

Progress Report

Presented to the Higher
Education Committee

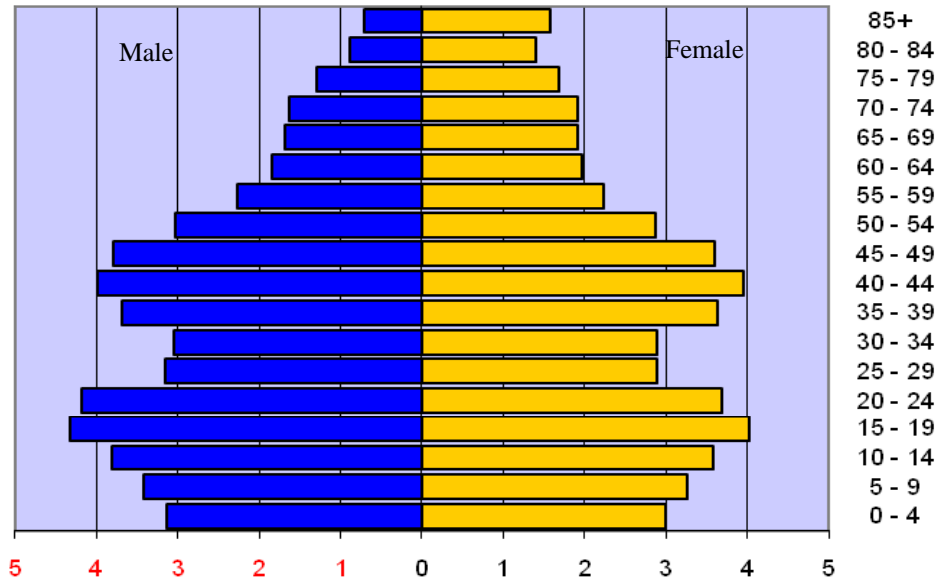
Oct. 13, 2010



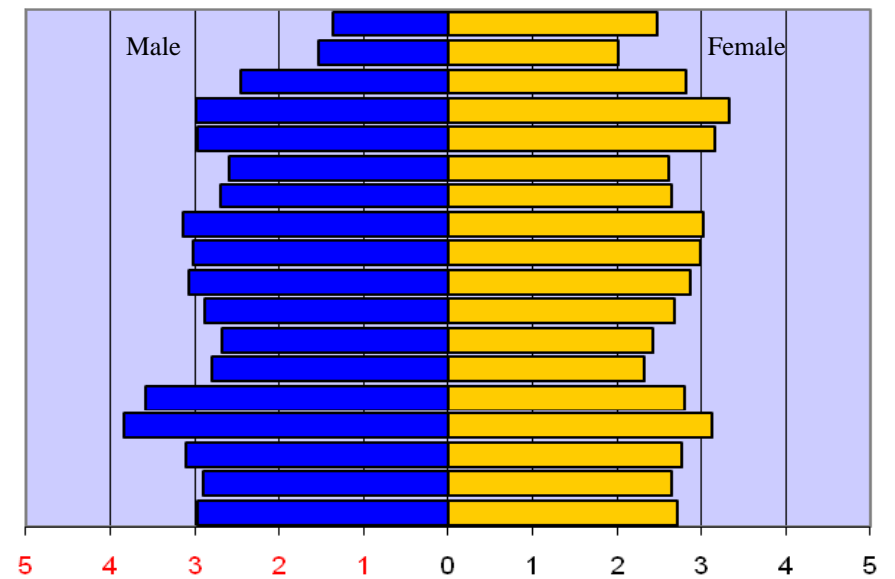
UND SCHOOL OF MEDICINE & HEALTH SCIENCES
ADVISORY COUNCIL

Population Pyramids of North Dakota

2000



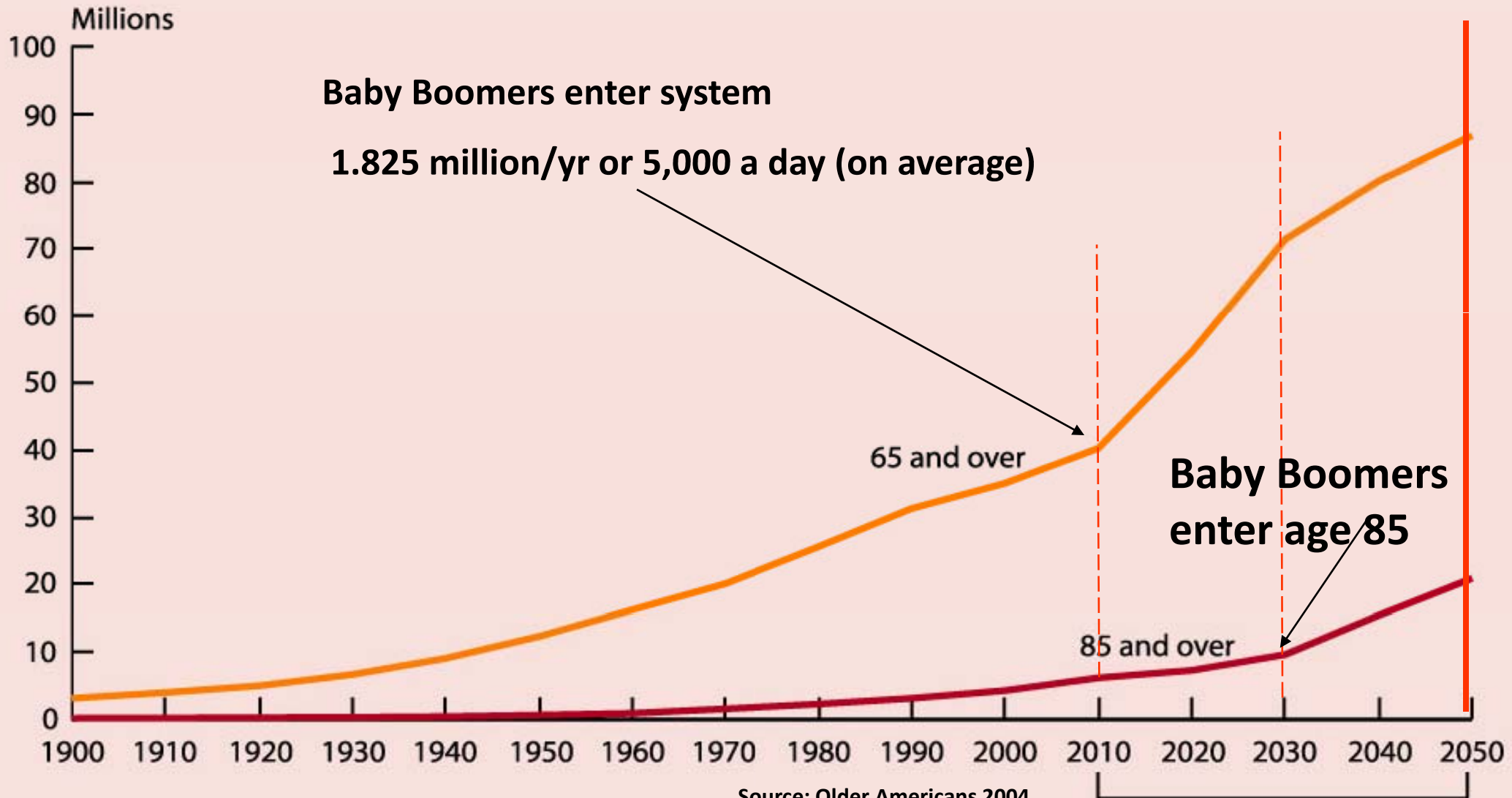
2030



Percent of Total Population

Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005

Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050



Note: Data for 2010-2050 are projections of the population.
Reference population: These data refer to the resident population.
Source: U.S. Census Bureau, Decennial Census and Projections.

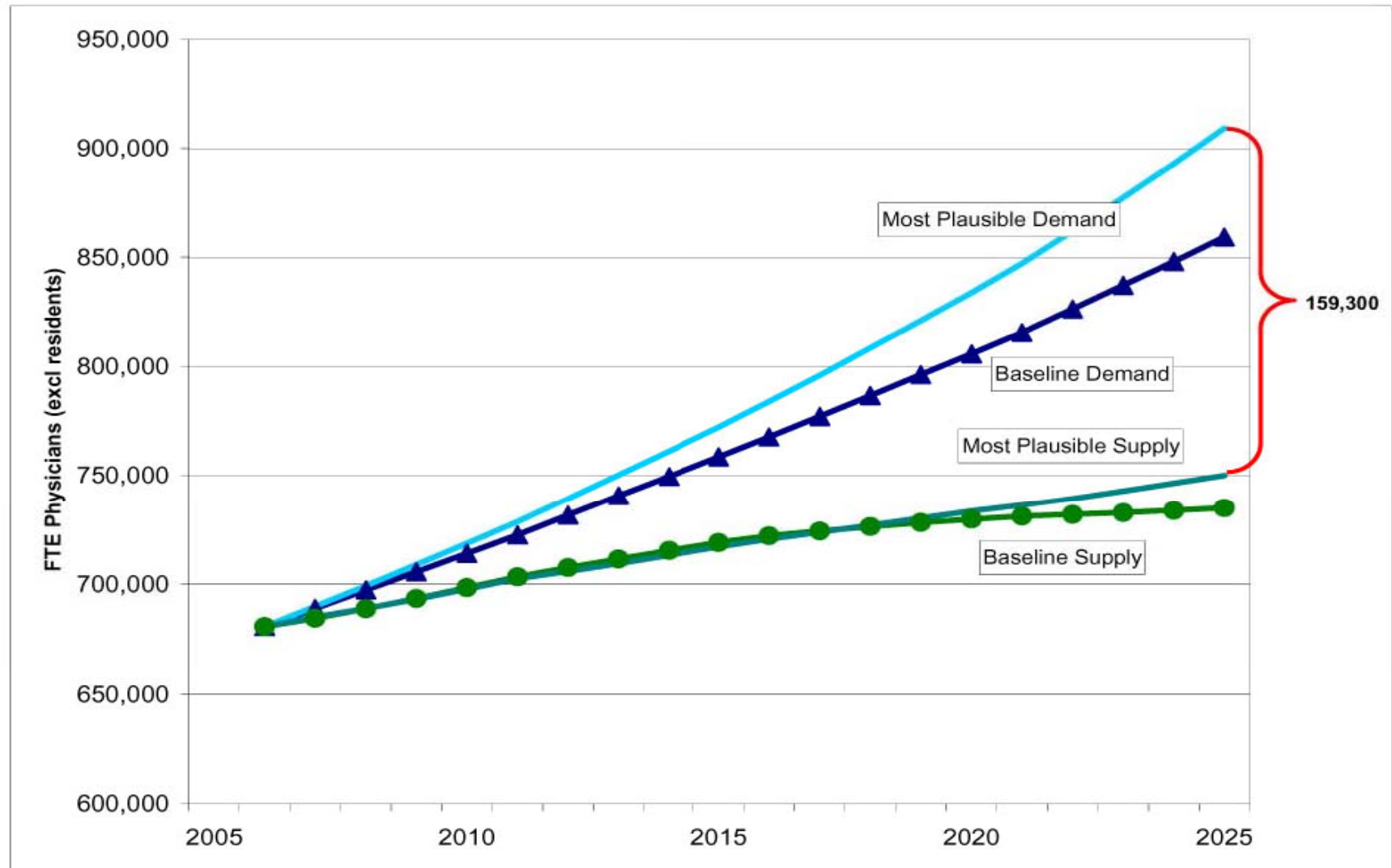
Source: Older Americans 2004

North Dakota State University, IACC Building, Room
424, Fargo, ND 58105 - Phone: (701) 231-8621 - URL:
<http://www.ndsu.edu/sdc>

