



**Minnesota Rural Health Association  
Board of Directors Retreat  
Friday, November 19, 2010  
Video Conference**

**MINUTES**

Attending: Tim Stratton, Marnie Moore, Laurissa Stigen, Ray Christensen, Jack Geller, Mark Schoenbaum, Jill Myers, Allison O'Connor, David Brenne, Jim Dregney, Karla Weng, Liz Quam, Darrell Carter, Robin Weis

Excused: Jenny Schlagenhaft, Tiffany Yen, David Borgert,

President Christensen expressed appreciation to MDH ORHPC for the video hook-up.

President Christensen reviewed the history of MDHA and discussed the plans for the days retreat.

**1. Mission and Vision Review – President Ray Christensen**

A review of the current Mission and Vision ensued. President Christensen discussed the meaning of “diverse interest” and wondered if others could be added to the board composition i.e. a student board member? He asked if we should write a student member into by-laws. No decision was made. After some discussion, consensus was that the current Mission and Vision should stand as written.

**2. Organization Strategies for 2010**

Education Committee – Karla Weng

Weng reviewed the cyber conferences to date. Potential topics for the future include Health Care Homes, (Dregney is working with a physician expert at Lakewood), workforce shortage, foreign physician recruitment-(Yen and an attorney could present), long term care issues, and hospital acquired infections (MN infection control group). The question was asked if we charge for cyber conferences and Neppel answered no. Myers reported that a RHAC report of health status comparisons throughout the state and could be a good cyber conference topic in the spring. A question was raised about conducting other kinds of education in addition to webinars as in more public kinds of education?

Weng asked if we should look into doing pod casts. Conference call vendor do the recording and it can then be posted to the web. Weng reported that one of the goals listed for the education committee is to develop letters-to-the-editor

## Organizational Strategies for 2010 Continued

addressing the advocacy piece of our mission. The committee will be working on that goal.

Stratton reported that MRHA websites links to the power point presentation are not working. Neppel will ask that the links be operationalized.

The regional conference planning update was done. Neppel reported that she offered UMC as a potential location. Pete Antonson of ND is working on HRSA grant funding for the conference. Christensen asked if the AHECs are interested in working with MRHA on the regional conference. Stigen reported that she represents the AHEC's on the regional conference planning committee. Christensen asked Schoenbaum if there is any consideration being give to adding onto the Rural Health Conference? Schoenbaum responded that it has been discussed, but to do so has both pro and con features and enumerated them. Carter spoke to auxiliary meetings needing to be focused if there is to be success. Myers mentioned that a HRSA grant was awarded to DEED to work on workforce shortages and the work will begin in Feb or March with a specific target of increasing Primary Care Physicians to rural. Further it was suggested that the topic of national and state level policy-maker discussions could have value.

Membership Committee – Jenny Schlagenhaft not present.

O'Connor reviewed the goals of membership committee in Schlagenhaft's absence. The 2011 committee goals and a membership map were reviewed. The map reflects an absence of membership in southern MN. Christensen suggested that the committee review the CAH locations with the membership distribution map to identify potential members and pointed out that there are membership absences in central Minnesota, likely including the reservations. Schoenbaum posed the question of whether hospitals and long term care facilities value MRHA. He stated that their opinion could be one of conflict with nursing home association and MHA. Quam offered a rural and metro legislators conflict as an analogy and said they are often conflicted as they attempt equity not unlike the Aging Services of MN and the MHA while MRHA is seen as unbiased and representative of both. O'Connor said that the membership committee will be revising the membership benefits on the website. She also stated that the committee we'll develop the boards ideas and bring recommendations back to the board. Stratton discussed the pharmacy association interest in MRHA in the past. He suggested that perhaps they are potential MRHA members which led to a discussion of several professional

## Organizational Strategies for 2010 Continue

organizations that could be targeted. Weng suggested another membership opportunity could be rural community Chamber of Commerce's. Other suggestions included the chiropractic associations, Critical Access Hospitals, Medisota (an association of CAH's in western MN and a few in SD), MN Academy of Family Physicians, and others. O'Connor reported that the committee is considering doing an electronic survey to ask the MRHA membership for their input. She reported that the membership committee will develop comprehensive questions, keep it short and bring it back to the board for their approval before its distribution. O'Connor reported that the last committee goal is to formulate a communication plan and they are working on that next. Jack Geller suggested a bumper sticker slogan. One suggestion offered was "Caring for rural citizens and our visitors".

### Finance Committee – David Brenne

Brenne reviewed the finance report, the state of operations and the balance sheet and stated that MRHA is financially solvent.

