal structure and administrative capacity grew from a grant provided by the Robert Wood Johnson Foundation (proposal written by Dr. Jack Geller). The staff hired to develop and administer this state policy process, while housed in the state health department, were actually employees of the Center as Rural Health administered the grant. This process involved approximately 25 state associations and organizations working together to forge policy recommendations for the legislature. The Center was an active participant of the Health Task Force with Dr. Geller and Mr. Gibbens serving as task force members.

Mission Statements

This final section presents three mission statements (including goal statements in two cases) to exemplify the changing nature of this dynamic organization. The Center has a long standing commitment to strategic planning. Every one to three years it engages in new planning efforts to stimulate the creativity of staff and faculty. While the Center administration operates with a director and associate directors, the focus of program development typically originates from staff and faculty. The strategic planning sessions traditionally serve as tools to identify organizational direction and to inspire change. The Center has numerous external connections covering a gamut that includes input from small frontier communities to stimulus from national associations and policy makers. These sources enrich the creativity and commitment of staff and faculty as they seek new ways to address rural health issues. The strategic planning process (be it traditional SWOT analysis or a Balanced Scorecard) secures and bonds the external input with an internal dynamic for progressive change. The mission statements reflect the orientation and values of faculty and staff at different periods in the history of the Center for Rural Health. A ubiquitous value is not only the commitment to rural, but also a sincere quest to improve knowledge and understanding as a means to address rural health. Below are three Center mission statements:

- The Center for Rural Health of the University of North Dakota serves as a national resource for education, community development, policy analysis and research to enhance and promote rural health. As a resource, The Center seeks to identify rural needs, demonstrate and evaluate creative solutions and advocate program and policy alternatives.

Goals

- To facilitate community development by serving communities organizations, and health professionals committed to sustaining quality rural health.
- To advocate for rural needs through networking and liaison with local, state, regional, national, and international organizations.
- To conduct and disseminate quality research on issues and concerns related to rural health.
- To provide academic, continuing, and public education related to rural health.
- To analyze existing and proposed health policy from a rural perspective.

(1987-1990)

- The Center for Rural Health serves the people of the state, region, and nation. As a resource, we identify and research rural health issues, strengthen local capabilities, develop community-based alternatives, and advocate for rural concerns

Goals

- To facilitate community development by serving communities organizations, and health professionals committed to sustaining quality rural health.
 - To advocate for rural needs through networking and liaison with local, state, regional, national, and international organizations.
 - To conduct and disseminate quality research on issues and concerns related to rural health.
 - To provide academic, continuing, and public education related to rural health.
- (1991-2003)
- The Center for Rural Health connects resources and knowledge to strengthen the health of people in rural communities.
- (2004- present)

Information researched, compiled, and written by Brad Gibbens (Center faculty and staff, 1985-present, associate director 1991-present), January 2008.