

## 20 Years of Primary Care Planning

Alphonse Karr wrote “The more things change the more they remain the same.” Or do they? If we’re talking about primary care services in rural Oregon, it all depends on the community. 2003 marks the twentieth year since the Oregon’s Primary Care Service Areas were formed.

The Office of Rural Health (ORH) undertook the task of dividing the state into planning areas for the provision of primary health care services in 1983. Primary Care Service Areas were formed to determine conditions of health status and identify difficulties in the delivery of primary care to rural communities. Planning staff determined that, within each Service Area available, demographic and health data could be organized into meaningful units for the assessment of health care needs.

Service areas around the state are defined using the following criteria:

- The population center is generally located more than 30 minutes in travel time (15 miles on secondary roads, 20 miles on primary roads, 25 miles on interstates) from the next closest location of health resources.
- The defined area is not smaller than a single zip code.
- The defined area contains a population of more than 1,000 people.
- The area constitutes a “rational” medical trade or market area considering topography, social and

political boundaries, and travel patterns. Additional considerations for trade areas are boundaries that:

- Fall within the hospital service area from the most recent hospital patient origin studies,
- Are congruent with any existing special taxing districts (i.e. health or hospital districts),
- Have evidence of other health resources (i.e., dentist, pharmacist, or other health care practitioners); and
- Include a population with a local perception that it constitutes a “community of need” for primary medical care services and demonstrates adequate capability for financial support of at least a single mid-level provider (800 to 1,000 minimum population).

When the service areas around the state were first determined in 1983, there were seven areas with populations under 2,500 that were identified as having no primary care services. Three of these service areas were deemed to have “major problems.” They were Long Creek in Grant County, South Harney in Harney County and North Lake in Lake County.

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## National Rural Health Association Offers Informative Session at Annual Meeting

*By Sandra Assasnik*

The National Rural Health Association’s Annual Conference always offers something new to learn. Below is a summary of a great session I attended.

***Rural Innovative Approaches to Developing a Healthcare Workforce, by Harold Brown, of Prairie Du Chien Memorial Hospital, Prairie Du Chien, WI.***

Mr. Brown’s enthusiasm for developing and implementing a successful recruitment and retention program was contagious. Participants left the session well informed and inspired.

Prairie Du Chien has the lowest turnover rate of the eighteen rural hospitals in Wisconsin, and the hospital boasts a five-year retention rate of 71.4%. Mr. Brown credits this high rate to both his “Grow Your Own” recruitment program and a variety of retention programs.

Prairie Du Chien starts recruitment programs at the elementary school level and continues working with students through high school. Local schools, teachers are invited to spend their summers working in the hospital and learning about health care careers. They, in turn, encourage their students to pursue careers in health care.

The hospital scholarship program grants money to current health professions students, which they will not have to pay back if they take a job at Prairie Du Chien. If the student decides not to pursue a health professions

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Each of the three service areas now has access to primary care. Long Creek and Monument regularly welcome visiting providers from the Strawberry Wilderness Clinic in John Day, who offer primary care to the community. In Lake County, the community of Christmas Valley has a rural health clinic, the North Lake Clinic. With technical assistance from the Office of Rural Health, the residents of North Lake County formed a health district to support the clinic in 2001. The North Lake Clinic serves not just the community of Christmas Valley, but also smaller surrounding communities.

South Harney has also improved its health status. A mobile clinic from Harney District Hospital visits the communities of Drewsey, Crane, Fields and Frenchglen about once a month to provide primary care.

The four service areas of Detroit in Marion County, Glide in Douglas County, Monroe in Benton County and Blodgett-Eddyville in Benton and Lincoln Counties were considered areas with "significant problems." The areas have enhanced their health status and ability to deliver health care to community members.

Monroe, in Benton County, has a school-based health clinic. The clinic, which is housed at the Monroe High School, sees both students and area residents. Monroe is no longer considered a Medically Underserved Area (MUA) or a Health Professions Shortage Area (HPSA; for complete details on designation definitions please see our web site [www.ohsu.edu/oregonruralhealth](http://www.ohsu.edu/oregonruralhealth), under the 'What is "Rural"?' section).