A discussion on new revenue sources ensued. Carter reported that conferences can be profitable. It is recognized that we need to increase membership to increase revenue. Currently 1/3 of our operational costs are supported by membership, so grants are a part of revenue picture and will continue to be. Brenne spoke to MRHA doing something big and should/could be recognized as an important advocacy organization. There was discussion around Native American Reservation memberships. Carter said it is recognized that the Tribal Health Director is the important position similar to of the National Health Officer. Christensen said that there is work needed to increase reservation membership and that it should be a long term strategy. Stigen reported that Joan Tronson of the NW AHEC is working on connections to the tribes and Neppel could work with Tronson to get make some inroads and establish some relationships. Schoenbaum suggested that we could look to the health service on the reservations to invite them to do a cyber conference on "Current Issues in Native American Health"

### Advocacy Committee – Marnie Moore

Moore reported that the Advocacy Committee met in August and September and that 2 advocacy ideas surfaced (1) Increasing medical education in rural areas – Christensen discussed the struggle to find housing for students, all health related students, not just medical students. He stated that rural

communities need to be receptive to students. It is agreed that the more student exposure there is to rural, the better the chance of getting graduates to practice in rural. Carter spoke to the importance of the selection of students and getting them engaged in rural practices early on in their training. Carter said that Family Practice programs nationwide are not training for ED or Critical Care which is wrong. The focus is office practice. (2) Making broad band access available to every resident in the state.

### 3. Legislative Climate

Schoenbaum and Moore discussed the upcoming legislative climate.

Discussion focused on the recognition that the legislative change has been dramatic and that this may not be the time to have an agenda. Rather, it may be best to advocate for the issues important to rural and focus on the defense. Advocacy could be focused on non money issues. Further, with the number of new legislators, there is great opportunity for MRHA to be introduced to them so that they understand the mission, vision, and goals of the organization as they begin their career.

Moore reported that the broadband goal currently being discussed states that by 2015 all of Minnesotans will have high speed service. Carter said we have broadband needs and that the quality levels vary considerably from community to community. Healthcare to rural consumers will, in the future, require broadband access to meet the needs for care, given the physician manpower shortages. Physician extenders at rural sites, and a system to make telemedicine possible, will facilitate access to care specifically for critical and emergency care. Geller reported that earlier this week a group called Connect Minnesota revealed their broadband access maps documenting that 94% of the state has access. The broadband goal needs to be to make access for those totally un-served, a high priority, followed by improvements where the quality is lacking. Moore reported that she believes MRHA should work with the various organizations currently dealing with the broadband issue. Stratton asked if MRHA should advocate for GMAC funding restoration. It was agreed that MRHA's role regarding GMAC might be to educate the legislators on the impacts of the changes on the very poor in rural people and negating those impacts.

Minnesota Climate Overview & Outlook – Mark Schoenbaum  
Marnie Moore

Moore again reminded the Board that there are many new rural legislators. She intends to develop a list of names and identify their rural districts. New legislators need to know about MRHA. A letter signed by President Christensen

describing what MRHA does, could be sent to every new legislator. Moore will cross reference the MRHA membership list with the legislative districts, so that we can selectively generate advocacy assistance from our members.

It is thought that all rural health programs are in danger, particularly, rural primary care programs. It's too early to come up with specifics regarding our advocacy work for this upcoming session, but it is agreed that the association will assume a more active advocacy role.

There was some discussion on legislative strategies that could be used to education and advocate for rural health education program support.

Structure Committee – Ray Christensen

Christensen reported that the committee is comfortable with the current structure. Stratton praised reactivating the committee structure which is working well for MRHA. He suggested that he'd like to see the membership get more involved in the committee structures.

#### 4. MRHA Legislative Initiatives 2010 – Marnie Moore

Moore stated that the Advocacy Committee has talked about the legislative initiatives and will assume responsibility to put together the ideas and prepare the green sheet. The stated goals need to focus on relationship building and educating the new legislators about MRHA. There was some discussion on the efforts we could make to improve the number of our members who would get involved in our Day at the Capitol? Stigen reported that the AHEC personnel and some of their board members are planning to attend the MRHA Day at the Capitol on February 2 from 9:30 AM to 2:30PM and have designated the AHEC's Day at the Capitol as February 3.

Schoenbaum asked who will attend the NRHA Policy Institute in January. Schoenbaum, Stigen, Larson, and Christensen are likely attending.

Christensen, on behalf of the MRHA board, again thanked Schoenbaum for supporting the use of the technology for the retreat.

Adjourn @ 2:30 PM

Retreat notes submitted by Judith Neppel, MRHA Secretary