

CENTER *for* RURAL POLICY and DEVELOPMENT

Seeking Solutions for Greater Minnesota's Future

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Center to co-sponsor cross-border conference on rural issues

The Center for Rural Policy and Development and the Rural Secretariat of Canada are pleased to announce that they will be co-sponsoring back-to-back symposiums in 2007 and 2008 addressing common issues of rural development. The two-day symposiums, one to be held in Minnesota, the other in Canada, will explore what issues rural communities in the Upper Midwest have in common with their counterparts in Canada, look at innovative programs and policies at work in both countries, and give development professionals and policy makers an opportunity to exchange ideas and partner on solutions.

Canada is the United States' largest trading partner, and that is especially true in Minnesota and the surrounding states, where billions of dollars in trade in agriculture and manufactured goods move back and forth across the border each year.

"The upper Midwest of the U.S. has a lot in common with the rural communities of Canada," said Jack Geller, president of the Center for Rural Policy and Development. "Even though we're in two different countries operating under two different federal governments, there is still a lot for us to learn from each other."

The first symposium will take place in Minnesota in September 2007.

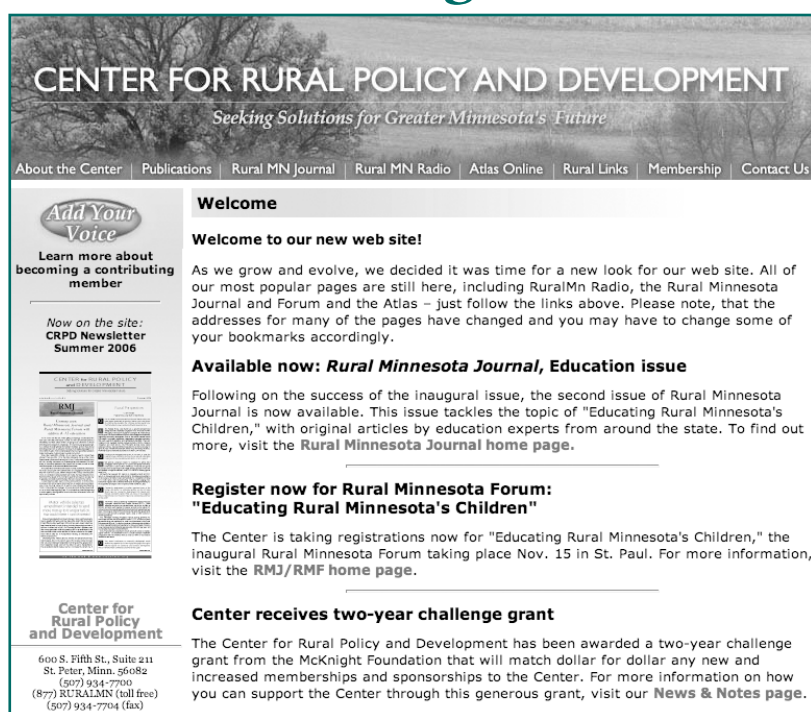
Bush Foundation Supports Center's Rural Civic Engagement Initiative

We were extremely pleased to receive word earlier this month that the Board of Trustees of the St. Paul-based Bush Foundation approved a \$225,000 grant to the Center for Rural Policy and Development in support of our new Rural Civic Engagement Initiative. The funds, which will be disbursed over three years, will be used to support the statewide publication and distribution of the Rural Minnesota Journal; statewide convening activities led by the Rural Minnesota Forum; and our continued efforts to enhance the Atlas of Minnesota Online.

"The participation of the Bush Foundation brings the number of major Minnesota foundations supporting this effort now to four," said Center president Jack Geller. "Needless to say, we are extremely pleased and excited about the opportunity these foundations have provided us to shine a spotlight on a variety of salient issues important to rural Minnesotans and the communities they reside in."

Additional information about the Center's new initiative can be found at its website at www.ruralmn.org.

