

# Annual Report July 1, 2002 – June 30, 2003

*f*rontier  
education  
center



Board member Louis LaRose, President Gar Elison and Picuris Pueblo Bison Program Manager, Danny Sam on a field trip to look at a NM project supported by the Center.



From the field to  
Washington, DC --

***working for the  
health***  
of frontier communities

Board Vice-President Caroline Ford, HRSA Administrator Dr. Elizabeth M. Duke, and Executive Director Carol Miller at the ORHP All Programs Meeting

# **Annual Report 2002-2003**

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**"I spoke to a SPRINT rep about getting cell service in [my] area, he said "We have done extensive study of the area and have found a major technical problem, there are more sheep in the area than people and until there are more people than sheep we will not offer service in that area" ... Earthlink made a similar statement with the added phrase "when you choose to live in rural area you have to adjust to doing without certain conveniences" as an employee of Earthlink I drive approx 100 miles per day and have much better attendance than most."**

**From an email with the subject line:  
discrimination in rural living  
New Mexico**

## **Board of Director's Report, Gar Elison, President**

The Board of Directors of the Frontier Education Center submits this report for Fiscal Year 2003. With competent staff, the Center is fulfilling the goal of educating policy makers on the needs and conditions of Frontier America, and on the value of Frontier America to the whole of the nation.

This year the Board held its annual meeting in Santa Fe, New Mexico where we were joined by Steven Hirsch, the Center's federal Project Officer from the Office of Rural Health Policy in Rockville, Maryland. Meeting at the Center's offices provided the Board the opportunity to meet and interact with various resources used by the Center to assure that it is well managed and fiscally responsible. The Board met individually with the fiscal management office and the Certified Public Accountant who oversees the accurate filing of all state and federal reports. We are pleased that the report from each provided assurance that the daily affairs are in good condition and staff is following recommended standards and procedures. After evaluating these reports and reviewing policy and procedure with staff, the Board believes the Center is being operated in a fiscally prudent and professional manner and meeting the terms of the contracts with HRSA and the Office of Rural Health Policy.

The Board reviewed the effectiveness of the Center's outreach efforts, operating as the Local Projects Division. The Board visited a project for which the Center acts as Fiscal Agent, conducted a performance evaluation of the Executive Director, and set objectives for the Center for the next three years with annual work activities. In the opinion of the Board, the Center is effective as a resource and referral center and also in serving as the National Clearinghouse for Frontier Communities.

The Board is pleased that the amount of interaction at major conferences and policy meetings has increased, that many more states are contacting the Center for help in understanding frontier conditions, and that both staff and board have been invited on behalf of the Center to present at a wide variety of national meetings of professional associations. This participation has provided numerous opportunities to network, and exchange concepts and data in finding solutions to rural issues. The value of this assistance is reflected in the positive comments and appreciation expressed by the many entities asking for assistance.

These interactions continue to be across a wide array of interests, ranging from healthcare to education and economic development. The Board is committed to maintaining the excellence of the Center, improving its credibility, and advocating on behalf of the concerns and needs of the frontier regions.

***The Center's mission is to be the national clearinghouse, conduct research, provide education, and offer leadership on issues of importance to frontier communities.***

## **Executive Director's Report, Carol Miller**

The Frontier Education Center recently completed its sixth year of operations, and I am happy to report that it has been a very productive year. More detail on specific accomplishments follows later but I want to share a few highlights.

### ***The frontier rides on the information highway***

The Internet works! Last year we went online with our website [www.frontierus.org](http://www.frontierus.org) and it has been a great success. That might seem obvious, but we were not sure how much impact our website would have meeting the diverse needs of frontier individuals all the way up to national policy makers. We can report, without hesitation, that it is an amazing tool for widely scattered people and organizations. The dream to develop a 'virtual community' for all of frontier America is coming true.

