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## **Improving the Odds**

### **Federal Funding for Health Projects In Frontier Communities**

-- National Center for Frontier Communities --  
-- National Organization of State Offices of Rural Health --

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## **Improving the Odds**

### **Session Agenda**

- **Introduction**
- **Frontier Areas and their Designation**
- **Health Service Systems in Frontier Areas**
- **Federal Funding Sources for Frontier Areas**
- **Strategies for Frontier Proposal Success**
- **Data for Frontier Proposals**
- **Conclusion/Evaluation**

## Why Identify Frontier Areas?

- Target populations which will likely require **public intervention** to assure a core set of health services.
- Public Purposes:
  - Assure the **geographic equity** of the health service system.
  - Establish a **standby capacity** of key services where low volume makes market solutions unlikely.

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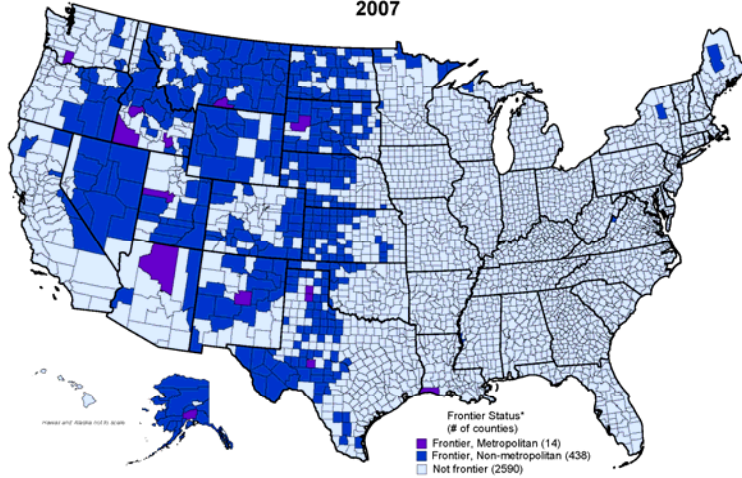
## What is Frontier: Variability in Frontier Areas

- **Maximum settlement size**
- **Number of settlements**
- **Population distribution**
  - Diffuse
  - Linear
  - Multi Linear
  - Concentrated
- **Terrain**
  - Mountain
  - Plains
  - Basin and range
- **Road infrastructure and quality**
  - Non-existent
  - Dirt
  - Gravel (Improved)
  - Paved F-M (ungraded)
  - Secondary
  - Primary
- **Land use**
  - Public Lands
  - Agriculture
  - Extractive Industry

## Alternative Frontier Definitions

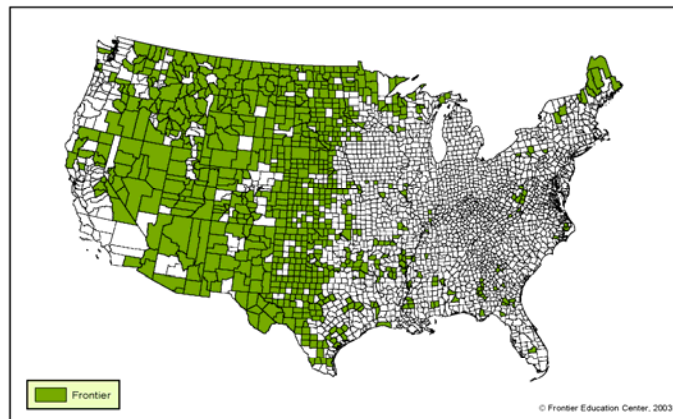
- **BHCDA Guidance:** Density, distance, outliers.
- **UNC-Sheps:** Density.
- **NCFC Consensus Definition:** Density, distance, outliers.
- **OAT Telemedicine Guidance:** density, distance.
- **WWAMI-RUCA:** RUCA code, distance.
- **[\*]CMS: Super-Rural:** distance, rurality.
- **[\*]Frontier HPSA:** Density, distance.