The Umpqua Community Health Center of Roseburg has a satellite office in Glide, offering the area important primary health care services. The Umpqua Community Health Center recently received a federal grant to expand its services in Glide.

Blodgett-Eddyville, which covers sections of Lincoln and Benton Counties, has lost 4.9% of its population over the last ten years. The community of 1,262 has had a difficult time trying to start a clinic when existing consumer patterns are long established. In Detroit, Marion County, the population has fallen 7.6% since 1990. Now, with a population of 704, primary care delivery is impractical.

Primary Care Service Areas changed the way the Office of Rural Health delivered services to rural populations in Oregon. By forming units of measurement for health status and health care delivery issues, ORH staff has been able to tailor technical assistance programs to a community's specific needs. For more information on Primary Care Service Areas and ORH Technical Assistance programs, call Paul McGinnis or Troy Soenen at 503-494-4450, or toll-free at 1-866-674-4376. Please visit our web site at [www.ohsu.edu/oregonruralhealth](http://www.ohsu.edu/oregonruralhealth).

## Russian Officials Learn About Rural Health in Oregon

The Office of Rural Health hosted an informal meeting for fifteen Russian physicians visiting Oregon in June 2003. The purpose of the visit was to learn more about integrated public health programs in rural and remote areas.

Office of Rural Health staff shared issues affecting rural health care with the international visitors, and followed this with a lengthy question and answer period. With the help of two interpreters, the doctors asked numerous questions on many subjects and were eager to learn all they could about rural health care in the U.S.

Karen Whitaker, Vice Provost, Center for Rural Health, shared some of the similarities between health care in rural Oregon and Russia. She noted that both places face hurdles of remoteness, poverty, a large elderly population and a lack of provider availability. Ms. Whitaker also discussed the patchwork of health care funding options available to rural and remote communities. Noting how tightly knit rural communities can be, she explained the sense of community that can come from an entire population working to overcome health disparity.

L. J. Fagnan, MD, Director, Oregon Rural Practice Based Research Network, generously offered his time to answer questions about everything from clinical medical standards of care and levels of trauma to the certifications required to perform deliveries in the U.S. Dr. Fagnan explained the many programs that offer medical students exposure to rural practice, and how rural practitioners access continuing medical education and stay linked with their colleagues through consultations. Many of the Russian doctors took the opportunity to ask Dr. Fagnan not only about obstetric clinical practice procedures, but also about his experiences working as a rural family doctor for sixteen years in the community of Reedsport, Oregon.

Paul McGinnis, Director of Field Services, Office of Rural Health explained health system models including the differences between a non-profit practice, a government supported clinic and a private for-profit practice. He explained economies of scale, quality of care and innovative ways small communities ensure health care for themselves. Mr. McGinnis answered questions about pre-natal care data, low-birth weight as an indicator of health status and the infrequency of mortality for mother or child during delivery. He also discussed how health status data collection could aid a community in successfully determining its health care needs.

These visitors were invited to the U.S. under the auspices of the State Department's International Visitor program. With the dissolution of the Soviet Union, maternal and child health experts

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have been exposed to innovations and experiences from many international organizations. By participating in the International Visitor program, Russian health care providers saw these innovations as an integrated public health approach aimed at creating healthy mothers, babies and community members.

Through interpreter Kristina Terra, Dr. Lazukin Valerly P., Moscow Health Committee said, "...this is one of the most informative meetings we've had during our visit. Thank you very much."

## Rural Health Conference

The 20<sup>th</sup> Annual Oregon Rural Health Conference, "*Influencing Rural Health Policies: Your Toolbox for Building Healthy Communities*", will be held October 2 - 4, 2003 in Newport, Oregon. The conference brochure is now available on-line at [www.ohsu.edu/oregonruralhealth/confbrochintro03.html](http://www.ohsu.edu/oregonruralhealth/confbrochintro03.html). On-line registration is available, however, due to prohibitive fees and on-line security issues, we are no longer able to accept credit card payments.

The Oregon Association of Hospitals and Health Systems, the Oregon Rural Health Association and Oregon Health & Science University Office of Rural Health sponsor the conference. The Oregon Rural Health Association will hold its annual meeting at the conference on Friday, October 3, 2003 from 4 to 5 p.m.