Projected

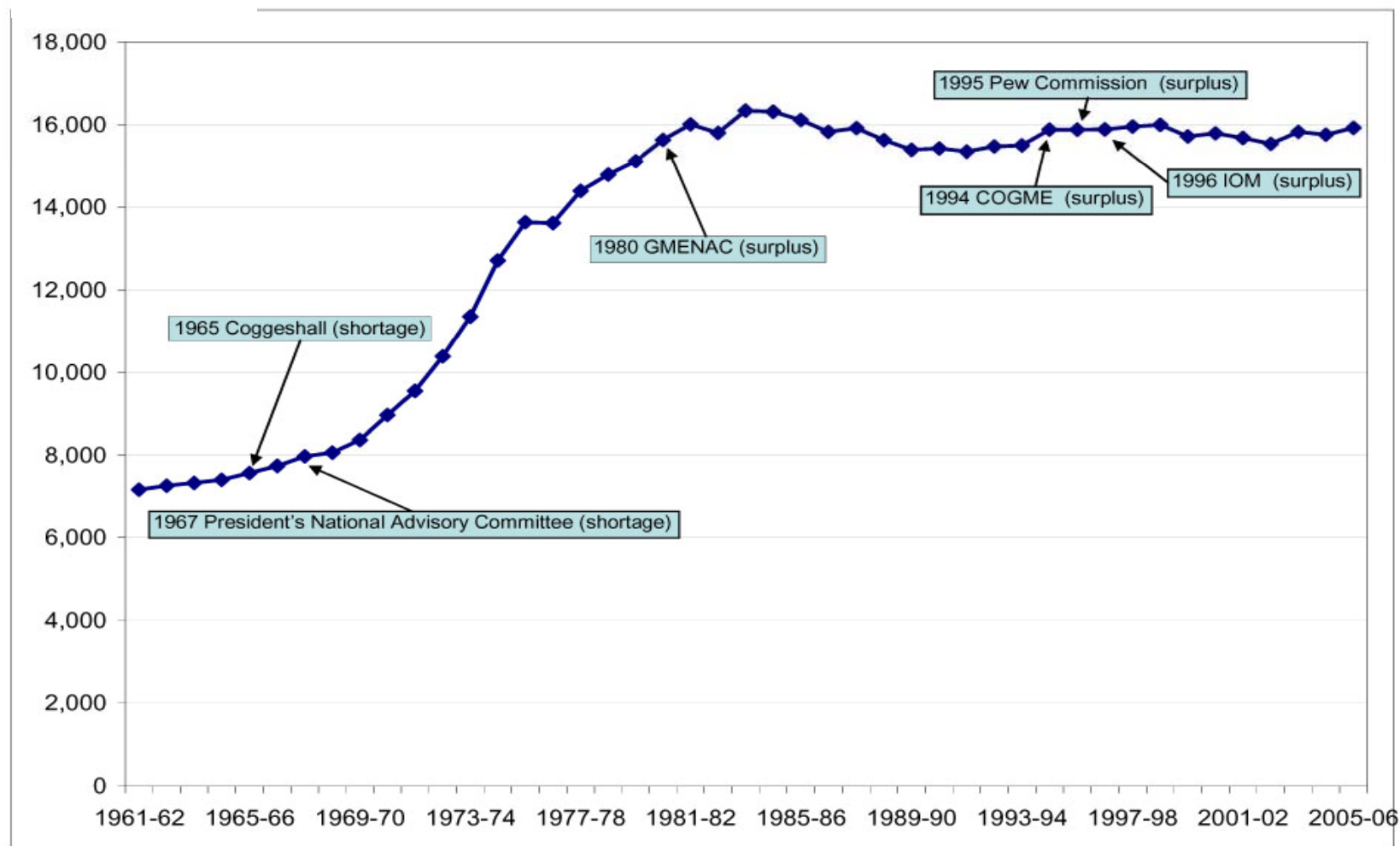


Projected FTE Physicians, Most Plausible Scenario, 2006-2025



Source: AAMC

Medical School Graduates, U.S., 1961-62 to 2005-06



Source: AAMC Data Warehouse: Student section; Student Records System(SRS);
Journal of Medical Education.

Projected Physician Shortage

For planning purposes, assume that we'll need only 50% of the national projected shortfall



That translates into a shortfall of about 160 North Dakota physicians by 2025



North Dakota currently has about 50 physician openings (per Center for Rural Health, UND SMHS)



Thus, the projected shortfall in 2025 will be about 210 physicians ($50 + 160 = 210$)

Meeting the Need

Train More of Our Own

- Only method likely able to meet majority of needs
- Predictable
- Places North Dakotans in prime ND jobs
- Expensive, but large payoff
 - Economic contribution of health professionals
 - Economic value of education enterprise

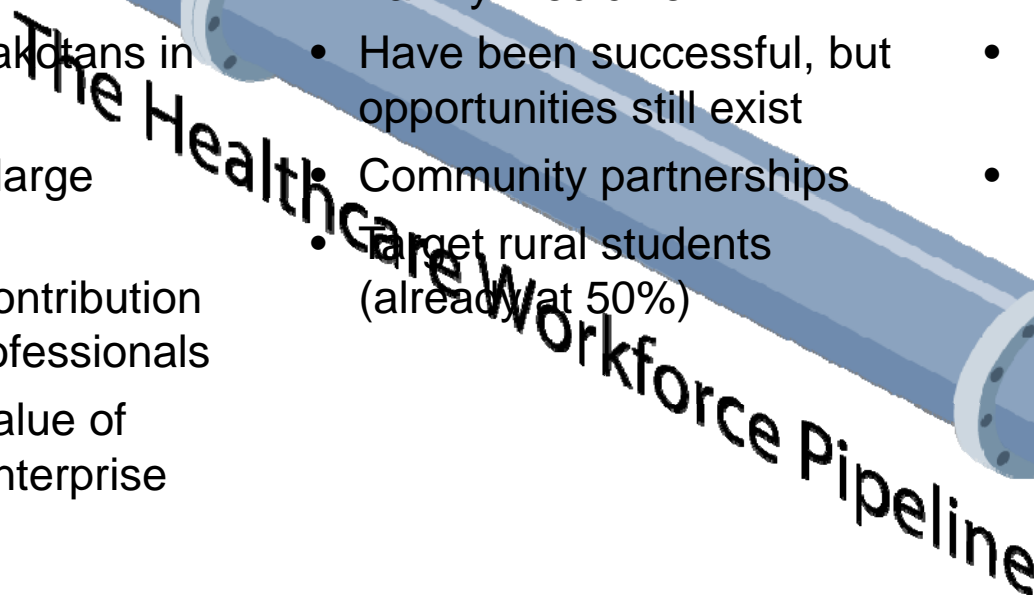
Retain More Graduates

- RuralMed program
- Bismarck Center for Family Medicine
- Have been successful, but opportunities still exist
 - Community partnerships
 - Target rural students (already at 50%)

Recruit from Elsewhere

- Very expensive and difficult
- Bidding war
- May not be as sensitive to North Dakota issues
- Higher annual attrition rates

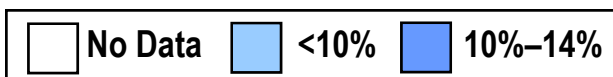
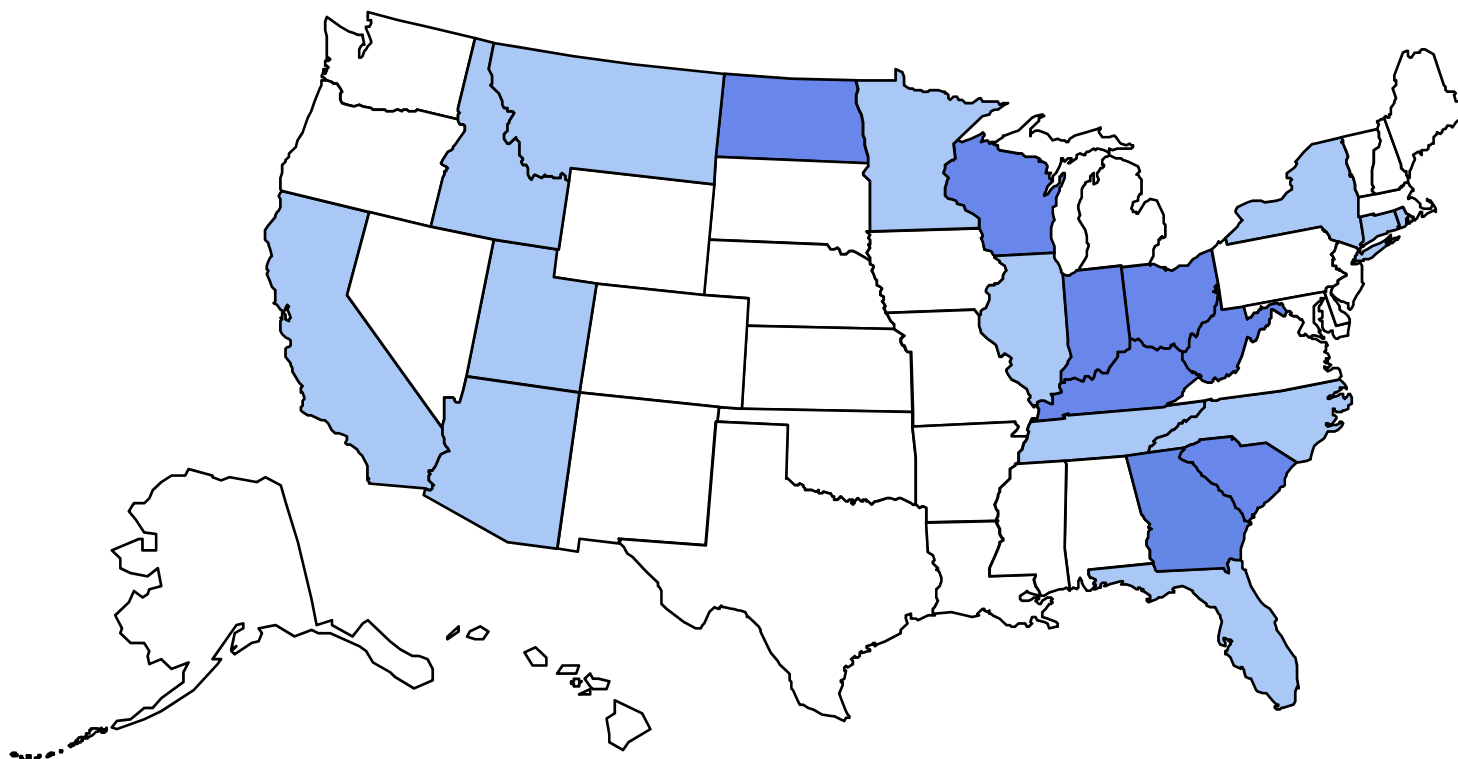
The Healthcare Workforce Pipeline



