



Celebrating 25 Years of Leadership in Frontier Health Systems

Both the history and present activities of frontier communities were celebrated at the National Rural Health Association's Annual Conference in May. "It's exciting to be a part of a movement that started absolutely grassroots," says Carol Miller, who served as NRHA's original Frontier Constituency Group chair and later co-founded the National Center for Frontier Communities. "At first it was about drawing attention, but now frontier is just part of the conversation. The awareness of the differences of frontier has trickled down from the very first meetings NRHA had 25 years ago to even way outside of health care. That's something all of us should be proud of."

In 1986, the National Rural Health Care Association (now NRHA) was asked by the HHS Region VII Regional Health Administrator, Y.B. Rhee, to host a meeting in Kansas City to discuss frontier health care. A clinic administrator from the Sand Hills of Nebraska had shared articles analyzing the 1980 Census, which showed that the "frontier" still existed. HHS was interesting in learning more about the emerging consensus that the term rural represented a continuum of community types, much of which might be considered an extreme characterized by sparse population and distance to services.

This meeting led to the formation of the NRHCA Frontier Health Care Task Force and the first annual conference session in 1986, twenty-five years ago. The Task Force continued until the establishment of the Frontier Constituency Group (CG) in 1990. In addition to the CG, NRHA has

sponsored additional workgroups over the years, provided political advocacy on behalf of frontier and actively partnered in frontier efforts of other organizations.

This is a history with a happy ending; after 25years there is now national and state recognition of frontier in many fields in addition to health care.

Following the plenary session celebrating frontier, Carol Miller was honored for her leadership and endless contributions to promoting awareness of the unique value of frontier.

What Are Your Most Valued or Needed Frontier Resources?

In June, the National Center for Frontier Communities and the Frontier and Rural and Expert Panel conducted a needs assessment to determine the scope and type of support available to frontier communities. Forty three agencies and organizations were contacted and 27 organizations responded. Almost half of the respondents were universities which provide research, technical assistance and other services specific to rural and frontier areas. A third of the respondents were State Offices of Rural Health or state agencies. Services offered by these organizations are listed in Table 1.

Table 1: Top Rural and Frontier Services

Service Offered	% of Org
Technical Assistance	70.4%
Info Clearinghouse/Dissemination	63.0%
Data Collection and Analysis/Data Mapping	63.0%
Training/Education	59.3%
Public Policy/Advocacy	55.6%
Research Publication	48.1%
Programs/Direct Services	29.6%

Although over half of the respondents indicated that they do not differentiate between rural and frontier in program services, 40% stated that they do conduct policy or advocacy work specific to frontier. The top policy areas include development of the healthcare workforce, healthcare financing and emergency medical services. Only 16 of the respondents reported offering direct services to frontier areas. These services offered included:

- Program implementation assistance – 100%
- Needs Assessment Assistance/Planning – 83.3%
- Workforce Development – 66.7%
- Financing/loans/grants – 66.7%
- Policy Development – 66.7%
- Community and/or Economic Development – 33.3%
- Research development assistance – 16.7%
- Replication of Model/Evidence based practice – 16.7%

State Offices of Rural Health (SORH), located in all 50 states, are essential resources for building health care delivery systems in rural and frontier communities within their states (for a listing see <http://www.nosorh.org/regions/directory.php>). The SORH vary in size, scope, organization, and in services and resources they provide. Most are organized within the state health departments, but some are located in universities or not-for-profit organizations.

The Office of Rural Health Policy at the Health Resources Services Administration (HRSA) funds six Rural Health Research and three Rural Health Policy Analysis Initiatives Centers (<http://www.hrsa.gov/ruralhealth/policy/rhrdirectory/index.html>). These institutions conduct

research on rural and frontier health topics but may also provide assistance and information on policy issues, mapping and data.

Other key national resources dealing with frontier and rural issues include:

[Health Workforce Information Center](#)
[National Rural Health Association \(NRHA\)](#)
[National Rural Recruitment and Retention Network \(3RNET\)](#)
[Office of Rural Health Policy \(ORHP\)](#)
[Health Resources and Services Administration \(HRSA\)](#)
[Rural Assistance Center \(RAC\)](#)
[Technical Assistance and Services Center \(TASC\)](#)

Currently, the National Center for Frontier Communities is the only national organization dedicated solely to frontier communities. We partner with state and national resources to disseminate information specific to frontier. NCFC also initiates research and data collection on frontier policy and issue areas. You can find various publications, maps, data and manuscripts specific to frontier by accessing our website at www.frontierus.org.

NCFC and the Frontier and Rural Expert Panel will be using the survey results and other data gathered on frontier services, information, research and publications to identify critical gaps and strategies to develop resources that address such gaps. This information will be available in the Fall 2011 issue of Frontier News and Updates.

If you would like to share your thoughts on what resources have been most useful to you, or what support is needed regarding frontier policy, training and technical assistance please contact Susan Wilger, National Center for Frontier Communities at swilger@frontierus.org or (575)534-01010 ext. 2108.

“Update From the Frontier Constituency Group”

There’s rural, and then there’s frontier. “There is a huge variation between places considered rural or non-urban,” says Charlie Alfero, Hidalgo Medical Services CEO and the National Rural Health Association’s Frontier Constituency Group (CG) chair. “Certainly, access to health services in a community of 3,000 is different than a community of 30,000, yet they are both considered rural depending on who you ask.”

The Frontier Constituency Group gathered for its yearly face-to-face meeting on May 5th in Austin, Texas at the National Rural Health Association’s Annual Conference. Representatives of frontier communities from throughout the nation attended the session which focused on key issues of importance to members living and providing services in frontier communities. The issues fell into three areas: policy, training and education and research. The following recommendations were made by the constituency group and will guide the group’s efforts during 2011:

Research Recommendations:

Provide updated categorical bibliography going back 10 years that will include the following areas: frontier economics, frontier and public lands, frontier health status, definitions of frontier, access to health services, models of frontier health and social services, public expenses in frontier, cost of healthcare in frontier and capitation market penetration in frontier.

Training and Education Recommendations:

- Develop education infrastructure that includes tele-education.
- Develop regionalization of management services wher staff can be shared and/or contracted out by smaller health centers.

- Management Co-ops
- On-site technical assistance

Policy Recommendations:

Provide information and advocacy addressing the following policy areas:

- Frontier cost of care – Access guarantee vs. Cost based reimbursement impact.
- Long term care provisions such as family waivers for home health and Medicaid optional service applied to Medicare patients
- Regulatory issues to ensure access to insurance
- Sustainability of demonstration grants and projects
- Need to review policies such as PILT payments and farm bill where federal cuts could have significant impact on frontier communities.
- Medicaid optional service cuts at State level impact frontier disproportionately
- Visiting nurse service models
- Equity in urban vs. rural/frontier capitation models
- Veteran's Administration CBOCS and rural competition
- Home based services availability

If you are an NRHA member and would like to join the Frontier Constituency Group, please contact NRHA membership at SGreen@nrharural.org