Center web site gets new look



The screenshot shows the website's header with the logo and tagline. A navigation menu includes: About the Center, Publications, Rural MN Journal, Rural MN Radio, Atlas Online, Rural Links, Membership, and Contact Us. The main content area features several sections: 'Add Your Voice' with a link to learn more about becoming a contributing member; 'Now on the site: CRPD Newsletter Summer 2006'; 'Welcome' section with a message about the new website look and a link to the Rural Minnesota Journal home page; 'Available now: Rural Minnesota Journal, Education issue' with a link to find out more; 'Register now for Rural Minnesota Forum: "Educating Rural Minnesota's Children"' with a link to the registration page; and 'Center receives two-year challenge grant' with a link to the News & Notes page. The footer contains the Center's address and contact information.

Those who have visited the Center web site lately have probably noticed that it's sporting a new look. All of the Center's same great content is still there, including research reports, newsletters, RuralMn Radio, and the Atlas of Minnesota Online. Check out especially the new Rural Minnesota Journal and Rural Minnesota Forum pages, where you can register online for upcoming forum on "Education Rural Minnesota's Children," or our Contributing Members page, where you can make a contribution to the Center.

Please note, though, that many of the web page addresses have changed, so it may be necessary to update bookmarks.



Rural Perspectives

Dr. James Boulger,
Center for Rural Mental Health Studies
University of Minnesota Medical School, Duluth

Q *As a faculty member at the Duluth campus of the University of Minnesota Medical School, please tell us a little about the medical school, its history and how it ties in with the U of M Medical School in the Twin Cities.*

A The school began when the Minnesota legislature realized in the late 1960s that Minnesota – and the rest of the nation – was facing a growing crisis in access to medical care. Studies by the Hill Family Foundation, the Carnegie Foundation and the federal and state governments clearly documented the need for additional training of physicians, particularly the need for more family physicians. Medicine had become much more specialized and the number of medical school graduates choosing general or family medicine had markedly decreased. In Minnesota, there were tremendous shortages of family physicians in rural and small communities. At that time, the University of Minnesota Twin Cities Medical School was the only medical education program in the state, graduating approximately 130 physicians annually. In 1969, the legislature allocated \$340,000 to the University for the "establishment of a separate basic sciences program as a part of an additional medical curriculum in the State of Minnesota." On September 20, 1972, the University of Minnesota Duluth School of Medicine opened its doors to the first class of 24 students, presenting a curriculum designed to educate students interested in rural and small community family practice.

Times change, of course, but our mission remains largely the same in 2006 – with the addition of the charge to educate high quality Native American physicians as well. This year, the first-year class in Duluth numbers 58 students. Today, the two campuses of the University are accredited as one school with two campuses. There is one Dean of the Medical School, with a Senior Associate Dean for the Duluth campus.

Q *Why did the school choose family practice in rural areas as a primary focus, and how successful has it been in graduating physicians who then go on to rural practices?*

A There was (and remains) a great need for family physicians in Minnesota and the nation. Rural areas are largely served by family physicians as their primary caregivers within medicine. Unfortunately, the number of graduating U.S. medical students entering Family Medicine has gradually declined over the past ten years nationally and regionally. Today, most medical schools have Departments of Family Medicine, but the number of graduates selecting this specialty is not great – only 8.5% or so of all U.S. medical school seniors.

Students who go to medical school in Duluth do not follow this pattern. Since its inception, the UMD school has consistently led the nation in the proportion of graduates selecting Family Medicine as a specialty (50.1% for all students graduating from the opening of the school through 2006) and practicing in smaller and rural communities (50% in non-urban

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Next Rural Minnesota Journal to be on health care

The increasingly important topic of health care will be the subject of the next Rural Minnesota Journal. "Examining Rural Health Care" will look at several aspects of the delivery of health care in rural Minnesota, including articles on the availability of health insurance in rural Minnesota, telemedicine, rural pharmacies, emergency medical services, and the future of long-term care and the health care workforce. The articles in every Rural Minnesota Journal are authored by experts from across the state. This next Rural Minnesota Journal will be released in February 2007. Like all our publications, RMJ is free. If you would like to help sponsor the Health Care issue of the Journal, please contact Larry Anderson at (507) 934-7700 or toll-free (877) RURALMN.

