132\textsuperscript{nd} NACNEP Meeting

\textbf{Population Health: Issues and Perspectives from the Rural and Frontier}

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Special Recognition to:

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Definitions - Frontier

Category I
States with more than 15% of their population in frontier counties or with a total frontier population of greater than 250,000

(If a county has a population density of less than seven persons per square mile)
A Look at Category I Counties Meeting Frontier Status

Wyoming: 18
Alaska: 21
Montana: 47
South Dakota: 39
North Dakota: 37
Idaho: 22
Other Category Designations

Category II: States with 5-14%
(NM, UT, NV, NE, KS, AZ, CO, and TX)

Category III: States with 1-4%
(OR, ME, MN, WA, OK, and CA)

Category IV: States with less than 1%:
(MI, MS, VA, FL, GA & NY)

Source: http://www.wiche.edu/MentalHealth/Frontier/letter22.asp
A Look at a Frontier State
Montana

• 147,555 square miles with 1 million people
• 6.8 persons per square mile
• 53% of the State’s population lives in rural or frontier areas
• 56 counties with 45 classified as frontier
• Montana has 64 acute care facilities spread far and wide in rural areas
  • 48 have been converted to Critical Access Hospitals (25 beds or fewer)
Just how big is Montana?

Population of 9 east coast states – 50 million,
Population of Montana – 1 million
Primary care physicians (2005):

Urban 87%  Rural 13%

Generalists per 100,000 population:

Urban 72  Large Rural 61
Small Rural 59  Isolated Small Rural 36


DISPARITIES IN HEALTH CONDITIONS: OBESITY RATE IN MONTANA

EDUCATION = HEALTH
B.A. DEGREE OR HIGHER IN MONTANA

A GOOD START IN LIFE MATTERS: CHILDREN IN POVERTY IN MONTANA

Rural and Frontier Health Challenges

- Less likely to have employer-provided health care coverage
- Rural poor less likely to be covered by Medicaid
- Residents must travel long distances to seek specialized treatment
- Per capita income is lower than urban counterparts
- Residents more likely to live below poverty level
More Rural and Frontier Health Challenges

- Increases in health care costs have disproportionate effect
- Residents facing shortage of health care providers
- Health Professional Shortage Area
- Likely to lack mental health services (especially for children)
- Recruitment challenges

More Rural and Frontier Health Challenges

• Nurses, whether BSNs or ADNs, may be the only or one of the only healthcare providers in a frontier setting

• Residents rely on non-hospital based care settings for greater proportion of healthcare

• Public Health Nurses (PHN) must have broad-based knowledge and have the ability to improvise

“Nurses often have to try and patch care together in rural communities where there is a complete lack of post-hospital services. There is likely no home health care of either a skilled or custodial nature, no hospice, and maybe even not a skilled nursing facility that can accommodate a long-term stay . . . .”

- Dr. Casey Blumenthal, Vice President, Montana Hospital Association
Montana Specific Challenges

• Overcome most significant barrier – recruitment of all healthcare personnel to rural/frontier

• Nine Montana counties are without a single physician

• Twelve Montana counties lack a single primary care physician

• Difficulties recruiting and retaining skilled healthcare workers

• Sites tend to be low resource environments with fewer professional development opportunities

Source: Montana State University Office of Rural Health
Idaho Study

- 15 PHNs who worked in one-nurse offices (15 different counties)
- Counties ranged in population from 2,781 to 28,114 (mean = 11,013)
- County land masses ranged from 450 to 8,485 sq miles (mean = 3,753)

Idaho Study: Summary

• Strong job satisfaction
  o Benefits of autonomy
  o Variety and close community ties

• Frustrations
  o Communication with outside world
  o Feeling out of the loop
  o Communication with other nurses mostly by email/phone
Voices from the Frontier of Montana
What do we hear in Montana – from the MT Office of Rural Health/AHEC

Regional AHECs are conducting multiple needs assessments with small rural communities (critical access hospitals, employers, community organizations)
Findings:

- Move away from hospital-based services - focus on improving health throughout the community
- Nurses – cradle to grave care vs. specialized focus
- Advising and collaborating with community partners to address the whole person – housing, food, mental health, education
- Picking up the slack in communities with no or limited home health care services impacting their ability to carry out public health roles
Some recommendations from Montana:

- Expand nursing education to include health/population skills at the beginning of the nursing education continuum
- Expansion of rural sites for nursing curriculum & rural training experiences
- Address salary concerns for nurses working in rural/frontier areas
- Create more incentive programs for nurses of all backgrounds (e.g. loan repayment)
- More funding and incentive for masters prepared RNs
Some recommendations from Montana:

- Greater recruitment of rural students into nursing programs
- Create new continuing education strategies for nurses working in rural and frontier areas (focus on pop health)
- Create new e-networking opportunities for frontier nurses
- Address funding levels for public health at the local level
- Increase knowledge of financial aspects/budgets in nursing education or as continuing education
- Promote public health nursing as a career opportunity
National Rural Health Association (NRHA) Recommendations

- Increased resources for rural and public health preparation in nursing education programs
- Strengthening of partnerships between rural and public health agencies and nursing education programs to promote public health nursing recruitment, CE, and research
- Establishment of minimum education standards for public health nursing practice
- Need for enhanced incentive programs, such as a loan repayment programs designed to attract well educated, diverse nurses to rural public health practice
NRHA Recommendations

- Development of creative distance education strategies (accessible PD and CE)
- Exploring strategies to encourage rural young people to pursue nursing careers
- Develop better communication and technological support for rural areas
- Address funding issues to support quality and equitable public health services for rural populations, including support for increasing salaries
Questions?