Many people are finding their way to us. We respond to them in various ways. We provide technical assistance, refer them to others, commiserate when they share a sad story, and rejoice in their successes. Scattered throughout this annual report are excerpts from people who found us while searching the web, were referred to our website, or knew of us and checked out the site on their own.

### ***Great people***

It is hard to talk about all of the wonderful frontier people that we have met, written, interviewed, brain-stormed with, and been supported by without sounding corny - but hey, a lot of corn is grown in the frontier -- and to all of you we offer our sincere thanks for helping to build a national voice for the enduring American frontier.

### ***Student Interns***

We were very lucky this year to have had two fantastic student interns, Jill E. Sherman, MPH and Emily Zinn.

Jill is a doctoral student in medical geography at the University of North Carolina at Chapel Hill. She earned her MPH at Johns Hopkins and worked around the world for 8 years in international population and development programs. At UNC, she has been a research assistant on the AHRQ-sponsored Mountain Health Care Accessibility Study exploring the effects of geographic factors on health care accessibility and utilization in western NC. For the Center, Jill made a series of maps updated with Census 2000 data, assessed the potential impacts of the new OMB 'micropolitan' designation, and prepared a report on seasonal population fluctuations.

Emily is an undergraduate at Willamette University in Salem, Oregon and will be graduating in 2004 with a BA in Economics. Emily worked on a number of economic development reports including the first *Innovations* monograph, a glossary of economic development terms and resources and a briefing paper on the impacts of agricultural globalization on U.S. farmers.

We wish Jill and Emily well in their future careers – these are two very talented women.

### ***Special thanks***

I want to send special thanks to Marcia Brand, PhD, Director of the federal Office of Rural Health Policy for her ongoing support of the Center and for her clear understanding of the unique nature of frontier communities.

## National Clearinghouse for Frontier Communities

Growth of the Clearinghouse continues to be exponential, primarily through providing technical assistance, and outreach.

**“The Colorado Rural Health Center directed me to your website today to learn about the new definition of frontier areas. I see the maps and tables with Colorado information which is very helpful.”**  
**Colorado**

### **Technical Assistance**

The Clearinghouse provides technical assistance in several key ways: through the website and referrals, by disseminating our research on specific topics and by responding to information requests and questions.

### **Website**

The website, [www.frontierus.org](http://www.frontierus.org), “went live” in the fall of 2002. Feedback on the website has been very favorable. It has been described as informative, easy to use, and attractive. Many people who find the website contact the Center. Most have specific questions, requests for technical assistance, or are in need of referrals to other organizations and agencies. Others contact us just to express how happy they are to have found us. We have expanded the library of frontier materials, including disseminating two annotated bibliographies, one developed by the Center and one developed by rural leader, Pete Beeson of Nebraska. These bibliographies are helpful to both professionals and community members.

**“In doing research today I stumbled across your Web site—and found it to be a gold mine of information for my writing (I’m a freelance writer who focuses on the Interior West—from the 100<sup>th</sup> to the 120<sup>th</sup> meridian). I’m only sorry I haven’t found you sooner, but better late than never!”**

**Montana**

We continue to develop collaborative relationships with organizations that have contacted us through the website. These collaborations not only strengthen our organization, but also build a stronger voice for frontier issues.

A major website update is underway, which will facilitate the continued expansion of the site, the inclusion of additional research reports, updated maps, and additional links to other partner organizations.

**“You are SOOOO wonderful!! Thank you for taking the time to get these [definition of frontier counties, summary statistics for states and US, legislation, i.e., Senate Safety Net bill, definitions used by HRSA] to me!”**

**Montana Primary Care Office**

### **Serving as a Resource**

The Clearinghouse is beginning to be recognized as a resource for people with questions about frontier issues or those wanting to share information. State Offices of Rural Health are currently the source of many referrals, but the Center has logged inquiries from various other state offices, as well as federal agencies, policy makers, students, faculty at colleges and universities, private foundations, grant writers and other non-profits. The Center has documented more than four hundred contacts from people all over the nation (and even a few foreign countries) with requests for information and/or technical assistance.