To order a copy of our current Journal, "Educating Rural Minnesota's Children," use the order form on page 2 or contact the Center toll-free at (877) RURALMN.



Atlas continues to grow and improve

The U.S. population hit 300 million last month (or at least was estimated to have). Such a milestone, of course, unleashed a flurry of speculation and commentary on what population growth means to the future of the nation. Since the U.S. reached 200 million in 1967, the population has shifted from northeast to southwest, with the bulk of the growth in the Sunbelt states and the bulk of the loss in the Midwest and older industrial cities.


Population, or more accurately, the change in population and the various groups that constitute a population, is *the* key factor in policy questions concerning everything from who's paying the taxes to provide the services to who is using those services.

For this reason, the Center for Rural Policy and Development is continuing to improve and add on to our Atlas of Minnesota Online. This fall we have begun a system of monthly updates – updating one chapter a month – on our county data, and soon we will be adding municipal data.

Minnesota hit the 5 million mark five years ago, in November of 2001, and since then has grown an estimated 2.7% (as of July 1, 2005). But that growth varies dramatically around the state. With the Atlas of Minnesota Online, we are working to provide up-to-date information for everyone who needs to understand the demographic workings of Minnesota.

From population change to population projections, housing, health care and infrastructure, the Atlas of Minnesota Online offers easy-to-access information as close as your computer, available 24 hours a day, no special skills required. And best of all, it's free.

Find the Atlas of Minnesota Online by following the links on our web site at www.ruralmn.org.



RMJ
Rural Minnesota Journal

Winter 2007

Examining Rural Health Care

Yes, I would like to order the Center for Rural Policy and Development's *Rural Minnesota Journal: Examining Rural Health Care*.

Please send me _____ copies of RMJ. I have enclosed \$3 per copy for shipping and handling.

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

_____ Please put me on the Center's email list to be notified of future Center publications and events. (You may unsubscribe at any time.)

<p><i>Make your checks payable to:</i> Center for Rural Policy and Development 600 S. Fifth St., Suite 211 Saint Peter, MN 56082 (507) 934-7700</p>	<p>All CRPD publications, including RMJ, can be downloaded for free at www.ruralmn.org.</p>
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News and Notes

MART to sponsor statewide telecom survey

The Center is pleased to announce a \$5,000 donation from the Minnesota Association for Rural Telecommunications in support of the annual statewide telecom survey. The survey, which the Center has been conducting since 2001, is the only comprehensive measurement of computer and Internet use among Minnesota households. Each year it provides valuable information such as how many Minnesotans are using computers and the Internet, where high-speed access is available, how much people pay for their access and what people are willing to pay.

MART's donation will be matched by the Center's McKnight Foundation Challenge Grant, as will all new and increased contributions to the Center in 2006-07.

RMJ in libraries statewide

The Rural Minnesota Journal can now be found in libraries statewide thanks to distribution partner MINITEX. The MINITEX Library Information Network is a publicly supported network of academic, public, state government and special libraries offering a variety of services to the public through the local library, including the Inter-Library Loan system and a vast array of electronic databases (the ELM and MnLink systems).

RMJ will be delivered to libraries through MINITEX as each issue comes out (spring and fall).

