January 1999

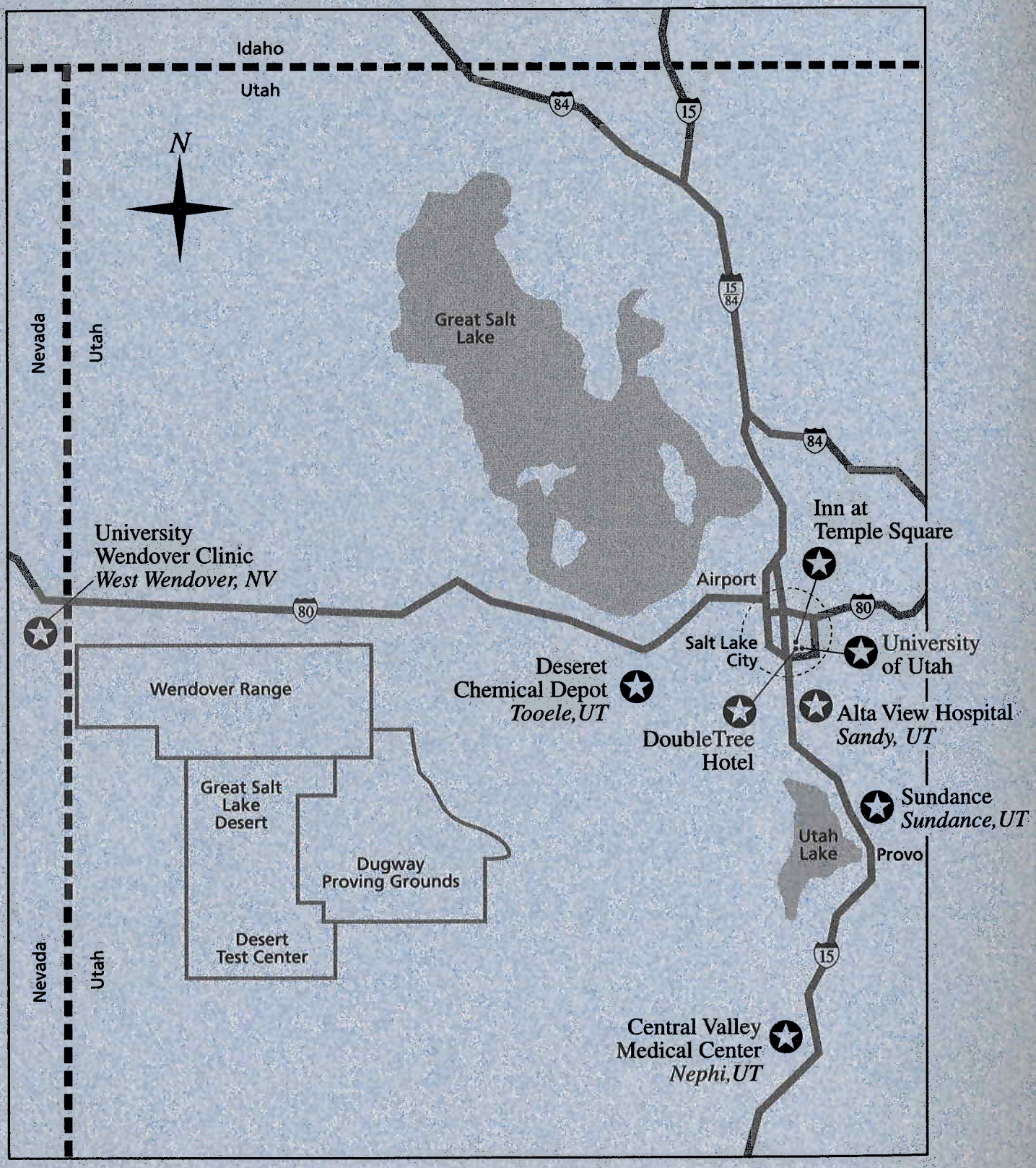
NATIONAL HEALTH POLICY FORUM

Essential Community Health Services on the Frontier

October 27-30, 1998
Utah & Utah-Nevada Border

The George Washington University
WASHINGTON DC

SITE VISIT REPORT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Acknowledgments

The October 1998 *Essential Community Health Services on the Frontier* site visit was a sequel to a March 1998 trip to Philadelphia, *Providing Community-Based Care: Nursing Centers, CHCs, and Other Initiatives.* Both visits focused on safety-net issues, with the western trip serving as a frontier and rural counterpart to the urban Philadelphia visit.