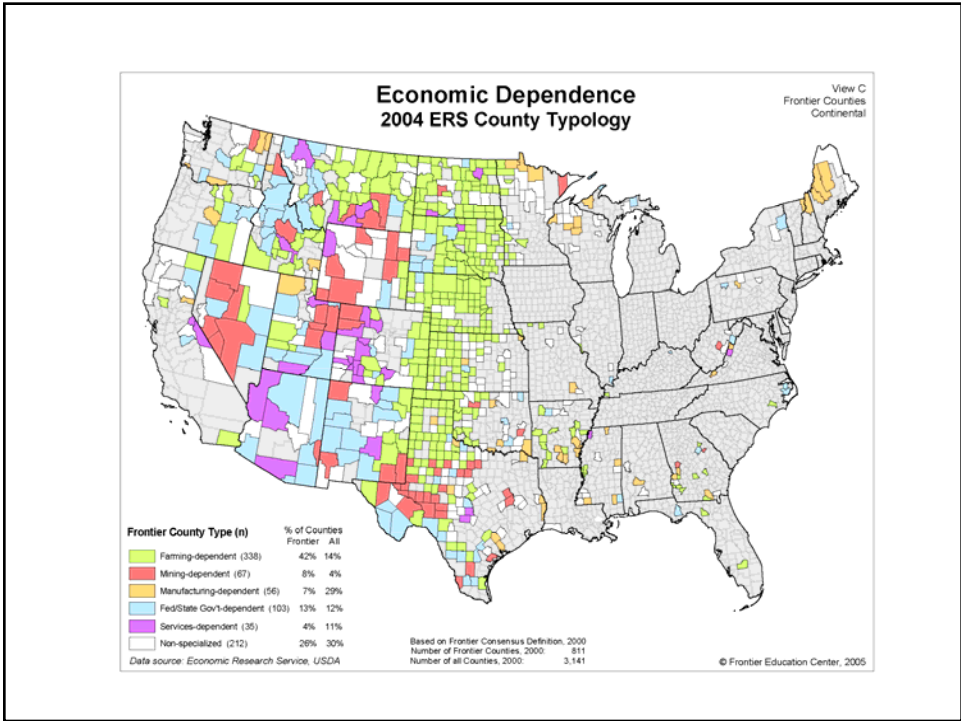
### Frontier Counties, 2007



\*Frontier counties are defined as having fewer than seven persons per square mile.  
Source: Area Resource File, 2006; US Department of Health and Human Services, Health Resources and Services Administration.  
Prepared by: The North Carolina Rural Health Research and Policy Analysis Center, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

### USA Frontier Counties, 2000 Consensus





## Frontier HPSA Provision in PPACA

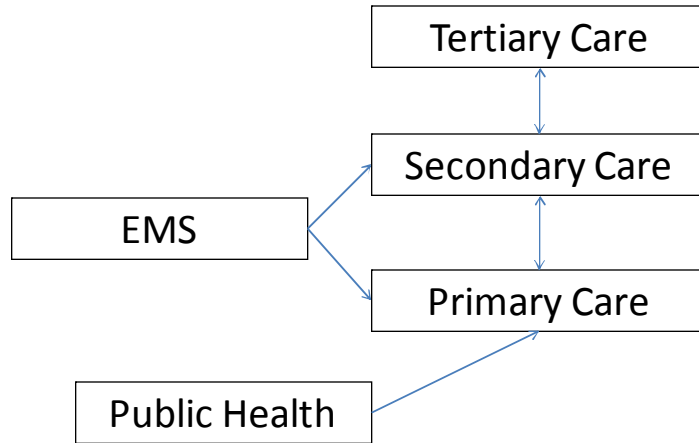
“(18) **Frontier Health Professional Shortage Area.**—The term ‘frontier health professional shortage area’ means an area—

- “(A) with a **population density less than 6 persons per square mile** within the service area [*not county*]; and
- “(B) with respect to which the **distance or time for the population to access care** is excessive.

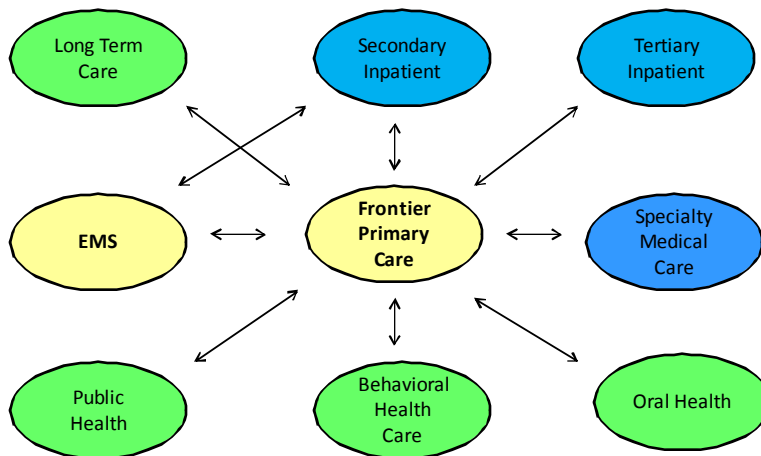
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### A Simple Health System Schematic



### A More Typical Frontier Health System



## System Building in Frontier Areas

- **Health services in frontier communities are unique:**
  - More limited local set of services.
  - Smaller number of healthcare providers.
  - Service area distances can be great.
- **Network building in frontier areas requires a special approach.**
  - To reach the core local set of services desired, service expansion may be needed.
  - Out of area agreements are necessary to assure a continuum of services for frontier community residents.
  - Distances may make economies of scale harder to achieve.
  - Both horizontal and vertical network building may require regional connections.

