

Mark Your Calendar!

[Agency for Healthcare Research and Quality's Annual Conference](#)

September 9-11
Bethesda, MD

[Teledentistry Webinar](#)

September 12

[Rural Health Clinic and Critical Access Hospital Conferences](#)

September 25-28
Kansas City, MO

[Understanding Medicare Webinar](#)

October 2 and 3

[National Association for State Health Policy Annual Conference](#)

October 15-17
Baltimore, MD

[Combating Health Disparities: American Academy of Pediatrics Annual Conference](#)

October 19
New Orleans, LA

[American Public Health Association Annual Meeting & Exposition](#)

October 27-31
San Francisco, CA

[Summit: Science of Eliminating Health Disparities](#)

Oct. 31– Nov. 3
National Harbor, MD

[National Rural Health Day](#)

November 15

[Rural Multiracial and Multicultural Health Conference](#)

December 4-6
Asheville, NC

Community Health Worker Model for Care Coordination: A Promising Practice for Frontier

As health care costs continue to skyrocket and states embark on Medicaid expansion as a result of health care reform legislation, the Center for Medicare and Medicaid Services (CMS), state governments and others are looking for promising practices to improve health outcomes while containing health care costs. One promising practice is care coordination services, with growing evidence as an effective and efficient model to achieve desired health care outcomes, lower health care costs and improve patient health care experiences.

An increasing number of states and organizations, including several states with significant frontier areas, are looking at how community health workers (CHWs) can be utilized to carry out care coordination services. As the fields of care coordination and CHWs move towards more formalization there is great opportunity to further

define the role of CHWs as care coordinators.

These changes are currently taking place within an environment where integration of health care services and systems, provision of more and low/no cost preventive services and addressing social determinants of health are high on the agendas of federal and state governments.

NCFC in consultation with the Frontier and Rural Expert Panel has spent the last 12 months taking an extensive look at the CHW care coordination model and how this model is applied in several frontier states, including Alaska, Montana, Minnesota, New Mexico, Oregon and Texas. Emerging



A community health worker talks to a client in her home (Image source: Partners in Health)

issues relating to workforce development, regulation, funding and policy were also identified.

The future development of the community health worker model for care coordination hinges on the following:

→ States and organizations need to clarify the core functions and scope of practice for CHWs.

(Continued on page 2)

NCFC Revamps Website, Adds New Resources

Since January 2012, NCFC staff has been updating the NCFC website with new content, features and resources. Here are some of the changes we've made so far:

Refurbished homepage featuring NCFC's updated vision and mission statements, plus a clean new look.

Updated links page featuring new resources and a user-

friendly interface.

New library page, which brings together all of the written resources housed on the NCFC website. These include reports by NCFC, the updated NCFC bibliography, and Peter Beeson's rural literature recommendations.

Up-to-date policy issues page, which will be updated every month to highlight a cur-

rent policy issue that affects frontier communities.

The NCFC website is a resource for you, and we would love to get your input on how we can continue to improve it. If you have any ideas for content, resources, or features you would like to see added to the NCFC website, please let us know!



Community Health Workers provide care coordination in several frontier states

Community Health Workers (Continued from Page 1)

- There is no standard definition for care coordination. Care coordination functions, roles and responsibilities of all team members need further clarification and integration.
- There is growing interest among rural and frontier states to define and develop the care coordination function of CHWs.
- The Affordable Care Act and other policies provide a promising and positive environment for the development and implementation of CHWs in care coordination models.
- New financing models that are flexible and focus on patient health outcomes, rather than fee-for-service, is needed.
- Care coordination needs to be valued and supported by private insurance and managed care organizations, in addition to public payers.
- Training programs for CHWs and medical providers need to include the role, function and value of CHWs in the care coordination process during post-graduate training and through continuing professional development.
- Quality assurance and supervision of CHWs in providing care coordination services must be structured into workforce development initiatives.
- Further research on CHW care coordination should include application in frontier areas. Common metrics for the CHW model of care coordination should be developed.
- Integration of CHWs into the healthcare team will require building trust, collaboration and referral systems within clinics that have CHWs and between clinics and non-clinical CHW providers.

For more information about the CHW model of care coordination contact Susan Wilger at swilger@frontierus.org or call 575-534-0101 ext. 2108.

“There seem to be a couple of possible causes behind [the shrinking number of designated frontier areas], some reflecting real change, some perception.”

A Shrinking Frontier?

In June 2012, NCFC finalized a set of maps of areas identified as frontier, including one map showing the change in areas identified as frontier between 1990 and 2010. And from the looks of it, America’s frontier is shrinking. Nearly every state had fewer frontier counties in 1990 than in 2000, and in some states the difference was espe-

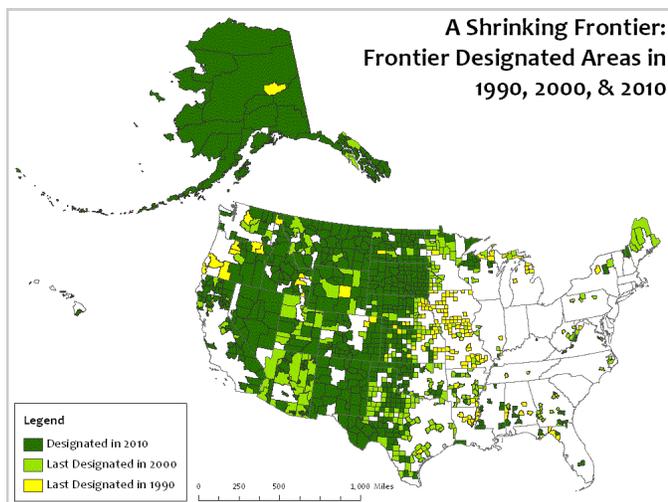
cially dramatic. Missouri and Iowa had a large number of frontier counties in 1990, but neither state had any frontier counties in 2010. And Arizona lost over half of its frontier designated areas between 2000 and 2010.