The decision to go to Utah as well as to the border town of West Wendover, Nevada, resulted from a conversation early in 1998 between Marcia Starbecker, nurse consultant in the Department of Health and Human Services' Division of Nursing, Bureau of Health Professions, and NHPF Co-Director Karen Matherlee. Marcia was planning to participate in the Philadelphia visit, which included an examination of the city's strong nursing center sector in providing primary care to vulnerable populations in the city. Knowing the advance planning needed for a follow-up visit to Philadelphia, Karen was considering potential frontier sites. Marcia was familiar with the University Wendover Clinic, a nursing center in West Wendover that (aside from a-day-and-a-half-a-week prenatal clinic) was the only provider of health services in the community, and suggested the Forum take a look at the facility.

Both the W. K. Kellogg Foundation and Pew Charitable Trusts, funders of the Philadelphia site visits, had demonstrated interest in the themes of a frontier sequel. Responding to this interest, NHPF Research Associate Michael Anzick visited University Wendover Clinic and set the stage for development of a comprehensive site visit focusing on safety-net issues, with Kellogg Foundation and Pew Charitable Trusts support.

Numerous people in Utah, Nevada, and the District of Columbia provided valuable assistance along the way. Sue Huether, associate dean for clinical services, and Becky Nielson, departmental secretary, College of Nursing, University of Utah, helped significantly in setting up the nursing center segment, and Sue was a valuable resource on primary care issues. Kari Sagers, director of the emergency management department for Tooele County, advised on themes for and gave the emergency preparedness briefing. Deborah Turner, senior associate director of the Area Health Education Center, headquartered at the University of Utah, offered astute suggestions on experts to seek out, areas to explore, and themes to examine. Mark Stoddard, president, and the staff of the Rural Health Management Corporation helped organize the rural provider panel of the Central Valley segment and graciously hosted the event.

Judy Edwards, Indian health liaison in the Office of the Executive Director, Utah Department of Health, was particularly resourceful in providing both themes and briefing book materials on issues facing Indian tribes in Utah. Saul Ramos, director of Utah Farm Workers Health, Community Health Centers, Inc., helped form the panel on farm worker issues and provided information on migrant and new immigrant concerns for the briefing book.

In his capacity as director of the Bureau of Primary Care and Health Systems in the Utah Department of Health, Robert Sherwood, Jr., helped develop public health themes, while Wes Thompson, administrator and chief executive officer of Alta View Hospital, as well as the host of the panel discussion there, and Pamela Atkinson, vice president of mission services for Intermountain Health Care, were key to the unfolding of the case study of the system's public mission. Marian Bishop, professor and chair emerita of the Department of Family and Preventive Medicine, University of Utah, played a central role in shaping the workforce discussion.

All of those in Utah and Nevada who agreed to interviews, provided materials, made presentations, served on panels, hosted the group at health facilities, and gave in other ways of their time and expertise contributed significantly to the success of the site visit. Many thanks to those who are named and to those who are unnamed but deserve to be.

In addition to Marcia Starbecker, another Bureau of Health Professions staff member, F. Lawrence Clare, served as a key advisor on the visit. Deputy chief of the Special Projects and Data Analysis Branch (as well as deputy executive secretary of the Council on Graduate Medical Education) of the Division of Medicine, Larry offered themes and provided materials not only on workforce issues but also on Native American and emergency preparedness concerns. Shortly after the visit, he shared a concise summary of the trip that contributed to the preparation of this report.

Susan Bernstein, director of public affairs; Roberto Anson, public health analyst and director of the State Affairs of Rural Health Program; Thomas Morris, policy analyst; and Patricia Taylor, consultant, of HRSA's Office of Rural Health Policy also contributed ideas and documents. Others from HRSA's Bureau of Primary Health Care who helped in various ways included Jack Egan, acting director of the Migrant Health Program; Bonnie Lefkowitz, associate bureau director of Data Evaluations, Analysis, and Research; and Donald Weaver, assistant

surgeon general and director of the National Health Services Corps. Jessica Townsend, senior staff fellow in HRSA's Office of Planning, Evaluation, and Legislation, was also helpful.

Edward Grossman, assistant counsel in the Legislative Counsel's Office, House of Representatives, who joined Deb Turner in facilitating the final wrap-up, provided a final report of his and others' reflections. His efforts are much appreciated.