Center signs Memorandum of Agreement with USDA Rural Development in Minnesota

Citing their similar goals and objectives, the Center for Rural Policy and the Minnesota office of USDA Rural Development have signed a memorandum of agreement recognizing the value and importance of both organizations in serving the interests of rural Minnesota. While not creating a formal partnership, the memorandum of agreement simply means that the Center and Minnesota office of USDA Rural Development will seek out opportunities where they can work together on future projects, and they will work to maintain strong communications and keep each other aware of their organizational directions. One of the first projects for the Center and the Minnesota office of USDA Rural Development to collaborate on will be the Center's Cross-Border Symposium, a joint conference with the Canadian government set for 2007.

Yes, I would like to become a member of CRPD.

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Please choose a level:

Individual	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> I have enclosed a check.
Organization	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> Please bill me.
Benefactor	<input type="checkbox"/> \$1,000 or more	<input type="checkbox"/> May we e-mail your invoice?	

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Occasionally the Center will publish lists of members in publications and on our web site. Please check here if you do not wish to be included in these lists.

Thank you and welcome to our new and renewing members

Benefactor

Minnesota State University, Mankato
Minnesota Power, Duluth
Minnesota Association for Rural Telecommunications (MART), St. Paul

Organizations

Paul Bunyan Rural Telephone Coop., Bemidji
Blue Valley Sod, Winnebago
Bugbee & Associates, St. Paul
Northwest Minnesota Foundation, Bemidji
Northeast Entrepreneur Fund, Inc., Virginia
Brown County Rural Electric Association, Sleepy Eye
BENCO Electric Cooperative, Mankato
Community Health & Environment, L.L.C., Mankato
United Hospital District, Blue Earth
Sawbill Outfitters, Tofte
Greater Mankato Economic Development Corp., Mankato
MINITEX Library Information Network, Minneapolis
AgStar Financial Services, Mankato
Itasca Economic Development corporation, Grand Rapids

Governmental Partners

Lake County Board of Commissioners, Two Harbors

Individuals

Dan Tait, Litchfield
Louis Hohlfeld, Minneapolis
Deborah Staley Brunson, Spring Valley
Scott Antilla, Harmony Works, St. Paul
Marnie Werner, Mankato

Thanks to the more than 100 foundations, businesses and organizations, government partners and individuals who so generously continue to support the work of the Center for Rural Policy and Development. The first two issues of the *Rural Minnesota Journal*, our first Rural Minnesota Forum and the Atlas of Minnesota Online, plus our continuing research are some of the important work our contributors have helped support in 2006, and we have even bigger plans for 2007.

If you are thinking about gifting opportunities before the end of the year, we hope you will consider making a tax-deductible contribution to CRPD. Your support helps keep the Center's research and information tools free and accessible to all Minnesotans. And now, **your support will have double the impact as any new and increased contributions will be matched dollar for dollar by the McKnight Foundation.**

To make a contribution, or to learn more about the Center, please call us toll-free at (877) RURALMN, contact us at crpd@ruralmn.org, or visit our web site at www.ruralmn.org.

Late last month, in front of 25 Latino leaders across Minnesota, the Center for Rural Policy & Development released its latest report examining Latino students in our public schools. We released this new report in cooperation with the Chicano Latino Affairs Council to assist Latino and non-Latino leaders alike to better understand the opportunities and challenges facing Latino students in Minnesota today.

The report documents a very interesting story about these students. First, Latino students are the fastest growing racial and ethnic cohort in our student population today. Since 2001, total enrollment of Minnesota students has actually declined about 3%. In other words, we now educate approximately 3% fewer students across the state than we did in 2001. But while total statewide enrollment numbers have declined slightly, Latino student enrollments soared over the same period of time by more than 38%. Consequently, if for no other reason than that, we should be paying attention to this important group of students.

The report goes on, however, to methodically describe how this fast-growing student cohort also seems to be the cohort that is finding the least academic success. Using data from the Minnesota Comprehensive Assessments (MCA) and the Minnesota Basic Skills Test, the report documents an achievement gap between Latino and non-Latino students all across Minnesota. Starting at grade 3 and continuing through grades 5, 8, 10 and finally graduation, the findings reveal a substantial and persistent achievement gap, suggesting that regardless of their best efforts, our schools have yet to find a reasonable and effective strategy to help close this gap.