Obesity Trends* Among U.S. Adults

BRFSS, 1985

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



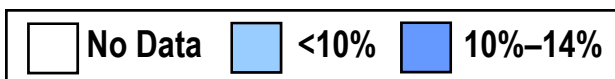
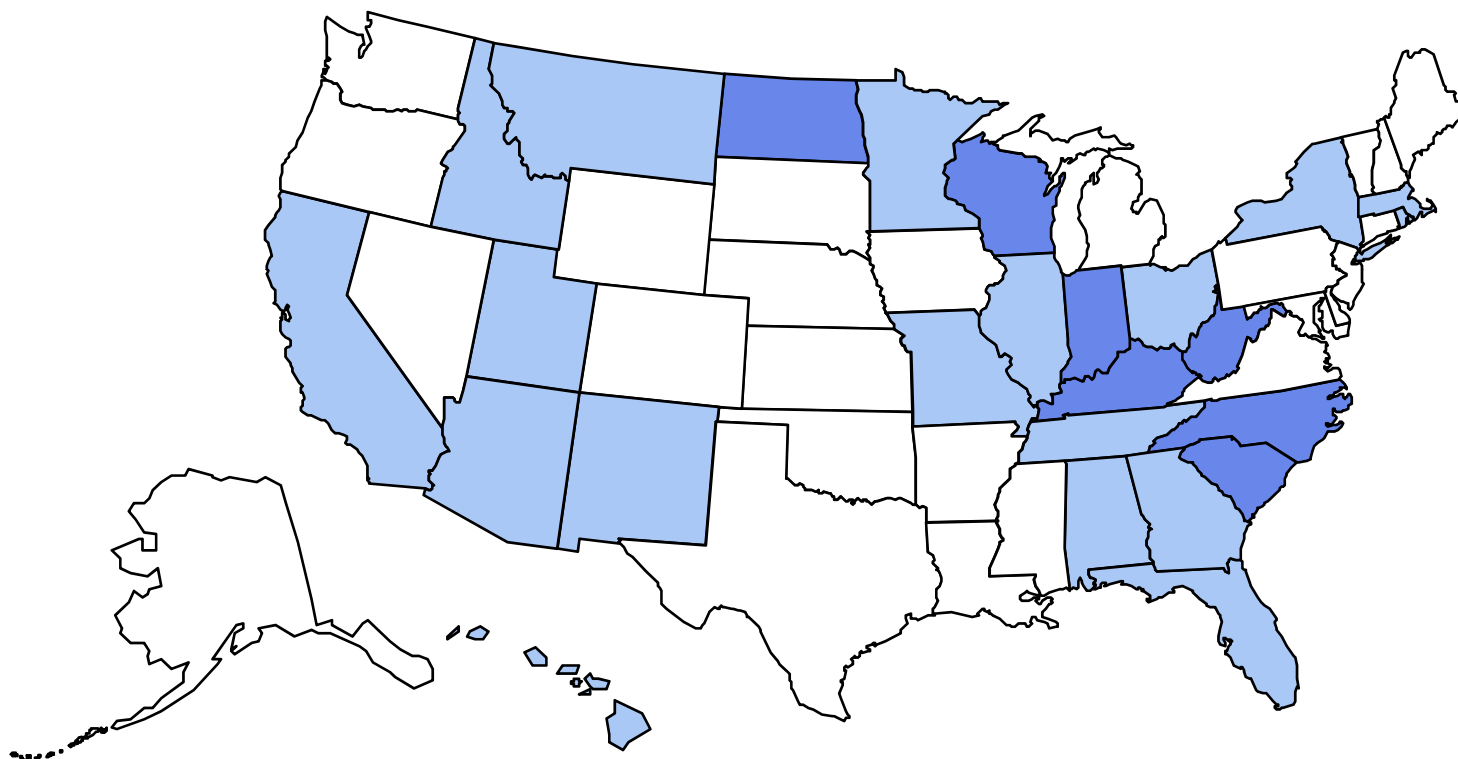
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 1986

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



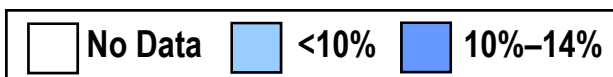
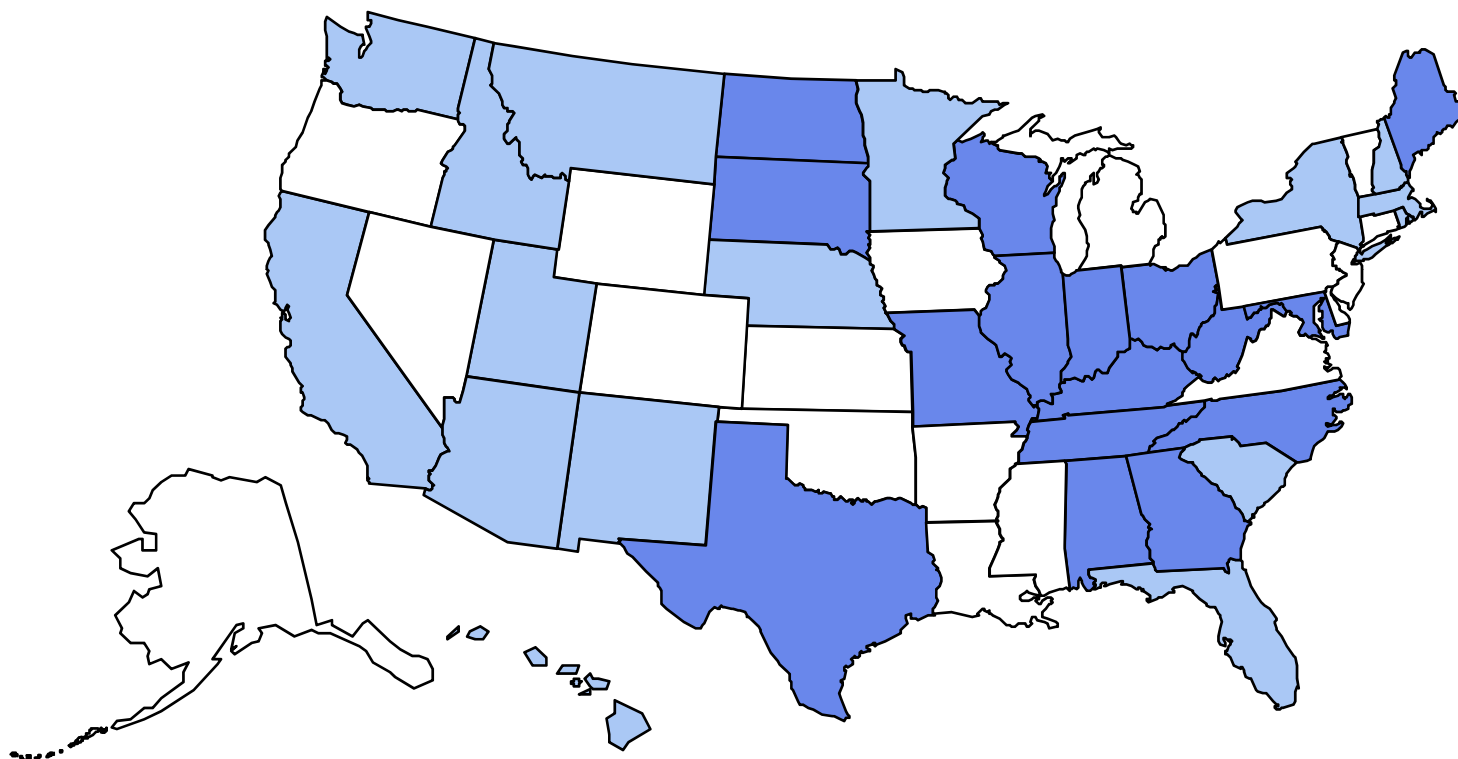
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 1987