For NHPF staff, this was a team effort. Michele Black, publications director, joined Mike and Karen in developing the briefing book. She also oversaw the publication of this report, which was written by Karen, with assistance from Mike. Dagny Wolf, program coordinator, managed catering, lodging, and transportation details with her usual efficiency.

Thanks to all the Washington participants who cheerfully went from early morning to late at night taking part in briefings and discussions, as the "trans-Utah bus" put on 493 miles on October 28 and 29 alone. Along with Peter Pratt, vice president of Public Sector Consultants and evaluator of the Forum's W. K. Kellogg Foundation grant, the federal participants showed keen interest in the various aspects of safety-net services in frontier and rural Utah, interest the Forum would like to pursue in follow-up Washington meetings.

Judith Miller Jones
Director

October 27-30, 1998/Utah & Utah-Nevada Border

Essential Community Health Services on the Frontier

BACKGROUND

The National Health Policy Forum (NHPF) took 22 federal congressional and executive health staff and a foundation grant evaluator to Utah and the Utah-Nevada border area September 27-30, 1998, to examine essential community health services on the frontier. The trip was funded by grants to NHPF from the W. K. Kellogg Foundation and Pew Charitable Trusts. The purpose of the site visit was to provide federal health staff opportunities to learn about the health care marketplace and health services for vulnerable populations through briefings from key public and private health executives, panel discussions, and visits to health care facilities. These occurred as the "NHPF bus" crossed from Salt Lake City to the Utah-Nevada border and back again and from the city south to the small community of Nephi, with stops along the way.

Following the site visit, the Forum sent detailed evaluation forms to federal participants, most of whom completed and returned them. NHPF also held a debriefing meeting on November 24, 1998, to gain additional perspectives from Washington participants about the site visit. Drawing on both the evaluation responses and the views expressed at the meeting, this report is a summary of impressions of the visit. It also reflects notes taken during the site visit and comments made by some participants during calls following up on evaluation responses. Some portions are reinforced by information provided in the site visit briefing book as well as in post-visit supplementary materials and comments of Utah and Nevada participants. The responsibility for the report belongs to the Forum.

THE UTAH HEALTH CARE ENVIRONMENT

In leaving the Washington, D.C., area to explore health delivery and financing in another site through an NHPF program, participants immerse themselves in the health care environment they are visiting. In this case, they experienced a political and social environment that has a dominant culture based on a common heritage and a tightly held set of core beliefs. This is a product of membership in the Church of Jesus Christ of Latter-day Saints, to which the majority of Utah's population belong. Members of the church began arriving in the Salt Lake Valley in 1847 and, until the coming of the railroad in the 1880s, experienced about 40 years of relative isolation. They formed cohesive communities, working together to survive in a formidable climate.

Stemming from the state's pioneer heritage, individual responsibility is a core value. The family is viewed as the most important institution, followed in order of significance by the church and the local community. Solving problems within the family and the local community is generally believed to be the best approach. The state and federal governments are seen as less responsive, to be relied upon only in the last resort to solve problems. This approach to problem-solving is reflected in the reliance on local initiatives, the restriction on the role of the state government, and the resistance to expansion of federal influence (and preference for private-market solutions) that site visit participants saw during their travels in the state.

It is important to note that other points of view—even within majority organizations—and other cultures abide in Utah. Of the state's 1.7 million population, according to 1990 U.S. Bureau of the Census figures, 93.9 percent were Anglo. Persons of Hispanic, Asian/Pacific Island, Native American, and African American origins made up the rest. At the time of the Mormon settlement, Native Americans—at 20,000—were in the majority, but dwindled to 11,273 by 1970. In the next 20 years, they nearly doubled (to 24,283, composed of 15,717 urban and 8,566 reservation-based, according to census figures). Drawn by the state's booming economy, newcomers from other parts of the West and the rest of the United States, as well as from foreign countries, are settling in the state. Hispanic immigrants, particularly, are a rapidly increasing minority.

Even more cultural and religious diversity is projected in the next decade, during the first part of which Utah plans to open to the world as host of the 2002 Olympic Winter Games. The existing tensions over diversity issues are likely to increase as well. In a state that is relatively well off by national standards, as reflected by its unemployment rate, percentage of uninsured, and other measures, the expectations of those who do not do well by these measures, who are not fully accepted in the dominant culture, and/or who have different core values are sharply defined, leading to demands on the state's public and private institutions and on the federal government as well.