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## PPACA Provisions of Note

- **National Health Service Corps Expansion**
  - Authorization and appropriation of additional amounts for scholarships and loan repayments
  - New amounts appropriated over five years totaling more than **\$1 billion.**
- **Community Health Centers Expansion**
  - Authorization and appropriation of additional amounts for support of community health center operations, including new starts and expanded operations at existing sites.
  - New amounts appropriated over five years totaling more than **\$9 billion.**

## PPACA Provisions of Note [con't]

- **Nurse Managed Health Clinics**
  - Authorization of grant support for clinic operations headed by advanced practice nurses.
  - FY 2010-2012 funding opportunity issued totaling **\$15 million.**
- **New Collaborative Network Grants Authorized**
  - Community-Based Collaborative Care Networks
  - Health Homes for Chronic Conditions
  - Pediatric Accountable Care Demonstration
  - Community Health Teams for Patient-Centered Medical Homes
  - Home Visiting to Improve the Wellbeing of Children and Families

## Major ORHP Funding Programs

- **RURAL HEALTH OUTREACH PROGRAM**  
Grant support for service delivery through collaboration. Each grantee forms a consortium with at least two partners.
- **RURAL HEALTH NETWORK DEVELOPMENT PROGRAM**  
Grant support for the development of networks of at least three health care organizations that integrate systems of care administratively, clinically, financially and technologically. Typical award is \$180,000 annually for three years. Typical award is \$200,000 annually for three years.
- **NETWORK DEVELOPMENT PLANNING PROGRAM**  
One-year grant to support planning for development and implementation of health care networks. Typical award is \$85,000 annually for one year.

## Major ORHP Funding Programs [con't]

- **SMALL HEALTH CARE PROVIDER QUALITY IMPROVEMENT PROGRAM**  
Grant support to assist rural providers with the implementation of quality improvement strategies, while improving patient care and chronic disease outcomes. Average grant size \$100,000 annually for two years.
- **RURAL HEALTH WORKFORCE DEVELOPMENT PROGRAM**  
Grants support for the development of rural health networks that focus on activities relating to the recruitment and retention of primary and allied health care providers in rural communities. Typical award is \$200,000 annually for three years.
- **FRONTIER EXTENDED STAY CLINIC COOPERATIVE AGREEMENT**  
Grant support to examine the effectiveness and appropriateness of this new type of health care provider in certain remote locations

## ORHP Competitive Funding Cycles

|                     | FY 2008 | FY 2009 | FY 2010 | FY 2011 | FY 2012 |
|---------------------|---------|---------|---------|---------|---------|
| Outreach            |         | X       |         |         | X       |
| Network Development | X       |         |         | X       |         |
| Quality             | X       |         | X       |         |         |
| Network Planning    | X       | X       | X       | X       | X       |
|                     |         |         |         |         |         |

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## Strengths of a Frontier Health System Improvement Project

- **Key Message:** The relatively *small scale of systems* in frontier areas make them a *microcosm* of what might be accomplished in larger communities and an excellent *test bed for health system innovation*.
  - **Health System-Wide Interventions:**
    - With a relatively small number of healthcare providers, health projects can be system-wide.
  - **Community-Wide Coordination:**
    - A large percentage of the community's education, human service and faith-based institutions can be linked into the project, as appropriate.
  - **Population-Wide Intervention:**
    - The relatively small size of the target area permits the health project to serve a relatively high percentage of the target population.

## Strengths of A Frontier Project [con't]

- **Population-Wide Impact:**
  - With the population-wide intervention comes the ability to assess the population-wide impact of the health system innovation.
- **Community-Wide Support Improves Sustainability:**
  - Collaborating organizations can help provide ongoing support for the health project.
- **Low Overall Project Cost – High Cost-Effectiveness:**
  - The relatively small cost of a health project in frontier communities can make it an attractive investment for Federal funders.
- **Model for System-Wide Change in Larger Communities:**
  - Small health system improvements require the same mechanisms as large ones. These improvements can be tested at a smaller cost than in larger communities with a higher chance of success.

## Communicating the Strengths of a Frontier Health Project – An Example

- **Health System-wide Intervention**
  - “The proposed project will include participation of all primary care providers in the community. All local public health offices will refer at-risk children into the new oral health operations, with the WIC Program staff conducting a screening interview for all children participating in that service.”
- **Community-Wide Coordination**
  - “All primary schools in the target communities will participate in oral health screening and sealant program. In addition, family and community service volunteers associated with the major parish churches and Protestant congregations will refer into the program.”
- **Population-Wide Target**
  - “80% all at-risk children ages 1-5 will have been screened and referred into the new oral health operations, as appropriate. In addition, 85% of all at-risk children will have received oral health education in their schools and been provided with new toothbrushes, floss and toothpaste.”