But the story doesn't end there. The report goes on to document the incredible mobility of Latino high school students and their families from school district to school district, along with their mobility both in and out of Minnesota. Interestingly, this mobility seems to be much more of an issue for students in rural school districts than for those in the metro area. In the Saint Paul district, for example, approximately 3.5% of the Latino students

A Pattern that must be Broken

Jack M. Geller, Ph.D.,
President

move across school districts or out of Minnesota each year. In Minneapolis, that number can be as high as 6% or 7%. However, in some rural school districts, more than 20% of Latino high school students simply leave the state of Minnesota for a period of time during the school year. Clearly, for those educational advocates who believe that consistency and stability are key ingredients for academic success, such a high mobility rate has to be disturbing.

On the brighter side, the study findings seem to suggest that if Latino students stay in school through grade 12, they have a very reasonable chance of graduating with their class. Unfortunately, above-average mobility rates along with above-average dropout rates make it far less likely that Latino students will stay through grade 12. That is our challenge!

So, here's what it all comes down to for me. First, we have to understand that this growing cohort of Latino students will soon emerge as a significant component of our state's future workforce. Second, like most of you, I, too, have a vision for the quality of life in my community in the future – you know, after I am retired and out of the workforce. And to be perfectly honest and blunt, nowhere in my vision is there any room for the future workforce in my community to be comprised of 20% to 30% unskilled workers. What type of businesses will we be able to

grow or recruit with such a workforce? What kind of quality of life would that bring?

Given the rapid rise of Latino student enrollments, that's exactly the fate of some communities if we don't figure out how to help these students find greater academic success. We can't afford to allow this situation to continue much longer, or some of these communities will wake up one day soon to find a poorly skilled workforce, completely unprepared and unqualified to fill the jobs of the future. Too much is riding on our ability to figure this out. We simply have to do better.



Rural Perspectives

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communities with populations smaller than 20,000). Overall, the University of Minnesota ranks third in the nation in the proportion of its students selecting training in Family Medicine, a proportion four to five times higher than the national average.

To help students prepare for a practice in a rural area, many of the Duluth students participate in the Rural Physicians Associate Program. This program places medical students in rural and small communities throughout Minnesota for their third year of medical school. This year, 60% of students who began at Duluth selected the RPAP training option.

Q *The Duluth campus is home to several departments and centers, one of which is the Center of American Indian and Minority Health. What is the mission of this center and how is it benefiting Native Americans and Minnesotans in general?*

A The number of Native Americans trained in medicine when the Duluth school opened was horribly small – only twenty American Indian physicians graduated from medical school in the United States in the twenty-two years prior to the establishment of the Duluth medical school campus! Duluth initiated the Native Americans Into Medicine program in 1974, and this year, we have nine Native American medical students in the first-year class in Duluth – quite a change. The University of Minnesota graduates more Native American physicians than any other medical school in the United States, except for the University of Oklahoma.

The University of Minnesota Center of American Indian and Minority Health (CAIMH) strives to raise the health status of the Native American population by educating Native American students in the field of health care and Indian health. The Center provides support to Native American students as they attain their medical degree, helping many to return to their communities to deliver culturally sensitive health care to their own people. The Indian Health Pathway program, developed by CAIMH to support American Indian students, starts at the K-12 level and supports students through undergraduate and medical school, stressing the importance of allowing each American Indian student to retain their unique qualities and belief systems as they progress through the education system. All stages of the Indian Health Pathway include academic monitoring, training in cultural competence, experiential and service learning, research, and professional development.

By training excellent Native American physicians – many of whom practice within the IHS or tribal health systems – the health of this population has been and will continue to be provided a culturally competent and excellent level of health care.