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

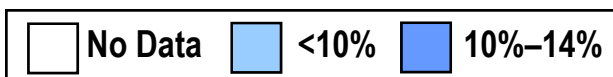
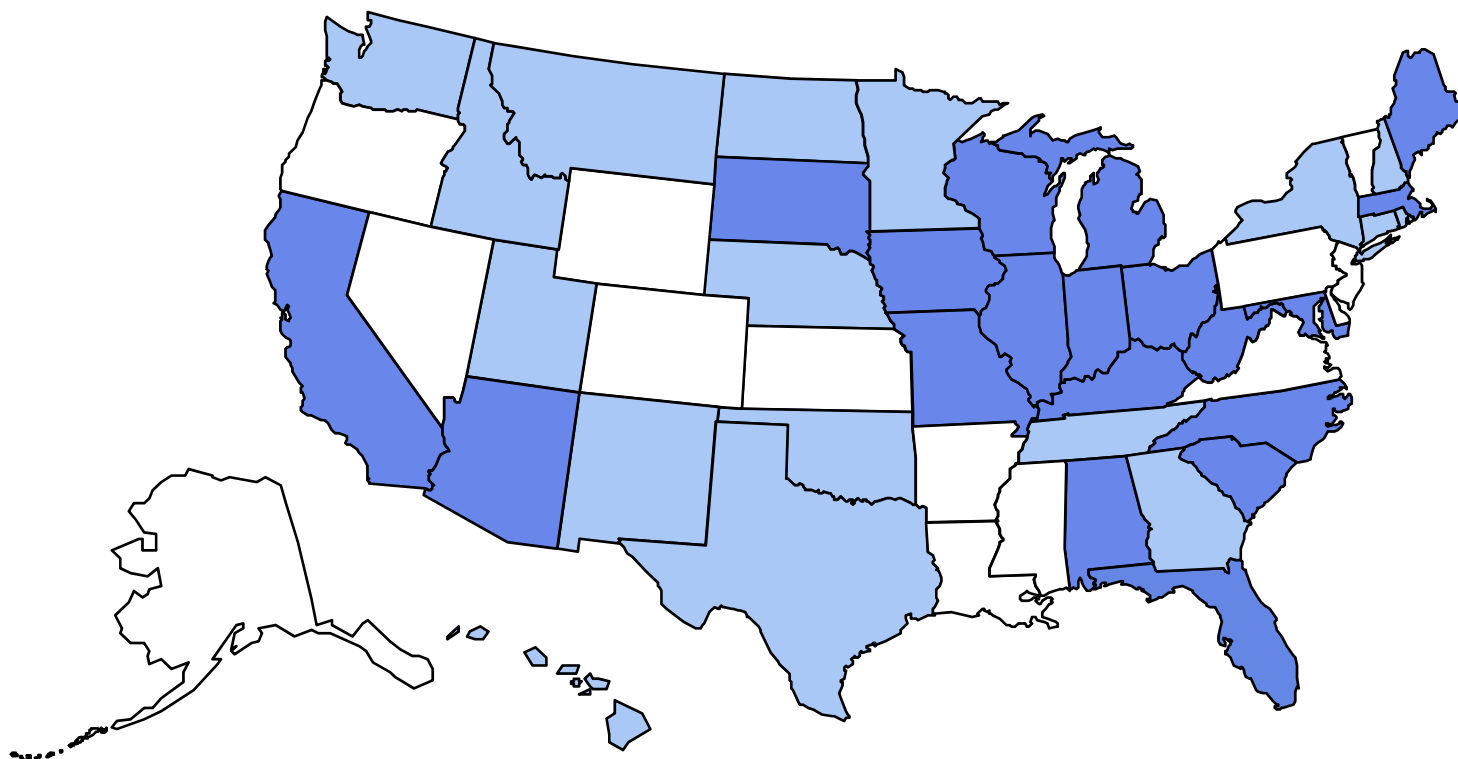


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 1988

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



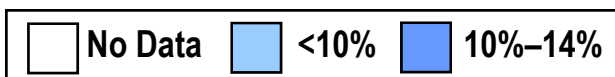
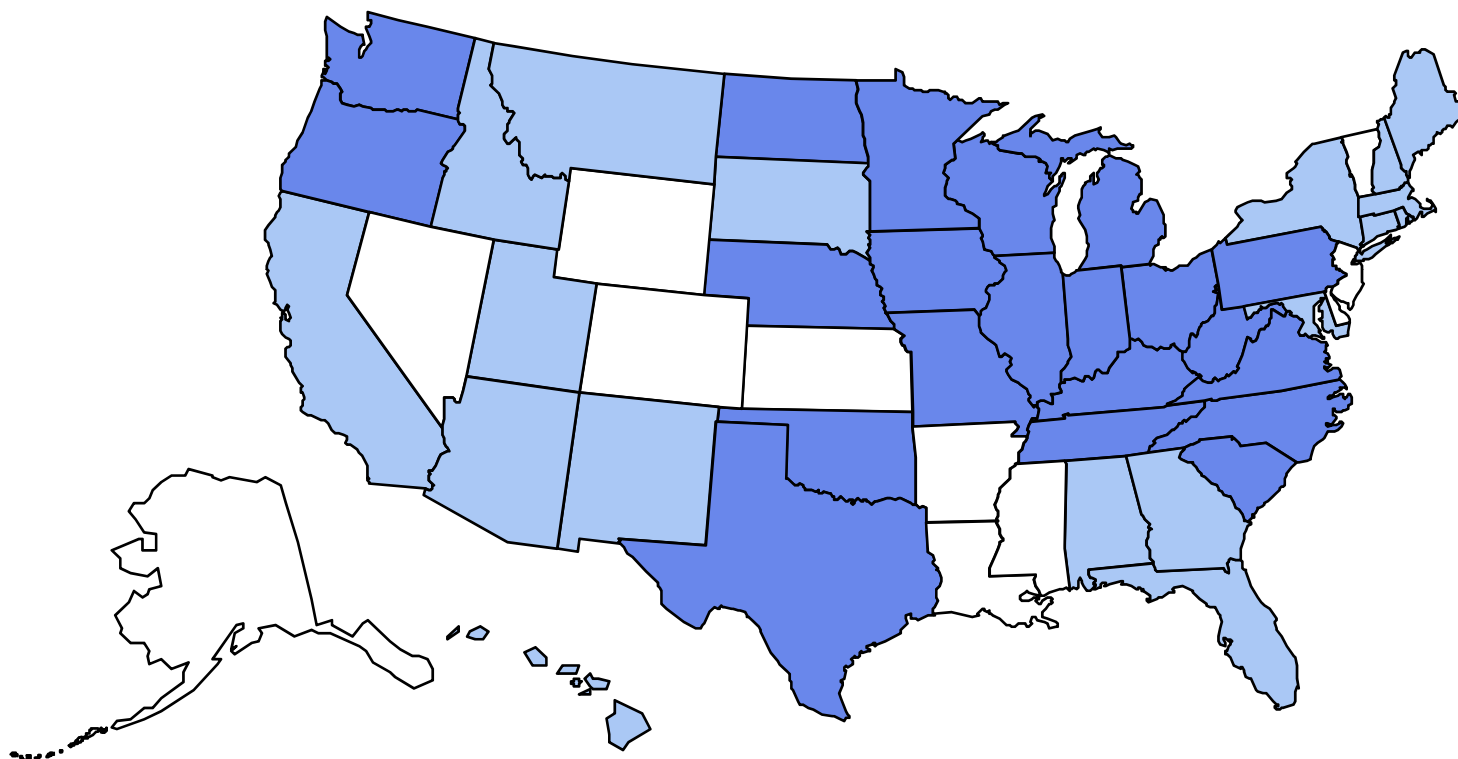
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 1989

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



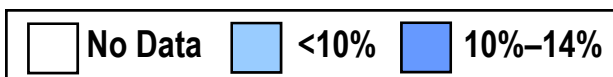
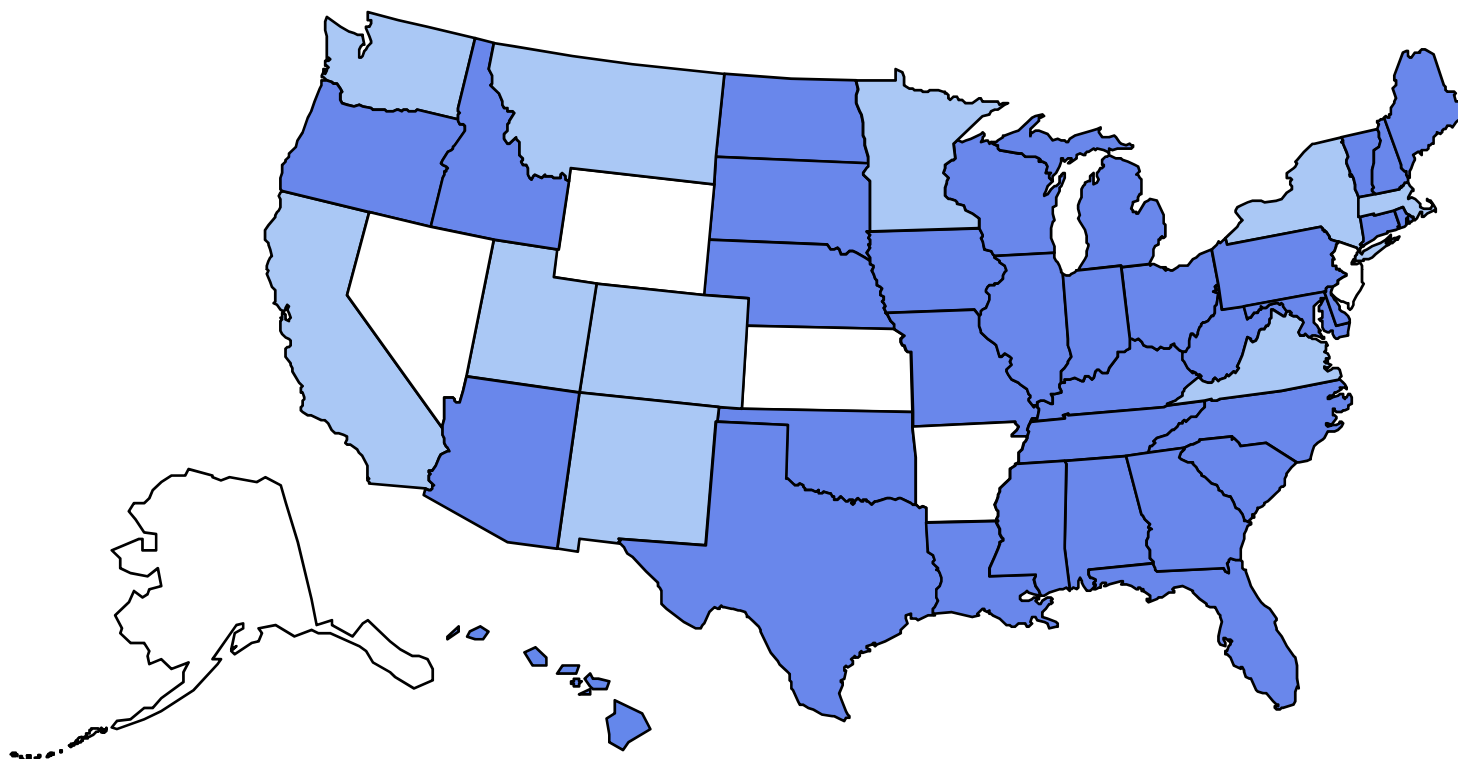
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 1990