## Communicating the Strengths [con't]

- **Population-Wide Impact**
  - “As a result of this project it is anticipated that 60% of all at risk children will have received sealants and fluoride treatments and will have been educated in proper oral health care. As a result of this, during the 3-year it is anticipated that there will be an 70% reduction in decay of primary teeth for this cohort, and, through age 18, a 50% reduction in decay of permanent teeth.”
- **Model of System-wide Change**
  - “The proposed project can be used as a model, and all operating procedures and materials, including all referral forms, education materials and clinical protocols will be made available to other communities wishing to replicate the effort.”
- **Sustained Support of Community-Wide System**
  - “After the end of Federal funding, outreach and referral coordination with school, public health and church agencies in the target area will continue. The local school district has modified its health education curriculum to include an expanded oral health component. It is anticipated that Medicaid and other third party payment programs will generate sufficient revenue to maintain the project’s clinical services. Public health and church agencies have created a community fund to help offset the cost of treatment for children who are uninsured.”

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## Sources of County Level Data

- **Demographic and Socioeconomic Data**
  - **State and County Quickfacts** – US Census Bureau pro-forma data profiles:
    - <http://quickfacts.census.gov/qfd/index.html>
  - **USA Counties** - US Census Bureau detailed county database:
    - <http://censtats.census.gov/usa/usa.shtml>
  - **American Factfinder** – US Census Bureau county/community report generator:
    - [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en)
- **Health Data**
  - **Quick Health Data Online** – DHHS online database for generating county reports:
    - [http://www.healthstatus2010.com/owh/select\\_variables.aspx](http://www.healthstatus2010.com/owh/select_variables.aspx)

## County Level Data Sources [con't]

- CDC Wonder – Online health database and mapping site:
  - <http://wonder.cdc.gov/whatsnew.html>
- CDC Data Clearinghouse – Listing of other key health databases.
  - <http://www.cdc.gov/DataStatistics/>
- **Health Resources Data**
  - HRSA Area Resource Files – combined databases of health resource information:
    - <http://arf.hrsa.gov/>
  - HRSA Geospatial Data Warehouse – custom report generator:
    - <http://datawarehouse.hrsa.gov>
  - State Health Department Websites
    - For example in Utah:
      - <http://ibis.health.utah.gov/home/Welcome.html>

## Sources of Input for Needs Assessment

- **Overview:** Most data other than basic demographic and socioeconomic data are not readily available below the county level. For frontier communities that are at a *subcounty* level, *estimates and other information* can be used to provide input to the needs assessment process.
- **Developing data for a needs assessment:**
  - **Subcounty estimation** based upon consensus percentages
  - **Agency Data**
  - **Surveys**
    - Population
    - Agency
  - **Expert Panels**
  - **Public Forums/Meetings**

## Steps for Establishing a Need

- **Provide local data measurement.**
- **Compare to State and National data.**
- **Show rank within State/Nation [distribution].**
- **Show that someone cares.**
  - Health Care Services
  - Human Services Agencies
  - Education Agencies
  - Business leaders
  - Elected officials
  - Religious community
  - General population

## Establishing a Need: Substance Abuse Example

- **Provide a data measurement:** “Harding County in 2002-6 had a alcohol-induced death rate of 25.5 deaths per 100,000 population.”
- **Compare to State/National figures:** “Harding County’s rate during this period was more than 50% higher than the NM Statewide rate of 16.9. Harding County’s rate was more than 3 times the US national rate of 7.0 during a comparable period.
- **Show Rank within State/Nation:** “Harding County’s rate ranks near the top of all counties in NM. It is higher than more than 27 of the State’s 33 counties, and is more than 50% higher than the median for all counties.”
- **Show that someone cares :** “The **Harding County Commission** has identified alcohol abuse as the *single most serious behavioral health problem in the county*. The Commission has held special forums on the issue and has heard testimony from **local church leaders and the business community** supporting the need to address this issue. The Boards and Administrations of both **The Roy Independent School District** and the **Mosquero Independent School District** have echoed the views of others on the seriousness of the problem, and have *committed themselves to participating in any proposed initiative.*”

## Conclusion: The Importance of Frontier Areas in Health Care Reform

- **Innovation Test Bed**: frontier and remote rural areas are excellent environments for demonstrating the new ***system-wide*** innovations of health care reform.
- **Accessibility Test Bed**: frontier and remote rural areas are excellent environments for testing how a re-engineered health care system can deliver health services to underserved communities more effectively.

## Organization Contacts

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