Q *Another center is your program, the Center for Rural Mental Health Studies. What were the origins of this center and why focus specifically on rural mental health?*

A This Center was begun with the recognition that more than 50% of visits that patients make to family physicians are for health problems that have significant social/behavioral components, such as anxiety, depression, addictions, obesity, and pain. By integrating mental and behavioral health approaches into the treatment of primary health problems, we should see greater treatment success and a reduced utilization of health care services.

There are clear differences between urban and rural settings that present unique challenges to providing quality mental health care in the smaller community. While there are great shortages of mental health providers in both locales, rural and small communities are typically located a considerable distance from mental health clinics – resulting in the primary care physician being the “standard” mental health provider. Also, seeking care from a mental health provider may carry a greater stigma in a smaller setting, and greater financial barriers exist for patients due to inadequacies in health insurance coverage and large numbers of rural residents with incomes below the poverty level.

Rather than simply creating an “urban” care system in rural Minnesota, appropriate solutions lie in fashioning a system of mental health care that fits the rural setting culturally, financially, and geographically. One of the challenges for the Center for Rural Mental Health Studies is to help determine what that system would be and then help to develop it. Accordingly, a major effort of the Center for Rural Mental Health Studies over the past few years has been integrating mental health consultations into primary health care settings in underserved rural populations through an evolving partnership with the numerous rural communities, including Bigfork, Cook, Littlefork and Grand Marais.

The primary telemental health service allows psychologists from the University of Minnesota Medical School Duluth to work closely with a patient's primary care physician using videoconferencing technology to provide behavioral health services within the primary care clinic. This kind of delivery allows the Center to provide patients with timely, local mental health services without the potential stigma associated with going to a mental health clinic or costs involved with travel to distant sites. Patient satisfaction with the arrangement is very high.

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CENTER for RURAL POLICY and DEVELOPMENT

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Q Health care workforce demands are great all around the state, especially in rural areas, where recruitment is even more difficult. What can the state do from a policy standpoint to ensure an adequate supply of workers into the future?

A Strictly from the standpoint of policy, the state must continue to support the loan repayment programs that encourage health care providers to locate in rural areas. The financial burden facing medical students today is staggering and will lead some – if not many – to choose some of the more lucrative specialties. The number of new physicians who benefited from state loan repayment programs for locating their practices in rural underserved areas during the current year is only thirteen. Policy level initiatives supporting loan forgiveness should continue and be expanded to better match the much higher financial indebtedness levels that our current students accrue.

Support for educational programs that foster placement of students in rural environments for a significant portion of their training (e.g. the Rural Physicians Associate Program) should be expanded with increased allocations of state funding.

Support for policy initiatives should be evidence based. Programs that have clearly demonstrated value in meeting health provider distribution problems

should be funded over programs that have not demonstrated success. This seems very self-evident, but funding is not always tied to positive production efforts. New programs or expansions of existing “programs that work” must be adequately funded at state and national levels.

The number of physicians needed to take care of Minnesota needs to be increased. For the past thirty years or so, the number of physicians produced by the University of Minnesota and the Mayo Medical School has been quite constant – and our population has increased annually. The demography of the State has changed a lot during this period, with a larger proportion of the populace living in urban and suburban areas. Rural Minnesota continues to have a larger proportion of aging adults than the urban areas. All of these realities put continuing demands on a non-system that is struggling to find appropriate solutions. We must continue to find – and fund – relevant health care delivery methods for the more than 1 million Minnesotans who live and work in rural communities.

Simply put, money is not the problem nor is it the answer. The appropriate use of our limited resources (including money) is, however, necessary if we are to improve the health of Minnesota and train the right physicians for the right places. Rural Minnesota must demand this from the policy makers at the national, state and local levels.

The Center for Rural Policy and Development is an Affirmative Action/Equal Opportunity Educator and Employer.

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FALL 2006

Letter NEWS

- Center unveils new web site
- President's column: Latino education
- Next RMI on health care
- Center to host U.S./Canadian symposium

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