

# MINNESOTA RURAL HEALTH ASSOCIATION

## ANNUAL RETREAT

Friday, September 25, 2009

CentraCare Health Plaza, St. Cloud, MN.

## MINUTES

Attending: Tim Stratton, Kathy Huntley, Jenny Schlagenhaft, Barbara Muesing, David Borgert, Jim Dregney, Jack Geller, Mark Schoenbaum, Jill Myers, Karla Weng, Robin Weis, Liz Quam on Skipe, Maddy Forsberg on conference call, Judy Neppel

Exofficio: Marnie Moore

Guest: Larissa Stigen

Excused: Tiffany Yen, David Brenne, Allison Lunde, Jenni Lohse, Duane Nelson, Darrell Carter, Ray Christensen

1. **Welcome, Introductions, and Retreat Overview:** President Stratton welcomed everyone and thanked them for attending. He asked that each member introduce themselves, give their “day job” title, and talk about their years of service to MRHA.
  - Dave Borgert: CentraCare Health, Director of Communications and Government Relations. MRHA since 1997.
  - Mark Schoenbaum: Office of Rural Health and Primary Care, MN Dept of Health, Director. MRHA since 1996.
  - Jack Geller: Professor and Head at University of Minnesota, Crookston. Immediate Past President of MRHA. Active in NRHA since 1986. MRHA since 1997.
  - Barbara Muesing: TriValley Opportunity Center, Program Manager. Past President of MRHA (2008).
  - Karla Weng, Stratis, Program Manager. MRHA Board for 1 year.
  - Jill Myer: ORHPC, MN. Dept of Health, Program Manager. MRHA Board for 1 year.
  - Jim Dregney: Lakewood Health System, CFO. MRHA Board new member.
  - Larissa Stigen: Central MN AHEC, Director. Rural Health Fellow with NRHA. MRHA Board nominee.
  - Tim Stratton, Professor, University of Minnesota, Duluth, College of Pharmacy. MRHA since 2004. Current President.
  - Kathy Huntley: Southern MN AHEC, Director. MRHA Board for 1 year.
  - Jenny Schlagenhaft: St. Elizabeth’s Medical Center, Wabasha, Director of Communications, MRHA Board for 1 year.
  - Liz Quam: Center for Diagnostic Imaging, Executive Director of Quality Institute for 10 States and Washington DC. MRHA since the beginning. Past President. Legislative Advocate.
  - Judy Neppel: MRHA, Executive Director. MRHA since 2006.

2. **Mission Review:** President Statton led this discussion on the mission statement review. He asked each member to review the mission statement independently and discussion would ensue. He asked all to consider what they would wish the organization to be 5 years from now? Maddy stated that the mission statement is what we do and the rest could be goals.

The group agreed that the mission statement was too long. It should include, strengthened rural voices, that is should be a single sentence; maybe two, that the current statement is redundant in the first and last sentences. People liked the words partnership, advocate, regional and national presence, coalition organization, leveraging linkages, reducing duplicity, linkages, catalyst, responsive, cooperative, premier, transparency, increasing performance, Dave Borgert offered the following: MRHA is the premier advocate for Greater Minnesota for/on behalf of health care consumers, communities, and providers on issues of health improvement, access, and health care delivery. Mark Schoenbaum suggested that the printed Mission statement on the Committee Structure handout– Bring together diverse interests to address rural health issues and advocates for and with rural Minnesotans, is good and should be considered.

It was stated that MRHA is a “big tent” organization. Mark Schoenbaum stated that he watched Marnie Moore in the last session and MRHA’s position on the Primary Seat Belt law was well received by legislators.

President Stratton as for volunteers to “word smith” a mission statement for the Boards consideration at their next meeting. Karla Weng, Jill Myers, and Dave Borgert agreed to serve. The stated goal from the President is to have a Mission, Vision, and Goal Statements for MRHA.

3. **Policy Initiatives:**

President Stratton opened the discussion asking what legislative agenda MRHA wants to support this upcoming session. There was considerable discussion about the concerns for the elimination of GMAC on March 1, 2010. The adults dental care service being dropped from MNCare. The focus needs to be on the people affected by the Governors unallotment decisions. MRHA needs to help create solutions as this is a significant issue to small community hospitals. Interpreter education and credentialing was discussed as the need continues. The question was asked if there is federal law pertinent to interpreter service. There is civil rights law that results in public funding reimbursement but private insurance doesn’t reimburse for the service. It is important that the language of the bill assures that it can be made to work wherever. After much continuing discussion the following issues surfaced as those MRHA will support in 2010.