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



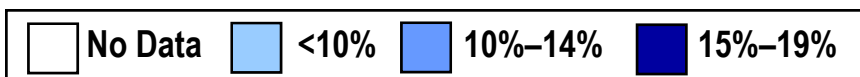
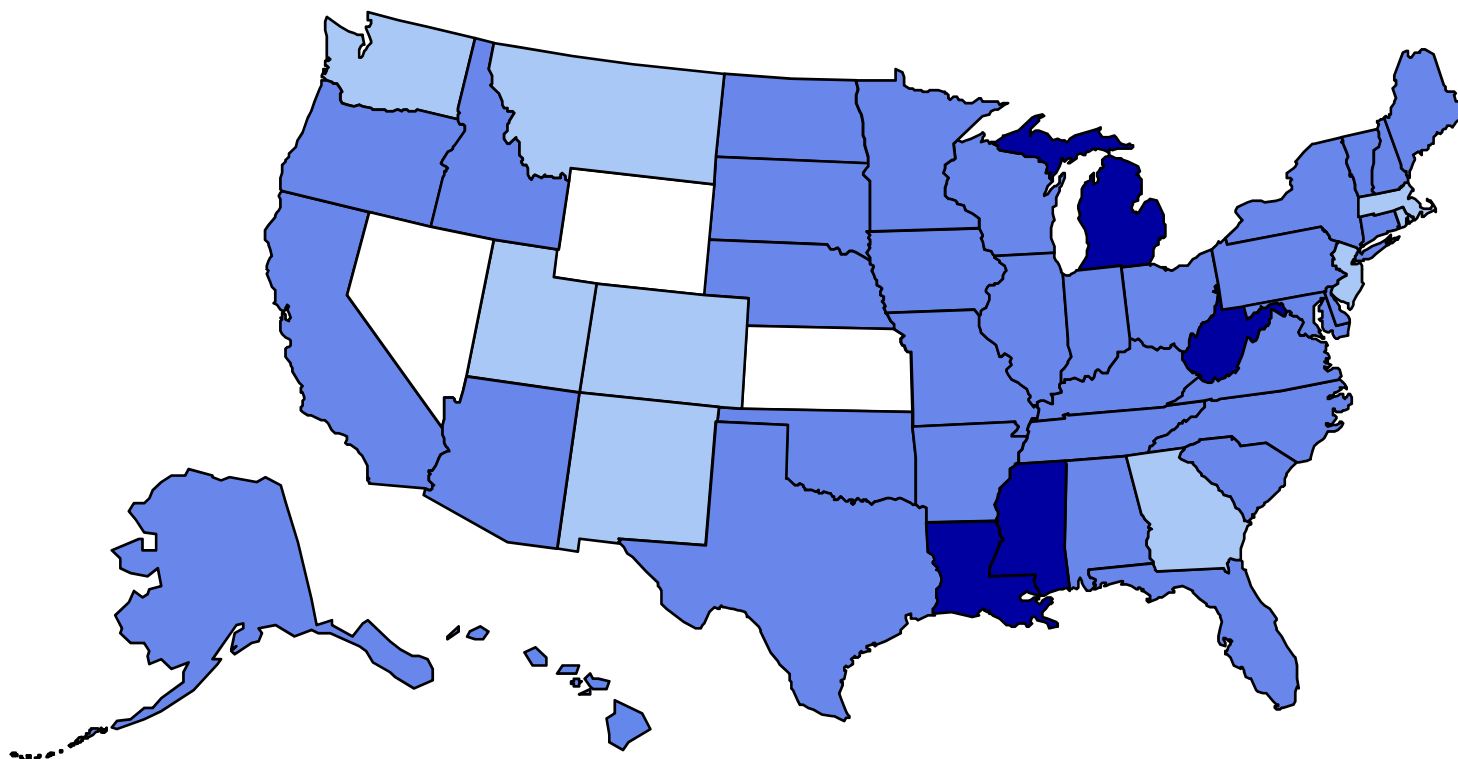
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 1991

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



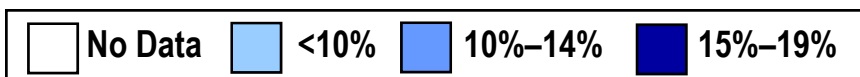
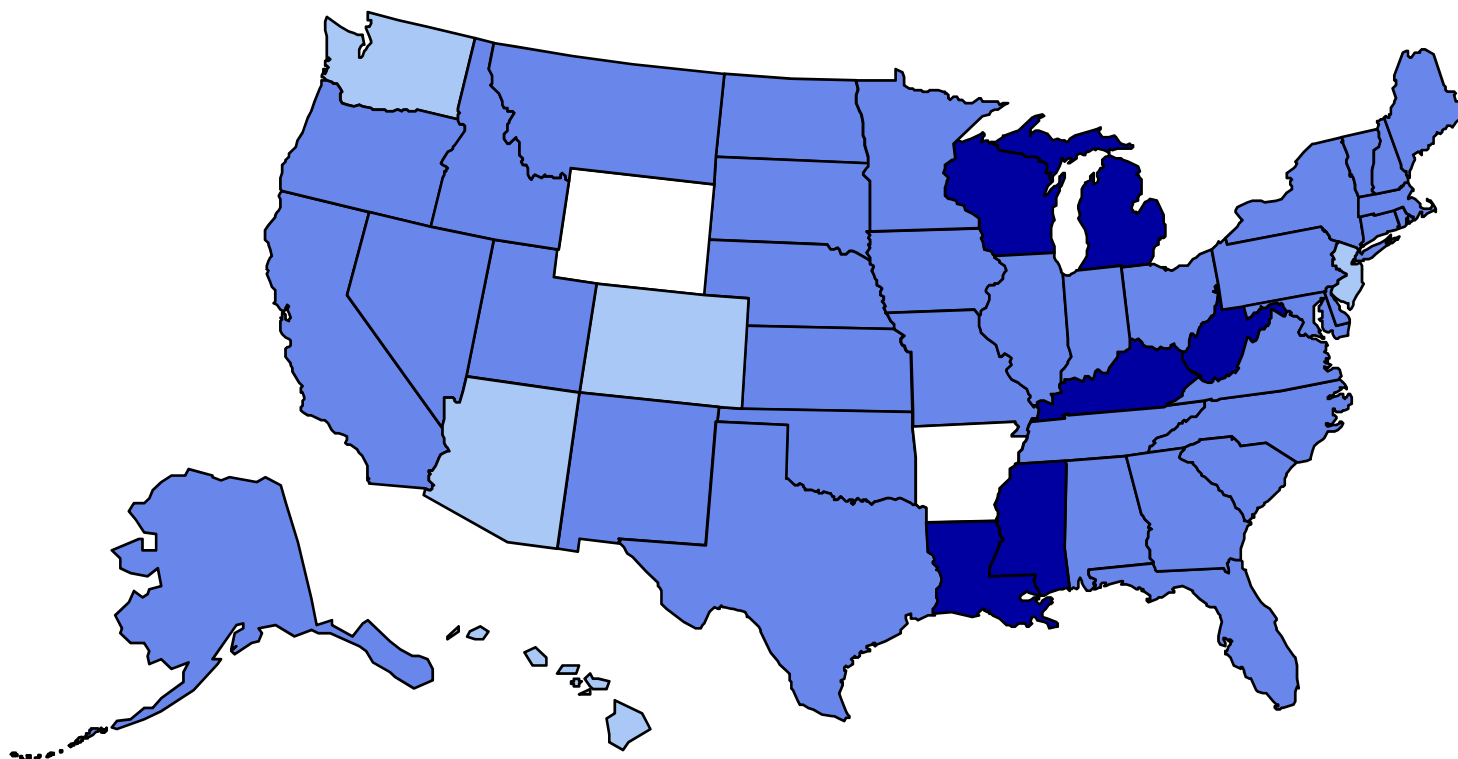
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 1992

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



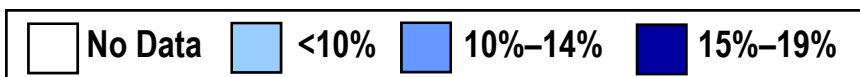
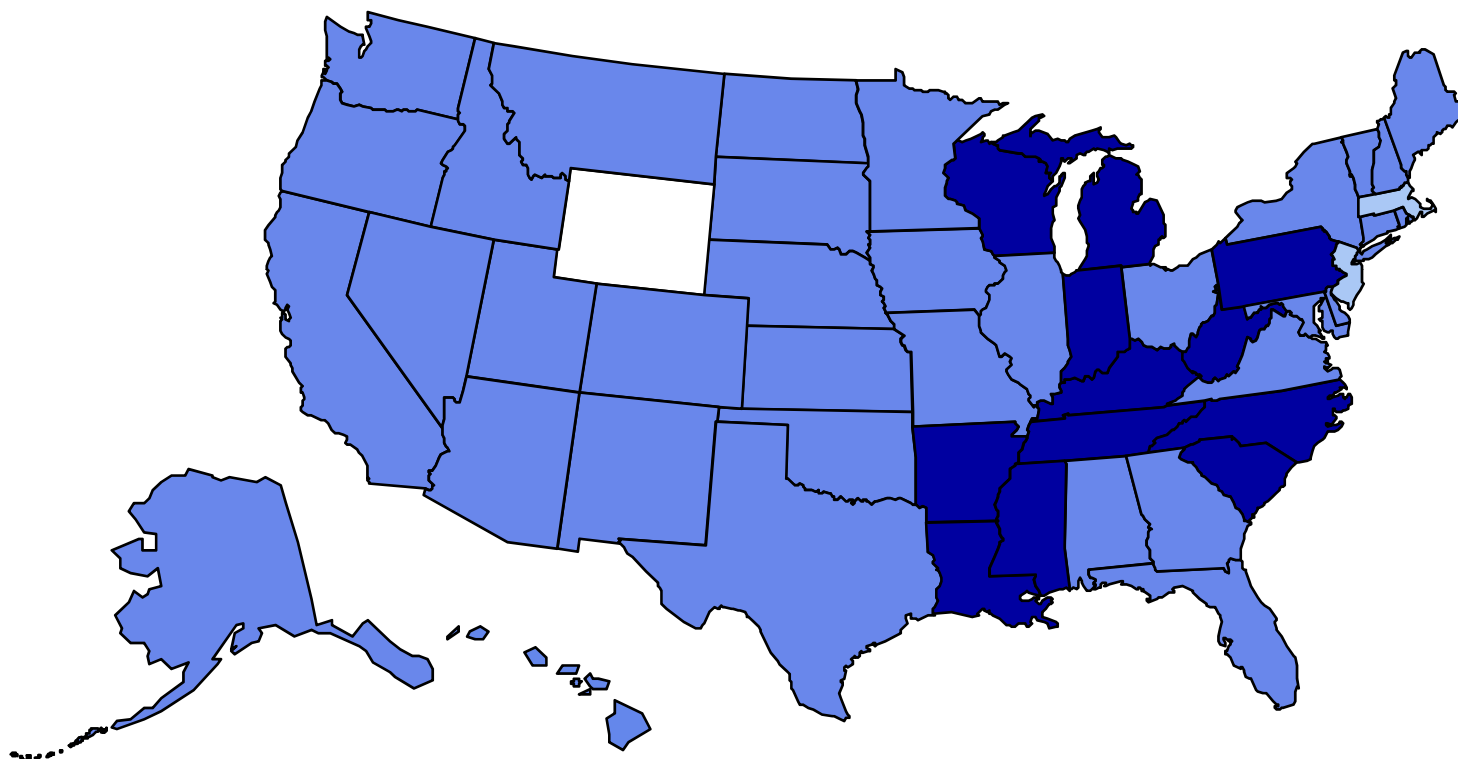
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 1993