**“While researching the subject of ‘frontier’ for a grant I’m writing for four hospital districts, I discovered your site and it gave me the first thorough look at what this means, the issues, etc. Thank you (all) for putting this great info together. I haven’t looked at all of the docs on the site yet, but intend to do so when the grant is in the mail. . . Thanks again for a really great job of describing the situation of frontiers – I was amazed and somewhat heartened to discover that we’re not alone by a long stretch, and that someone actually cares about that!”**

**Washington**

### **Outreach**

Outreach consists of presenting and exhibiting at conferences around the country, leadership appointments in key organizations, participating as an expert in federal grant reviews, and media and advertising.

## Conferences

Because a number of national meetings were held in New Mexico this year, it was possible for the Center to participate, exhibit, and present at a larger number of conferences and meetings than usual.

**Presentations:** Abstracts were accepted and presented at four conferences.

- Rural Women's Studies Association National Conference in Las Cruces, New Mexico, February 2003.
- National Rural Health Association Annual Conference in Salt Lake City, Utah, May 2003.
- The Clock is Ticking for Rural America: A Behavioral Health and Safety Conference, Kansas City, Missouri, May 2003 (two papers accepted and presented).
- Alzheimer's Association, Rural Summit in Cheyenne, Wyoming, May 2003. Carol Miller, Executive Director, opened the conference.

**"It was great pleasure to talk with you earlier today re: the frontier definition in relation to Missouri counties. I shared our conversation with our Director of Rural Health Services, and he agrees that he would welcome the opportunity to work collaboratively with you in any way we can to work to resolve the tremendous need for varying definitions of rural."**

**MU Center for Health Care Quality**

**Exhibitions: The Center exhibited at seven conferences.**

- National Association of Rural Mental Health, Santa Fe, NM, August 2002.
- USDA, National Small Farm Conference, Albuquerque, NM, September 2002.
- National Rural Women's Health Conference, Washington, DC, September 2002.
- Rural Women's Studies Association and National Association of Farm and Ranch Museums (joint conference), Las Cruces, NM, March 2003.
- National Rural Health Association, Salt Lake City, UT, May 2003.
- Alzheimer's Association Rural Summit, Cheyenne, WY, May 2003.
- The Clock is Ticking for Rural America: A Behavioral Health and Safety Conference, Kansas City, MO, May 2003.

**"As per our discussion of last week re: ---- Health System's CHC New Access Point, I am attaching a partial DRAFT project description. The DRAFT budget is also included. I am completing the budget narrative, governance and readiness sections today, and will forward to you today if necessary. Do you have any comparable figures or statistics for costs for providing care in a similar frontier area?"**

**A grant writer, Utah**



**Participant:** The Center participated in five additional conferences.

- Rural Health Research Funding and Networking Symposium, ORHP, Washington, DC, August 2002.
- Rural Matters, RUPRI, Nebraska City, NE, October 2002.
- Software Training: GIS – Arcview, ESRI, Taos, NM October 2002.
- Rural Minority Health Conference, NRHA, San Diego, CA, December 2002.
- Health Action 2003, Families USA, Washington, DC, January 2003.

**“It was such a pleasure meeting you last week at the Rural Health Conference in Salt Lake. It looks like I will start working more on rural health issues soon. I would love to sit down, at some point, and talk to you both about what you do and rural health in NM.”**

**New Mexico Medical Review Association**

## **Appointments**

Carol Miller, Executive Director was appointed to the following organizational leadership positions:

NRHA – NACHC Joint Task Force, two meetings a year, Washington, DC.

NRHA Government Affairs Committee, three to four meetings a year in various locations.