But what is causing these changes? To help answer this question, we talked to Professor Deborah Popper, who has studied population changes in the American frontier. “I find the shrinkage interesting,” says Popper. “There seem to me to be a couple of possible causes behind this, some reflecting real change, some perception.” According to Popper, not all of the counties which lost their frontier status between 1990 and 2010 have had population increases. This could mean that some states see no advantage in distinguishing rural from frontier. “What you may also be seeing is a response to some of the changes that have improved frontier services, and so less need to distinguish between

rural and frontier,” says Popper.

In the west, earlier frontier population growth plus the recent expansion of cities is probably responsible for the decrease in frontier areas, says Popper. In Wyoming, North Dakota, and the Southern Plains, the energy boom and the influx of people that came with it may be the reason why the number of frontier counties in that region has decreased.

Another reason that some areas are no longer classified as frontier is that some states have changed the way they classify frontier areas since 2000. Arizona, California, and Hawaii all used areas smaller than counties to identify their 2010 frontier areas. The result is that while certain parts of some counties that were classified as frontier remain classified as frontier, other parts of those same counties lost that designation between 2000 and 2010.



Frontier areas in 1990 (yellow), 2000 (light green), and 2010 (dark green)

NCFC Bids Farewell to Marissa Farlie, Welcomes Jade Zamora

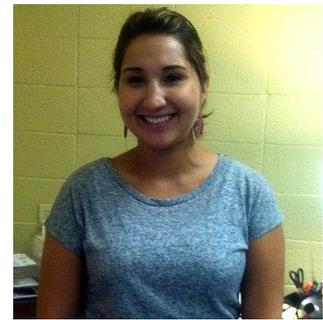
As summer comes to a close, NCFC is saying goodbye to Marissa Farlie, who served as NCFC's administrative assistant for the past year. Marissa will be pursuing a Bachelor's degree in Sociology at Western New Mexico University. We thank her for all her hard work this past year, and wish her the best of luck

in her studies!

We are also very excited to welcome Jade Zamora as NCFC's new administrative assistant! Jade will be doing financial management and general administration for NCFC.

Jade recently completed her Master's degree in Business Administration at Western New Mexico University. As a student,

Jade completed two graduate assistantships. Jade helped create an action plan for downtown Silver City, New Mexico as an intern with Community by Design. She is also a volunteer with the Silver City Main Street project. We're very happy to welcome her to NCFC!



Jade Zamora

The Affordable Care Act and the Rural Physician Shortage

“Being insured makes no difference if you cannot find a doctor in your area.”

National Rural Health Association

The Affordable Care Act (ACA), the health care reform law recently upheld by the U.S. Supreme Court, will extend insurance coverage to most Americans by 2014. This could be good news for residents of very rural and frontier communities, where on average 23% of people lack insurance, compared to the national average of 16%. But will increased access to health insurance mean increased access to care for frontier residents? Not unless rural and frontier physician shortages are reduced, say rural health experts.

According to the American Association of Medical Colleges, there will be a national shortage of 63,000 doctors by 2015. By 2025, that shortage could increase to 130,600. The ACA contains a variety of provisions aimed at reducing physician shortages, many of them targeted specifically to rural and frontier areas. The National Rural Health Association highlighted the ACA's rural workforce provisions in a [recent letter](#):

- **Rural Physician Training Grants** to help medical colleges develop rural recruitment and training programs;
- **Expanding Area Health Education Centers**, which aim to improve the supply, distribution, diversity and quality of the healthcare workforce;
- **Funding to develop new**

primary care residency programs in Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), and community-based settings;

- **New provision to redistribute unused residency slots.** The provision protects rural programs from losing slots and prioritizes the redistribution of slots to rural programs and rural training tracks;
- **New investments in the National Health Service Corps**, a program which is critical to addressing the provider shortage crisis in rural America;
- **New grant program to improve primary care training;**
- **Creation of the National Health Care Workforce**

Commission, which will provide policy recommendations to enhance the health care workforce.

The [American Association of Medical Colleges](#) and the [American Medical Association](#) have said that in addition to the ACA's workforce provisions, legislators also need to raise the current cap on Medicare-funded residency positions to effectively reduce the physician shortage. But the current legislature is unlikely to direct more funds to Graduate Medical Education (GME) programs, and has instead [proposed GME cuts](#). The question now is how much the ACA will be able to reduce the physician shortage by 2014, when millions of Americans will become insured.

Cancer Care

Did you know that you can attend free informational or support sessions by telephone or computer every month? Cancer Care is a national non-profit organization that offers free professional support services--including counseling, support groups, education, financial assistance and practical help--to anyone affected by cancer. Visit www.cancercares.org to learn more.



National Organization of the State Offices of Rural Health

NOSORH supports the development of state and community rural health leaders; **creates and facilitates state, regional and national partnerships** that foster information sharing and spur rural health-related programs/activities; and enhances access to quality healthcare services in rural communities.