



# Primary Issues Impacting Rural Health in North Dakota and Contributing Factors

## Access to Care and Availability of Services

- Physical access, financial access, and organizational access
- Supply and demand for health professional workforce
- Viability of rural health facilities
- Changing population and economic conditions, particularly de-population and aging

## Health Infrastructure

- Health facility closures or concerns for future closure
- Limited number of options covering facility types or classification
- Supply and demand for health professional workforce
- Access to and costs of technology and quality of care measures
- Regulatory environment

## Health Professional Workforce

- Shortage and/or mal-distribution
- Growing incidence of chronic disease with demand for care and management
- Aging workforce
- Movement away from primary care
- Perceived issues toward rural, rural life style, payment and technology

## Quality of Care

- Costs for adaption and training/education resources
- Movement toward linking quality with payment and performance
- Linkage of quality with health information technology
- Statewide and/or regional support for systems of care

## Health Information Technology (HIT)

- Movement toward quality improvement and facility performance
- Costs associated with HIT conversion and maintenance
- Supply and demand for health professional workforce
- Access to training and costs of training workforce

## Emergency Medical Services (EMS)

- Heavy reliance on volunteers combined with volunteer shortages
- Limited management structure
- Majority of rural ambulance have limited number of runs
- Distance, weather, and location
- Financing and funding

## Finance and Funding

- Public and private reimbursement rates and levels
- Low volume and/or low utilization
- Reliance on a limited number of payment mechanisms
- Organizational structures/ownership structures
- Reimbursement not matching actual costs

## Networking and Collaboration

- Focus on resource sharing and creating new sources of resources
- Increase capacity and ability to respond to local/area needs
- Improve efficiency and effectiveness
- Development of trust and sense of mutual benefit for all partners

## Chronic Disease and Health Behavior

- Aging population is significant
- Majority of health costs associated with chronic disease
- Rates of chronic disease are higher in rural areas
- Limited resources to help manage disease

## Delivery System Reform

- Viability of rural health facilities
- Supply and demand for health professional workforce
- Payment mechanisms
- Limited services and low volume
- Role of HIT and quality of care

## Community and Economic Development

- Rural health facilities provide significant benefit to local community
- Viability of rural health facilities and of the community are intertwined
- Rural health facilities typically a top local/area employer
- Rural hospitals developing more hospital foundations and securing local tax revenue

## Health Insurance

- Lower rates of coverage in rural North Dakota
- Self-employed and small businesses
- Uninsured and under-insured impact to rural hospitals

### Sources:

North Dakota Flex Program and Critical Access Hospital State Rural Health Plan • An Environmental Scan of Health and Health Care in North Dakota  
[ruralhealth.und.edu](http://ruralhealth.und.edu) • [raconline.org](http://raconline.org) • [ruralhealth.und.edu/projects/escan](http://ruralhealth.und.edu/projects/escan) • [ruralhealth.und.edu/projects/flex/pdf/state\\_rural\\_health\\_plan112608.pdf](http://ruralhealth.und.edu/projects/flex/pdf/state_rural_health_plan112608.pdf)



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