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



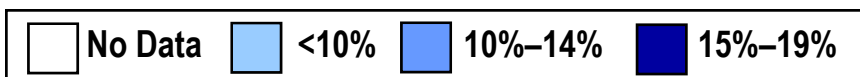
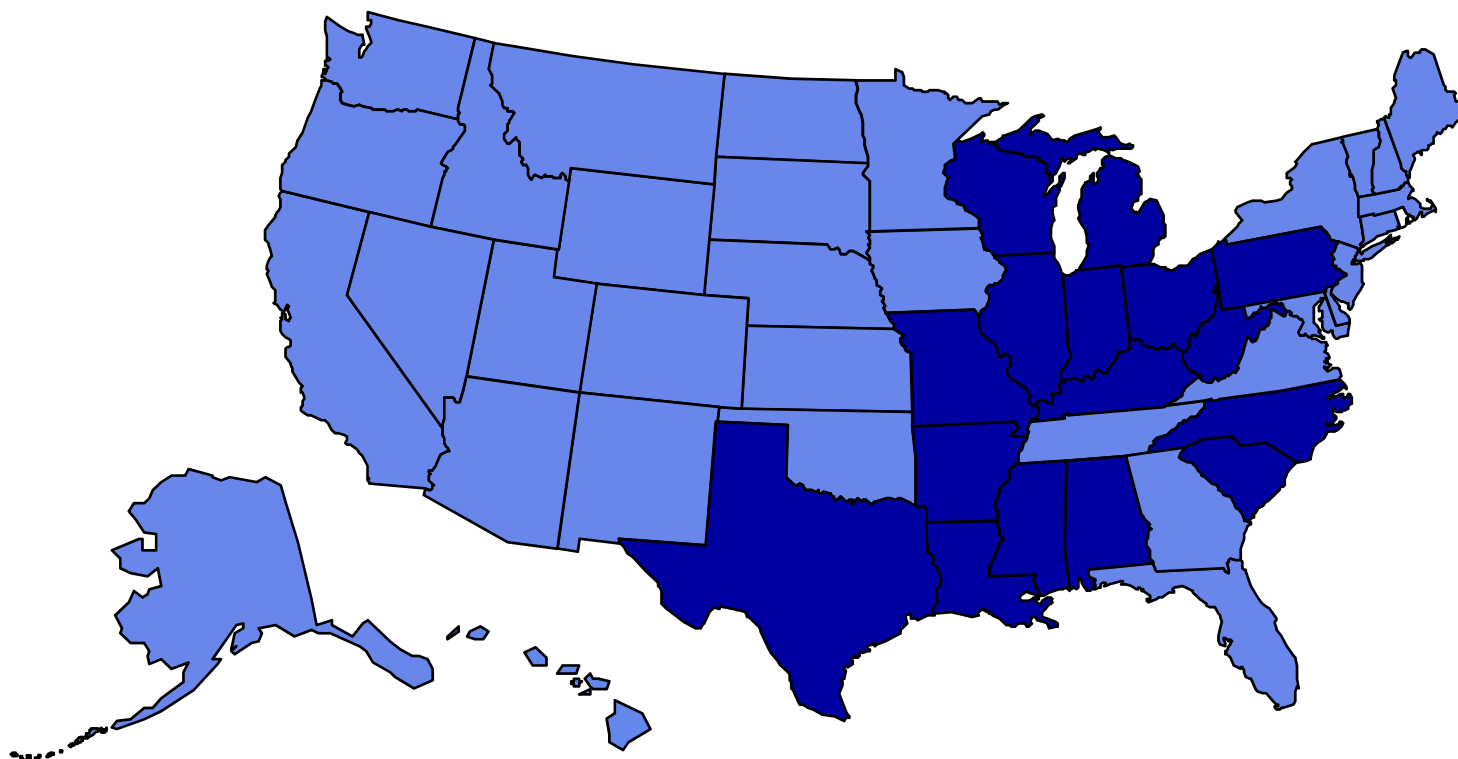
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 1994

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



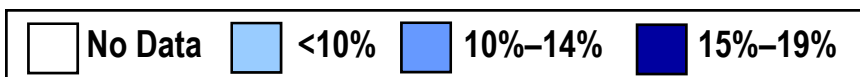
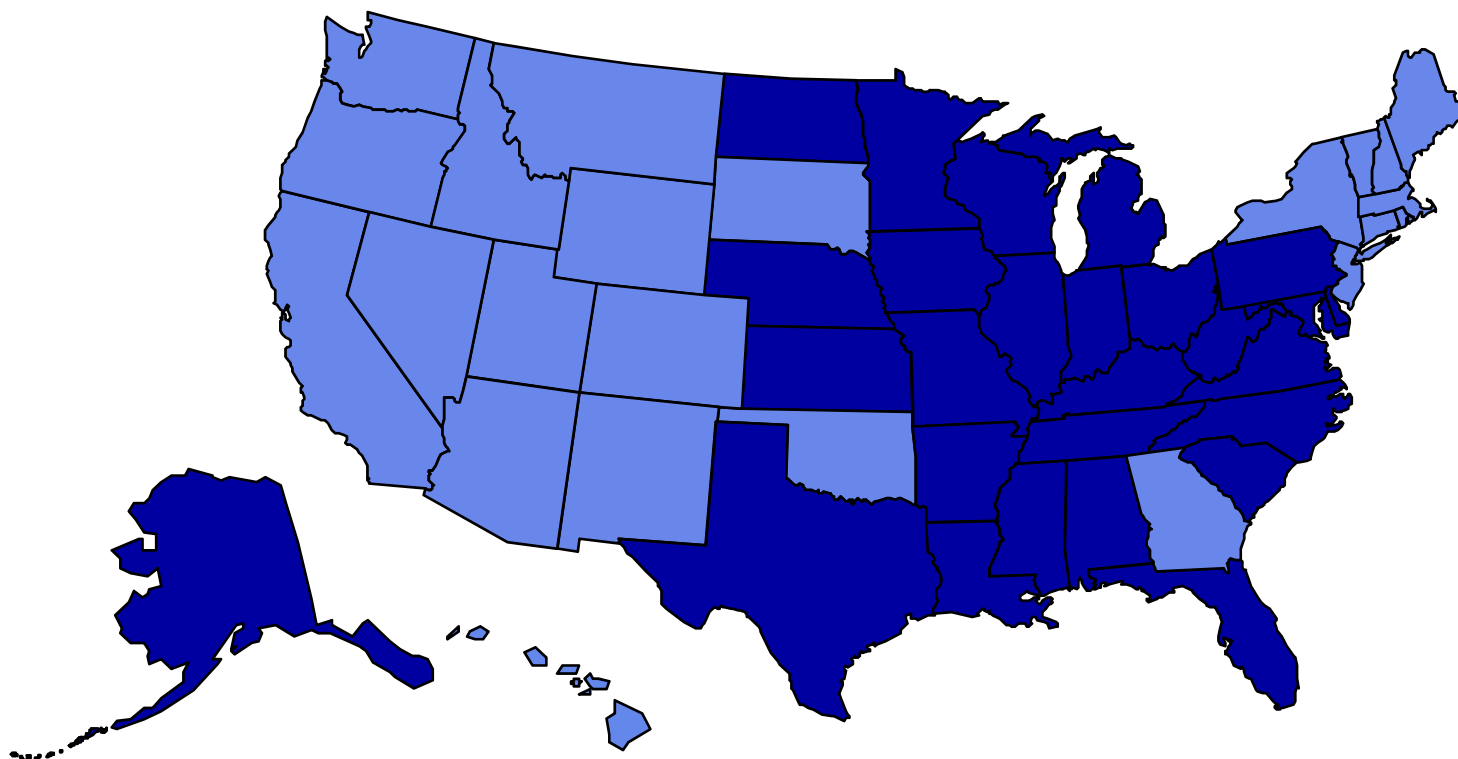
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 1995

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



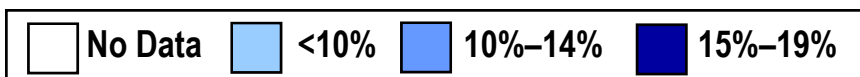
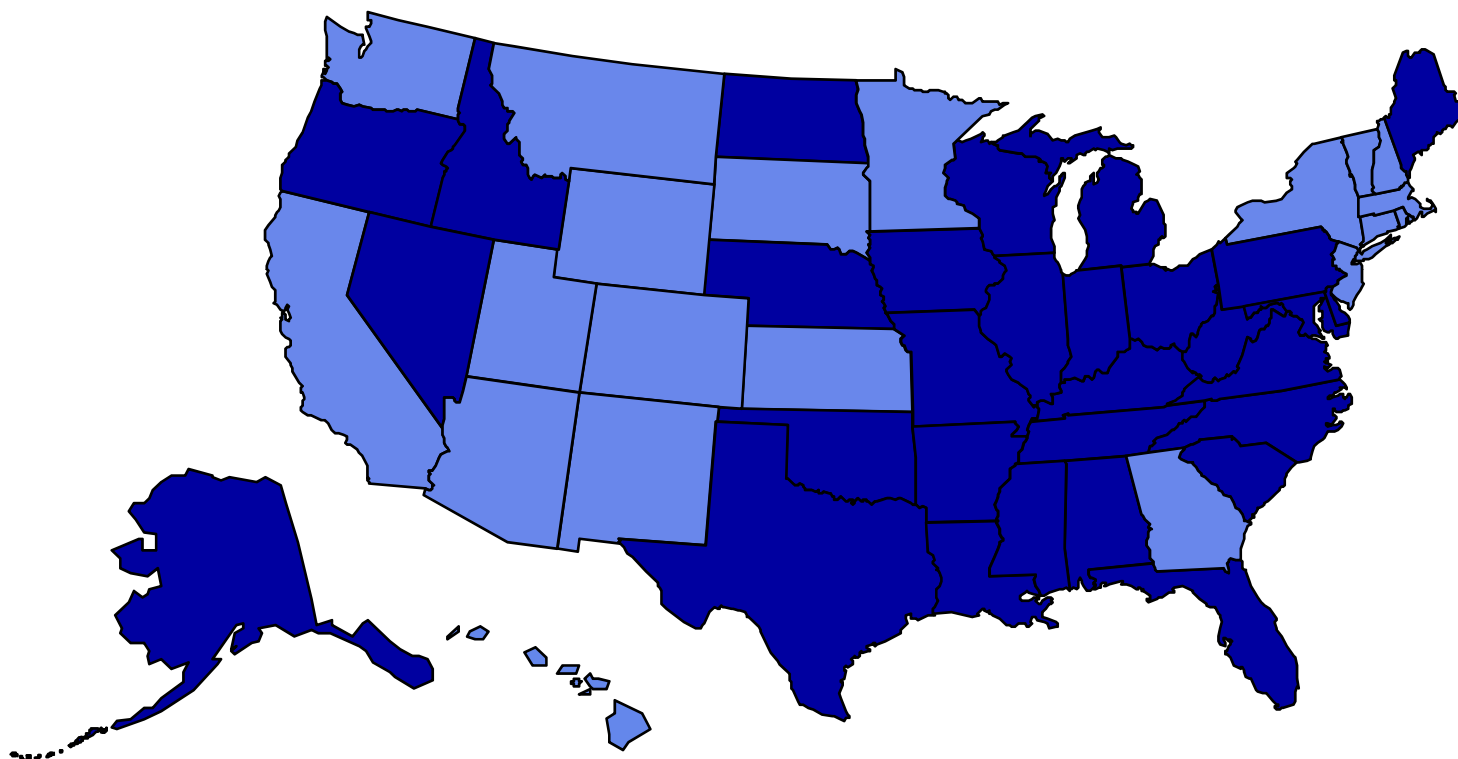
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 1996