Pre-conference workshops, inspirational plenary sessions and educational concurrent sessions offer participants the chance to exchange ideas, information and expertise among peers. The Rural Health Conference always presents networking opportunities for individuals and organizations involved in rural health care issues.

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degree, or becomes employed elsewhere, the 'scholarship' becomes a loan that the student must pay back to the hospital. If a position at the hospital is not available, the loan is forgiven.

The hospital retains employees through a variety of programs. Childcare and wellness programs are available. Employees participate on advisory teams and in quarterly meetings where feedback is invited. When quarterly operations gains are met, employees are given financial rewards. Recognition awards are given each quarter for outstanding efforts. These retention programs are based on a foundation of organized communication between the hospital administration and its employees.

Mr. Brown provided excellent ideas and evidence that recruitment and retention can be implemented successfully in rural communities. Office of Rural Health staff attend NRHA conferences to learn from others around the country. For more information on recruitment and retention services, please contact Sandra Assasnik, Recruitment Services Coordinator, 503-494-4450; toll-free 866-674-4376; or email [assasnik@ohsu.edu](mailto:assasnik@ohsu.edu).

## The Oregon Story: Country Doctors, Rural Medicine

The practice of health care in rural Oregon is rich with colorful characters, wonderful stories and disturbing problems. "Country Doctors/Rural Medicine," a new addition to OPB's Oregon Story series, offers viewers a hefty dose of each. This program, airing Tuesday, November 4 at 9pm (repeating on Sunday, November 9 at 1pm) paints an often entertaining, character-driven portrait of modern rural medicine. Yet, another message runs through this hour, too: health care is in trouble in rural Oregon.

Today's country doctors defy stereotypes. They may speak with a drawl and drive a pickup. And come elk season, they'll often disappear into the woods with everyone else in town. But these are some of the finest health-care professionals in the state, who tend to practice a sort of whole-person care rarely seen in urban medicine.

Yet even in the care of such skilled practitioners, rural Oregonians face a bleak health care future. Rural doctors, nurses, dentists and other providers are in critically short supply, and the situation is getting worse, because as rural populations grow poorer and older, the practice of medicine there gets less profitable. For rural communities, the challenge of recruiting and keeping medical professionals is becoming ever more difficult.

"Country Doctors, Rural Medicine" is filled with unique characters, whose down-home humor and engaging stories reveal surprising wisdom and sophisticated insights. Viewers will hear tales of snake-handling cowboys and loggers crushed by trees, of a "deer smashing" dentist and a ranch woman's unique skills with needle and thread.

"Country Doctors" also explores and explains the problems that plague rural health care and makes no bones about the looming crisis. Yet this program looks forward with hope. It is unabashed in its celebration of the successes of rural medicine and strongly suggests that rural practice is a uniquely rewarding experience, which up-and-coming medical professionals might do well to consider.

The Oregon Story series explores Oregon's ever changing social, cultural and economic relationships with the land. An online site provides additional facts, educational tools and a starting point for further discovery supplements each story. More information is available on the Web at [opb.org/programs/oregonstory/](http://opb.org/programs/oregonstory/). The Office of Rural Health contributed to this program by providing data on Oregon's health districts assembled by Emerson Ong, Data Coordinator.

# TRAINING & CONFERENCE INFO

## October 2 - 4, 2003

Rural Health Conference  
Best Western Agate Beach Inn, Newport, Oregon  
Oregon Office of Rural Health, OHSU  
[www.ohsu.edu/oregonruralhealth](http://www.ohsu.edu/oregonruralhealth)

## October 9 - 11, 2003

2nd Annual Critical Access Hospital  
Western Crown Center Hotel, Kansas City, Missouri  
National Rural Health Association  
Robyn Henderson, 816-756-3140, [Henderson@NRHArural.org](mailto:Henderson@NRHArural.org)

## November 3 - 4, 2003

Oregon in Action: 0 Health Disparities, 100% Access, Part II  
Columbia River DoubleTree Hotel, Portland Oregon  
Oregon Public Health Association, 503-890-4925  
[www.oregonpublichealth.org](http://www.oregonpublichealth.org)

**The Office of Rural Health  
would like to hear from you!**

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