**“Thanks for helping me out last month by sending your draft report showing Frontier Definitions. It was interesting reading and certainly provided us with some good information to include in the manuscript that we are preparing for journal submission looking at the Alaska Community Health Aide Program (CHAP). So, thanks again for your willingness to share that information!”**

**Alaska**

## **Grant Reviews**

Executive Director, Carol Miller, is frequently asked to participate on Objective Review Committees (ORC) for federal programs. During this past year, Miller provided expertise to ORC's for the HRSA Office for the Advancement of Telehealth and the Office of Rural Health Policy, Rural Automated External Defibrillator and Rural Health Outreach Grant Programs.

## Media and Advertising

Two major articles were written about the Frontier Education Center this past year. The first appeared in the March 2003 issue of *Enchantment*, the New Mexico Rural Electric Cooperative Association monthly newspaper. The article on small community economic development entitled “Where are the Jobs?” by editor Don Begley, contained a lengthy interview with Carol Miller. Miller discussed the differences between rural and frontier economies and the impacts of structural barriers in state and federal programs that make it difficult for small communities to participate in many existing economic development programs. The article quotes Miller, “We don’t want more money [from the government],” she says, “we just want fair rules.”

The second article was a June 20, 2003 RUPRI editorial by Tom Rowley entitled “Life on Frontier is Tough; Policies Make it Tougher.” Rowley writes a weekly editorial on rural topics and his piece on the Frontier Education Center helped to highlight some of the economic and health services problems facing frontier communities.

Rowley concluded with the thought that “Through land ownership, policies, and programs, the federal government drives the economy on the frontier. In places--by omission, commission, or both--it’s driving it straight into the ground. The eight million people who live there and provide the Nation with food, fuel, and a whole lot more deserve a whole lot better.”

We couldn’t agree more.

The Center purchased a half page advertisement in the NRHA Membership Directory, where it was given the choice location of the Table of Contents page. In addition, NRHA offered a free, half page, four-color ad in its first issue of *Rural Roads*, its new quarterly magazine.

**“I just discovered your very interesting website on Frontier communities in the US; I am a reporter from Belgium and I have always had a keen interest in rural life in America.”**

**Antwerp, Belgium**

## Research

This past year, the Center has produced four research and policy papers that identify issues, document conditions, and propose solutions for frontier communities. All four papers are posted on the Center’s website at [www.frontierus.org](http://www.frontierus.org).

**“Your information is very helpful. Thank you for offering to send copies of your file of related articles.”**

**North Dakota**

## ***Frontier Communities: Leading the Way with Innovative Approaches to Behavioral Health***

This Report provides an overview of the problem and then shares ways that frontier communities are responding. Providers, consumers, and community leaders were interviewed about the programs highlighted in the report. A resource list for individuals and community members is included. Policy recommendations are made in five categories:

1. Increased recognition of the problem;
2. Training, recruitment, and retention of providers;
3. Insurance reform;
4. Recognition and support for Dual Diagnosis; and
5. Support for drug and alcohol use prevention.

## ***Frontier Youth: Living on the Edge***

This Report presents data on high-risk behavior among frontier youth. Underlying the data on risky behaviors, are the findings that all of the 50 poorest counties in the U.S. (100%) are frontier. Save the Children Federation in 2002, identified 42 of 100 counties with the highest child poverty rates as frontier and 202 of the 500 counties with the lowest per capita income. These high poverty rates are largely the result of the structure of the frontier economy; people in frontier areas are poor, not because they do not work, but because their jobs do not pay them enough to lift them out of poverty. The report also shows that although youth in many areas have excessive rates of very high-risk behavior, other communities are lower than the national average. This finding reinforces the Center's position that there is great variability among frontier communities and that 'when you have seen one frontier community, you have seen one frontier community.'

