

**Community Solutions for Healthcare Coverage  
North Dakota's First 100% Access Health Care Summit**

October 18-19, 2005

Doublewood Inn, Bismarck, ND

\*\*\*\*\*Event agenda\*\*\*\*\*

**Tuesday, October 18: Community Assets & Financing Engine to realize 100% access & 0 disparities!**

<b>Time</b>	<b>Event</b>
9:00 AM – 1:00 PM	Registration
1:00 PM – 1:30 PM	Welcome by co-hosts ( <b>John Baird -GHIAC, Pat Traynor-DMF</b> ) Introductions ( <b>Tim Cox</b> ) Opening exercise ( <b>John Scanlon, Eric Baumgartner</b> )
1:30 PM – 2:00 PM	Presentation on the Scale of the Task at Hand: “Finishing North Dakota's Health Care System: The Gaps In Access, Health Status and Quality” by <b>John Baird</b> Followed by a group exercise “Six numbers every community advocate for health care should know” facilitated by <b>Eric Baumgartner</b>
2:00 PM – 2:30 PM	Citizen panel: Real life stories from local community people about their experiences with uninsurance ( <b>Lynn, Chad, Carol</b> ) moderated by <b>Tim Cox</b> Small group exercises facilitated by <b>John Scanlon and Eric Baumgartner</b>
2:30 PM – 2:45 PM	Break 1
2:45 PM – 3:30 PM	Presentation: "One Community's Experience In Moving To 100% Access” by <b>Vondie Woodbury</b> Followed by small group exercises for the audience and chance for conversation with the presenter.
3:30 PM – 4:00 PM	Presentation: "What a community's full access safety net will look like in North Dakota: service integration, savings and shared savings" – an advocacy talk about possibilities and opportunities. <b>Dr. Terry Dwelle</b> Then listen to one-minute presentations on different exciting models that can be put together in ND facilitated by <b>John Scanlon</b> <b>FQHC, HCAP, Caring Program, Covering Kids &amp; Families, IHS, Bridging the Gap, Pharmacy Programs, Good Neighbor Program, Dakota Cares!, Hedahl's Wellness Earnback Plan, Children's Special Health Services</b>
4:00 PM – 4:45 PM	Breakout session – chance for audience to find out more about models that interest them.
4:45 PM – 5:00 PM	Participant exercise: What is the most exciting thing you have heard about the possibilities of "integration, savings and sharing"?
5:00 PM – 6:00 PM	Break 2
6:00 – 7:30 PM	Dinner and conversation Topic: “ How a state can restructure health care community by community” Speakers: <b>Maggie Anderson</b> , Medicaid Director, Department of Human Services & <b>Karen Minyard</b> , Georgia State University
7:30 PM – 9:00 PM	Exercise: Community representatives discuss forming regional coalitions as “access agencies”

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**Wednesday, October 19: North Dakota organizes itself for 100% access, 0 disparities**

Time	Event
7:00 AM – 8:00 AM	Continental breakfast
8:00 AM – 8:30 AM	Coffee with Chair of Governor's Health Insurance Advisory Committee – <b>John Baird</b> Discussion: "Our commitment to the community by community process"
8:30 AM – 9:00 AM	Framing the day: Leaving in action
9:00 AM – 10:00 AM	Open space: Organizing communities to build a full access health care system – Participants form into preliminary community "coalitions" ready to work for access
10:00 AM – 10:15 AM	Break
10:15 AM – 11:00 AM	Developing and sharing our community game plan Facilitator: <b>John Scanlon</b>
11:00 AM – 11:30 AM	State Legislator Panel Moderator: <b>Karen Minyard</b>
12:00 PM – 1:30 PM	Lunch conversation with the <b>Governor John Hoeven</b> : Hear the Governor's request and offers to the group. Questions with <b>Duane Houdek</b> Facilitator: <b>John Baird</b>
1:30 PM – 2:00 PM	Panel: The statewide support structure North Dakota will provide its communities Facilitator: <b>Eric Baumgartner</b>
2:00 PM – 2:30 PM	Exercise: North Dakota and its Communities Leaving In Action Facilitators: <b>John Scanlon, Eric Baumgartner, Karen Minyard</b>
2:30 PM	Adjourn

**Speakers from Communities Joined in Action (CJA):**

**John Scanlon, Ph.D.** - [jwscanlon@aol.com](mailto:jwscanlon@aol.com)

A noted management coach and facilitator with more than 30 years' experience in developing leadership and effective organizational structures, John Scanlon works with executive teams in strategic transition. A partner in JSEA management services firm, his clients range from large companies to government and non-profit organizations such as the U.S. Postal Service and the Bureau of Primary Health Care.

**Eric Baumgartner, M.D., M.P.H.** - [caster@fastband.com](mailto:caster@fastband.com)

A career public health physician engaged in a variety of community and national activities focused on issues of population health and access to care. Currently he serves as Policy and Program Planning Specialist for the Louisiana Public Health Institute and as a member of the Georgia Health Policy Center Technical Assistance Program team for HRSA's Rural Health Network Development grantees.

**Karen Minyard, Ph.D.** - [kminyard@gsu.edu](mailto:kminyard@gsu.edu)

A lifelong champion of local health care restructuring and health improvement, consulting with numerous communities across Georgia and nationwide seeking to integrate community health resources to expand access to care. She was an early partner and advocate for the creation of Access Emanuel, a rural integrated health care access program that provides care to all citizens of Emanuel County Georgia regardless of their ability to pay. Minyard is a senior research associate at the Georgia Health Policy Center at Georgia State University. She currently directs the Networks for Rural Health Program, which provides experts and technical assistance to rural communities seeking to design cost effective, clinically relevant health systems that provide access to the uninsured and improve health outcomes.

**Vondie Moore Woodbury** - [vwoodbury@mchp.org](mailto:vwoodbury@mchp.org)

A native of Muskegon, Michigan. She has been Director of the Muskegon Community Health Project since October 1995. Under her direction, the Health Project has initiated a health coverage program for 400 uninsured small businesses (Access Health), undertaken the management of health care for over 2,000 indigent community members (Muskegon Care) and has implemented a variety of community-based health improvement programs, including a dental initiative to increase access for low-income children; a countywide diabetes screening effort that encompassed 8,000 community members; a mentoring program for African American youth; and, a new CDC supported initiative aimed at reducing the inappropriate use of antibiotics in treating viral infections. A core mission of the Health Project is the utilization of Community Health Assessment and Behavioral Risk Factor data in health improvement strategies.

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