- Restoration of GMAC funding
- Insuring long term care viability – healthy aging initiatives to support aging in place
- State health care reform initiatives work for rural MN

Tim, I know I am missing some of the initiatives here as I think we had planned on 4 at least????

4. **Day at the Capital:** President Stratton initiated the conversation about a date for the MRHA Day at the Capital. After much discussion, the date established is Tuesday, February 16, 2010. An invitation to the AHEC’s will be extended and the details will be forthcoming.

5. **Nominating Committee Report:** President Stratton called on Chairperson Jack Geller to give the committee's report. He reported that there have been 3 new Board members nominated: Dave Brenne, Jim Dregney, and Allison Lunde. All have been approved. The Committee will nominate at the next Board meeting Larissa Stigen, Central MN AHEC Director, to be the replacement for Kathy Huntley, who is retiring from her AHEC position and from the MRHA Board.
6. **Past President's Council:** President Stratton asked if the membership, in particular the past presidents of MRHA had ideas on future contributions. Resurrecting the Newsletter since the Past Presidents are knowledgeable or acting as a catalyst to provide information to develop a newsletter regularly. Development of a blog might be better given that the voice for hard news and newsletters seems to be somewhat obsolete. MRHA is an issues organization with an advocacy agenda so a blog focused on policy communication could fill that void. MRHA is an entry place for partnerships. Past Presidents could enhance partnership development. Perhaps the role is best one of special projects. A good example might be arranging the Day at the Capital appointments and partnership development. Perhaps a new Board member orientation or mentorship program in keeping with our Board development plans, including extending to new members mentoring them at the Day at the Capitol. The question was raised, how do we engage the broader membership to help with issues and become partners in the organization? We need to develop a proposal to develop the Past Presidents Council and now have good ideas on what the plan could encompass.
7. **Leadership Succession Discussion:** President Stratton initiated the discussion by asking what the barriers to the MRHA presidency are: there issues raised include "one more thing", questions about "can I do a good job", some don't feel that they know enough, expenses for travel for those whose employer doesn't support or they are retired without an employer, and questions about what unique contribution can I make. Liz Quam said that the network and connections that she has made as a past president have been so positive and that a rural health advocacy is so critical that you all need to help. A discussion about the expectations of the President followed. They include connecting to NRHA, rural health forum leadership and conference awards, leadership of the Board, Executive Director, and membership. It is recognized that the individual, to a large extent, makes the position what it will be. There was significant discussion on the importance of a great MRHA website. The membership section needs updating. The website needs to become a priority and if there are Board members with website skills, they could be helpful in fulfilling a webmaster role.
8. **Collaboration with Like Minded Organizations:** President Stratton opened the discussion by talking about partnerships with like minded organizations, who for example, advocate for legislation that is similar to MRHA's interests. He suggested that the Veterans Association is a good example, while other Board members talked about the SHIPS Grants now being implemented by county public health agencies. President Stratton challenged the Board to

consider partnerships that they would recommend as having a like or complimentary mission to that of MRHA and send that information to him or to the Executive Director.

- 9. Upper Midwest Summit Plans/Marketing/Board Hosting:** President Stratton announced that the states of ND, SD, Ill, WY, MT, IO, and MN have been meeting to discuss a Summit. The plans to date are as follows: Date: Friday, February 26, 2010, location: Sioux Falls SD, Keynote Speakers: Dr. Mary Wakefield of HRSA was asked but cannot attend. Suggestions made for a potential keynoter are Senator Grassley, Senator Baucus, Senator Conrad, or Tom Brokaw.
  
- 10. Committee Designations:** President Stratton told the Board that he intended to reestablish the committee structure that has been on-hold for the last couple years. He will be sending email a request for the Board to volunteer for committee assignments. The committees planned are advocacy; education; finance; membership; and structure.

President Stratton thanked Kathy Huntley for her service to the MRHA Board. He thanked Larissa Stigen for her willingness to serve on the MRHA Board.

Adjournment: 2:00PM

Respectfully submitted,

Judith Neppel, Secretary