**“Currently, I am working on an application for federal Community Health Center funding for an organization in -----.. . . What I am trying to document is that indicators such as health status, health outcomes, and other disparities exist for a very rural/frontier population living in the service area. . . . Anyway, before I go on forever, thank you again. Some of your hints are very helpful, especially the IHS. I know about them, but have never used their information as a source. Now I will check that out. I have added Frontier USA web site to my usual round of sources and will be checking back as I do this and other work.”**

**A grant writer, Maine**

## ***Seasonal Population Fluctuations In Rural and Frontier Areas, Phase One: The View From State Offices of Rural Health***

A two-part report compiling available data on seasonal population fluctuations, known impacts on health services, and how affected communities cope with these fluctuations. In the first part, State Offices of Rural Health were asked to share information on how seasonal population swings impacted their state and twenty-six states responded. The data showed that many rural and frontier areas are heavily impacted by seasonal population fluctuations and that these fluctuations create stress on health systems. The second part of the report is a detailed resource guide to finding additional information about seasonal population changes, how seasonal impacts are identified, and the federal and state agencies that collect and analyze this data. The study found that there is no uniform system for collecting seasonal data, and in high impact states data is gathered by numerous agencies with differing degrees of collaboration and integration of data. Future work on this project has the goal of helping states and communities learn from each other, documenting effective strategies to cope with these fluctuations, as well as identifying barriers to adequate provision of services to both temporary and permanent populations.

**“The Frontier Education Center is beginning a project to assess seasonal population fluctuations in frontier areas. . . . CHHC is asking communities to share their story regarding this manner [sic]. Not only will your story assist the Frontier Education Center, but you will also educate Coloradans about your community and what steps you are doing to provide better healthcare services to our migrant population.”**

**From *Special Delivery ONLINE*  
Newsletter of the Colorado Rural Health  
Center, Winter 2003**

### ***Innovations: A Project to Highlight Model Communities***

The *Innovations* project identifies a community each year which demonstrates that it is a ‘model that works’ in improving health services and economic health. Once the community has been selected, an in-depth case study is done and a monograph is written to generate ideas and create tools that can be used by other communities.

***Innovations: Integrating Health Care With the Economic Health of a Community***  
***Hidalgo Medical Services, Lordsburg, New Mexico***, is the first in the series. Hidalgo County was selected because they understood that they could only be successful

economically by building on locally held assets. These include the board of Hidalgo Medical Services, the Mayor of Lordsburg, Hidalgo County Commission, key business leaders and community members all sharing a commitment to improve their community. Their vision is focused on all aspects of community life: health care, housing, and small business development. In a very rare occurrence, a community health organization has also become the county economic development organization. Through the leadership of Hidalgo Medical Services, health care has improved with consistent caregivers and a new facility, and economic health is becoming a reality. Strong community support and involvement and reinforcing existing assets have been the main elements of success for this area. In a small community, it is necessary to invest in what already exists and grow from the local level. These investments work to better the community as well as to keep money circulating in the local economy.

## Directors

**Gar Elison**, Utah, President

**Caroline Ford**, Nevada, Vice President

**Betty F. King**, Arizona, Secretary and Treasurer

**Harriet Brandstetter**, New Mexico, Board Member

**Louis LaRose**, Nebraska, Board Member

**Frank J. Popper**, New Jersey, Board Member

**Carol Miller**, New Mexico, Executive Director

**“I hope I am writing to the appropriate person. I am a doctoral candidate of information technology in education at the University of Nevada, Reno. I am looking for current definitions of ‘frontier’.”**

**“Thank you very much, Carol! That’s exactly what I was looking for! And thank you for Caroline Ford’s information. She sounds like a wonderful local contact.. Once I am done with my dissertation (approx. 8/2003), I will definitely contact you with my information on how you can link to it from your site. If I have further questions I will contact you or Caroline.”**

**University of Nevada, Reno**

## Contact the Center

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**Email: [frontierus@frontierus.org](mailto:frontierus@frontierus.org)**

**And be sure to visit: [www.frontierus.org](http://www.frontierus.org)**

**“I am a general physician in the northeastern Indian state of Assam. I am interested, & willing to work as an integral part of the healthcare team anywhere in rural America on a permanent basis. . . I would sincerely appreciate, if you could point me in the right direction, as to how I can be permanently employed with the rural American healthcare system.”**

**Assam, India**