

Testimony on HB 1142
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Senate Human Services Committee-Chairman, Senator Judy Lee

Good morning, Chairman Lee and committee members. My name is Brad Gibbens, I am the Acting Director of the Center for Rural Health, located within the UND School of Medicine and Health Sciences (SMHS). I am also the Principle Investigator for the Area Health Education Center (AHEC) Program Office which is located in our office. I would first like to thank you, and your fellow legislators, for providing support since 2013 for healthcare workforce development activities, supported by the AHEC. A word on my background. I have been directly involved with rural health, at CRH, since 1985. Health workforce has been a focus of CRH since the office was created by the legislature and the UNDSMHS in 1980. If there is an issue that is constant in rural health it is finding ways to improve access to vital health services, and that involves building a viable health workforce base. AHEC is a critical step in doing this.

As background, the federal AHEC grant program was developed by Congress in 1971 to recruit, train and retain a health professions workforce committed to underserved populations. North Dakota was actually classified as a “1st generation AHEC” as the School of Medicine had an AHEC grant in the mid-1970’s which was used to establish the four medical campuses that are still in operation. The federal grant dollars ended sometime in the early-to-mid 1980’s; nevertheless, new federal opportunities for states developed in the 2000’s. Today, 48 states and the District of Columbia operate AHEC programs with more than 261 centers operating across the country.

In 2008, the Center for Rural Health was awarded a new AHEC grant through the federal Bureau of Health Workforce, Health Resources and Service Administration (HRSA), Department of Health and Human Services (DHHS). AHECs have a continual focus on improving the health care system by working with academic institutions, health care settings, health and commerce related agencies and/or associations, and community-based organizations. Through these longstanding partnerships, the AHECs employ traditional and innovative approaches to develop and train a diverse health care workforce prepared to deliver high-quality, team-based care, with an emphasis on primary care for rural and underserved communities. We appreciate the important partnership we have with the ND Department of Commerce. Their focus on working with the private sector (including health institutions) and the academic sector is vital in creating employment options. They are critical to the AHEC and its function.

CRH is home to a number of health workforce related programs and efforts: This includes the following:

- AHEC,
- Health workforce specialist who works with rural communities on recruitment and retention including state and federal loan repayment, the national recruitment data base 3RNet, residency program visits, and Primary Care week;

- Yearly Scrub Camps hosted in rural communities and two Scrub Academies (one at the UNDSMHS) to provide K-12 students opportunities to learn about health careers and interact with health professionals;
- Partnership with the ND Department of Health's Primary Care Office; and
- Health workforce related data assessments.

We also collaborate with our UNDSMHS Department of Family and Community Medicine on a process to assist rural organizations and communities be stronger practice sites, support and staff the Rural Health Interest Group which is a volunteer process at the UNDSMHS for medical and MPH students to learn about rural health and practice factors, and engage with many state wide associations and interests groups to develop greater coordination of efforts. Having a comprehensive approach to address rural health workforce is essential.

AHEC's are federally required to; 1) be administered through medical schools (unless there is not a medical school in the state); 2) obtain a 1:1 non-federal match; 3) establish regional centers off-campus in rural and/or underserved communities' and 4) distribute 75% of the federal funds to the (two) regional centers. In addition to the program office, ND has two regional AHEC centers. One is located in Mayville (Eastern AHEC) and the other located in Hettinger (Western AHEC). The Center for Rural Health, administers the federal grant and is designated as the AHEC State Program Office. The federal AHEC program guidelines task the Program Office with supporting and guiding the regional centers. The CRH uses the (25 percent) federal funds (and transfers 75 percent of federal funding to the two regional AHECs), to support the regional centers with program activity/participant tracking, evaluation, graphic design, web design and maintenance, communication/promotion so they can utilize their time and resources for grass root programs which you will hear about today. For UND there is also a 1:1 non-federal match, and as this is a training grant the indirect payment rate for the federal funding is 8 percent. It is important to note that the State funding received since 2013, administered through the ND Department of Commerce, as well as other non-federal funding is utilized only in the two regional centers. The request for state funding does not go to CRH or the UNDSMHS. It is for direct service through the Hettinger and Mayville offices.

At CRH we view recruiting and retaining primary care providers, and other health professionals, as the primary responsibility of local health care facilities. Our role is to facilitate, assist, identify resources, and administer programs that assist the local providers. However, we also know the reality of how stretched the limited staff and finances are in our rural communities. Therefore, the AHEC, and other statewide partners are integral to expand the reach of local recruiting efforts by coordinating activities and leveraging a variety of resources. As is common in most initiatives, building collaborative trust relationships is fundamental to success. The AHEC staff has successfully served as "the glue" that brings the needed resources to communities, local health organizations, health providers, schools (e.g. elementary/secondary/post-secondary), and others, to improve health workforce options and opportunities for all North Dakotans. As you will hear today, from the regional director's, workforce development is multi-faceted and we need a team. Collaboration is a key to addressing rural health issues and AHEC is a collaborative model with many partners and a close connection to the community. It is critical to approach this at various points along the workforce pipeline – "growing our own" through K-12 activities; supporting health professional students in rural community-based learning opportunities; and assisting with recruitment of health professionals. As a testament to the impact of the AHEC, we have included several letters of support and/or testimony from key stakeholders/partners.

Thank you for the past support and for the opportunity to present today.

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