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



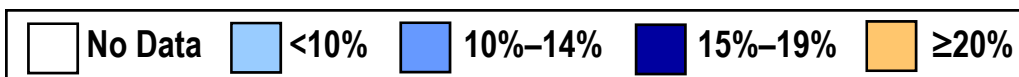
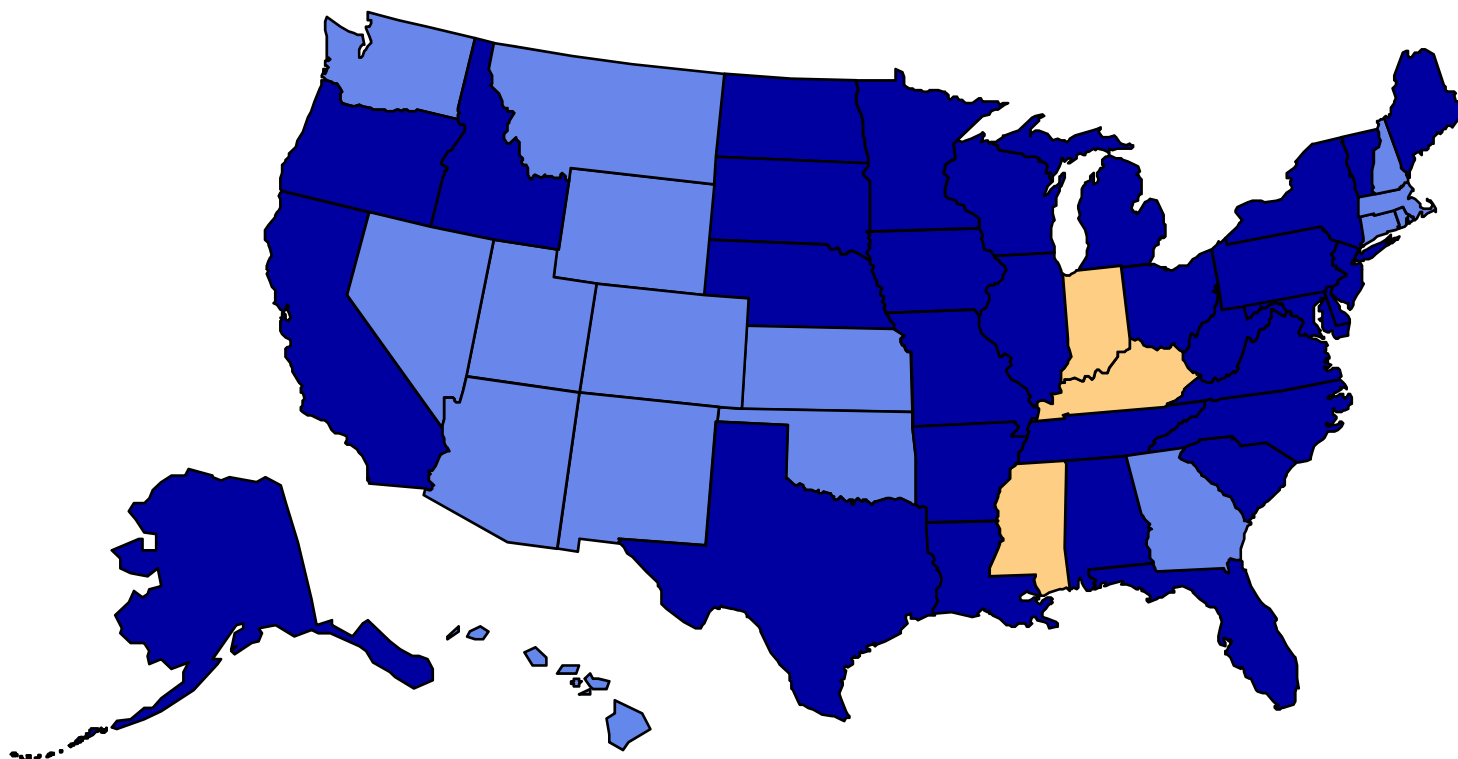
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 1997

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

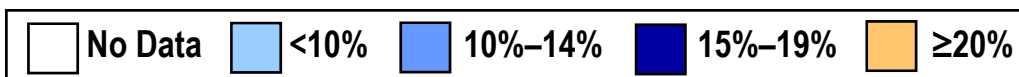
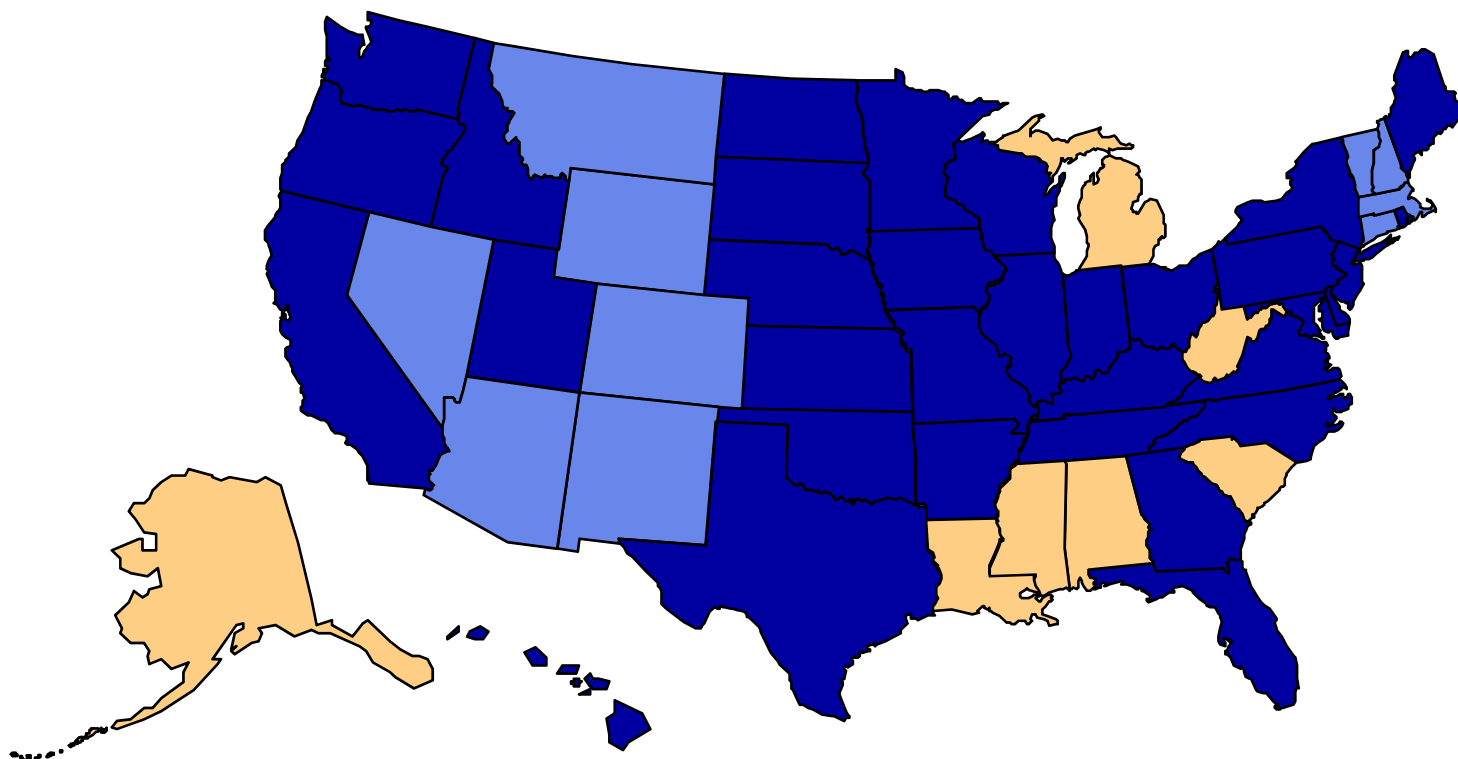


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 1998

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



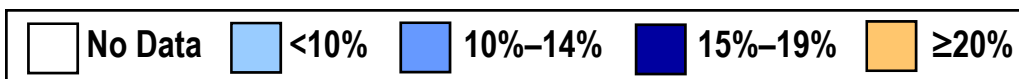
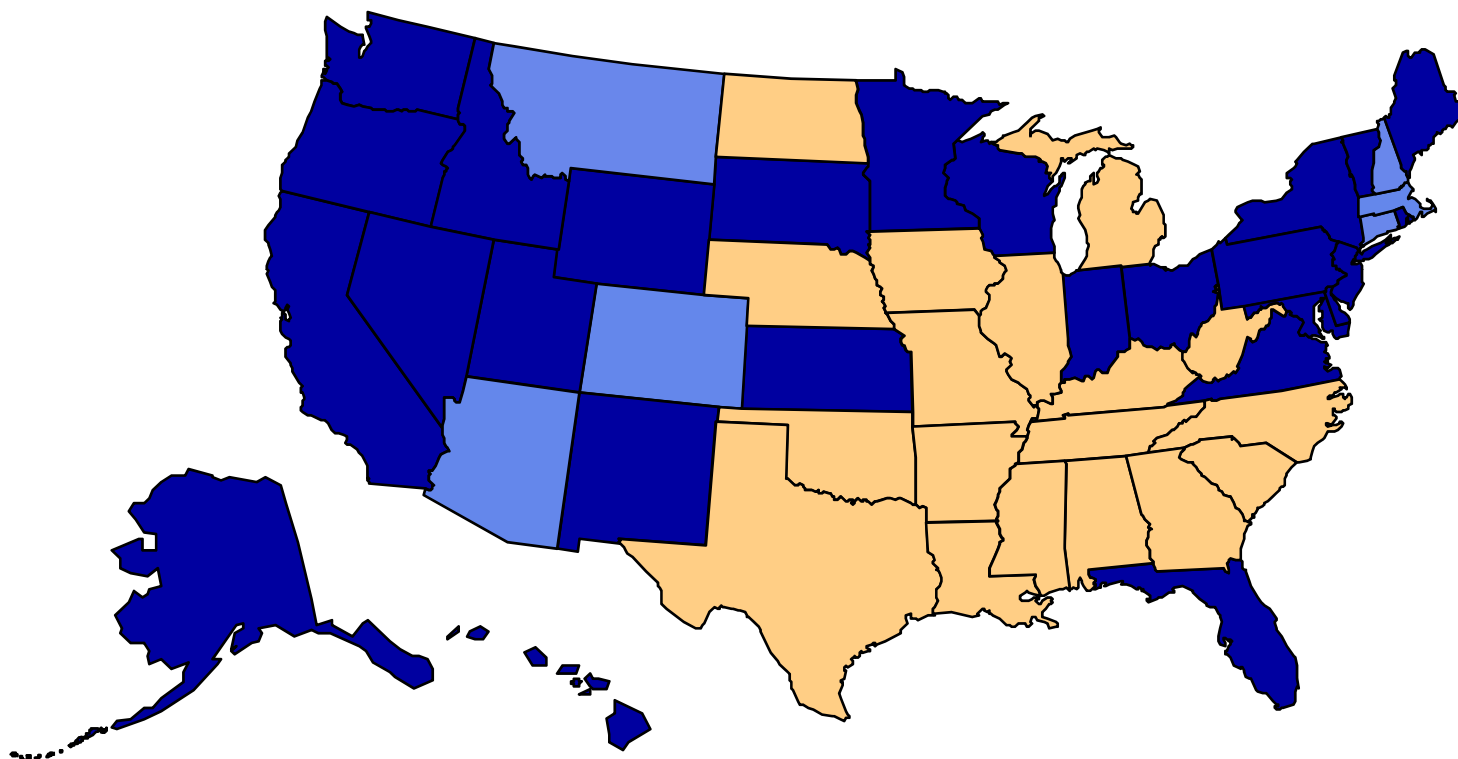
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 1999

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

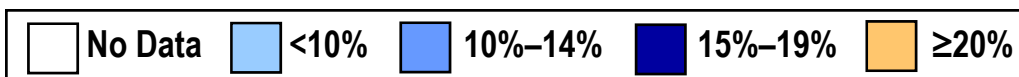
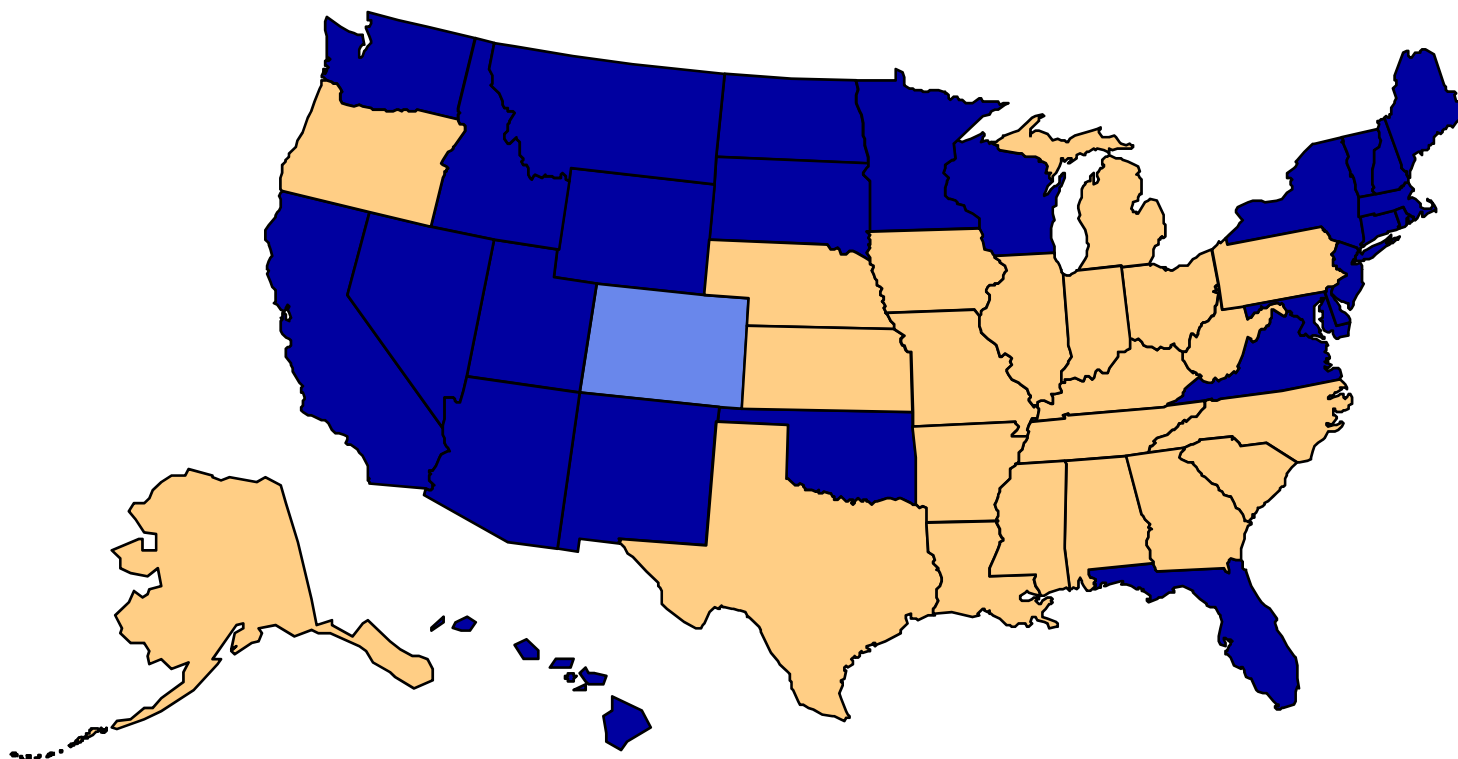


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 2000

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



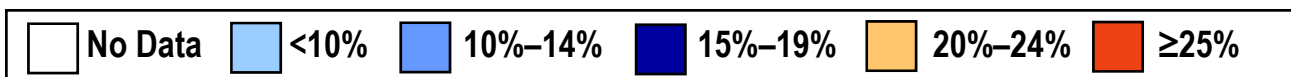
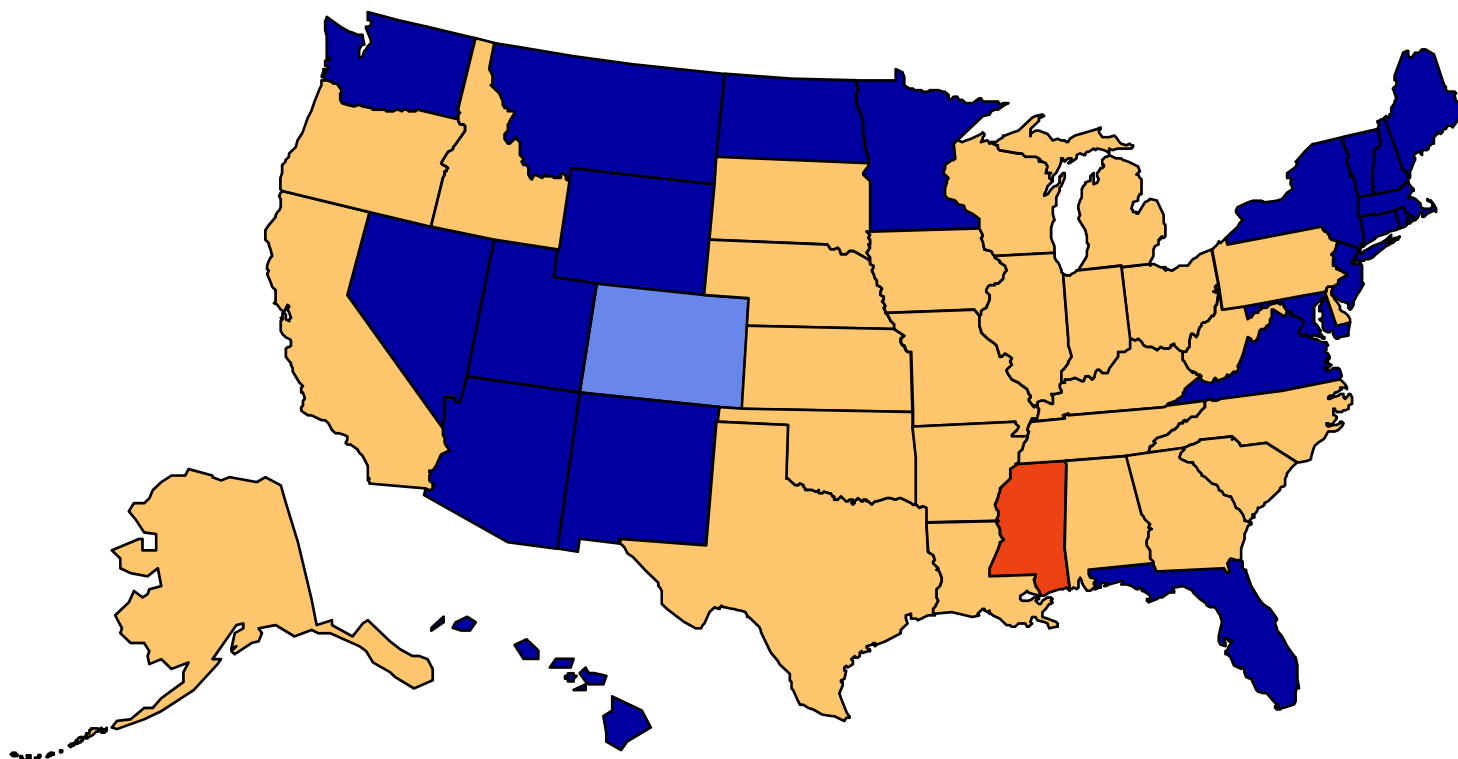
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 2001

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



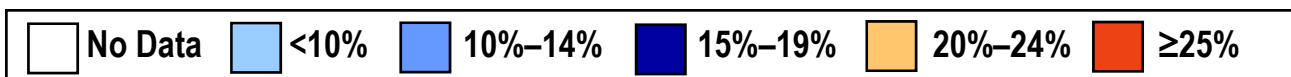
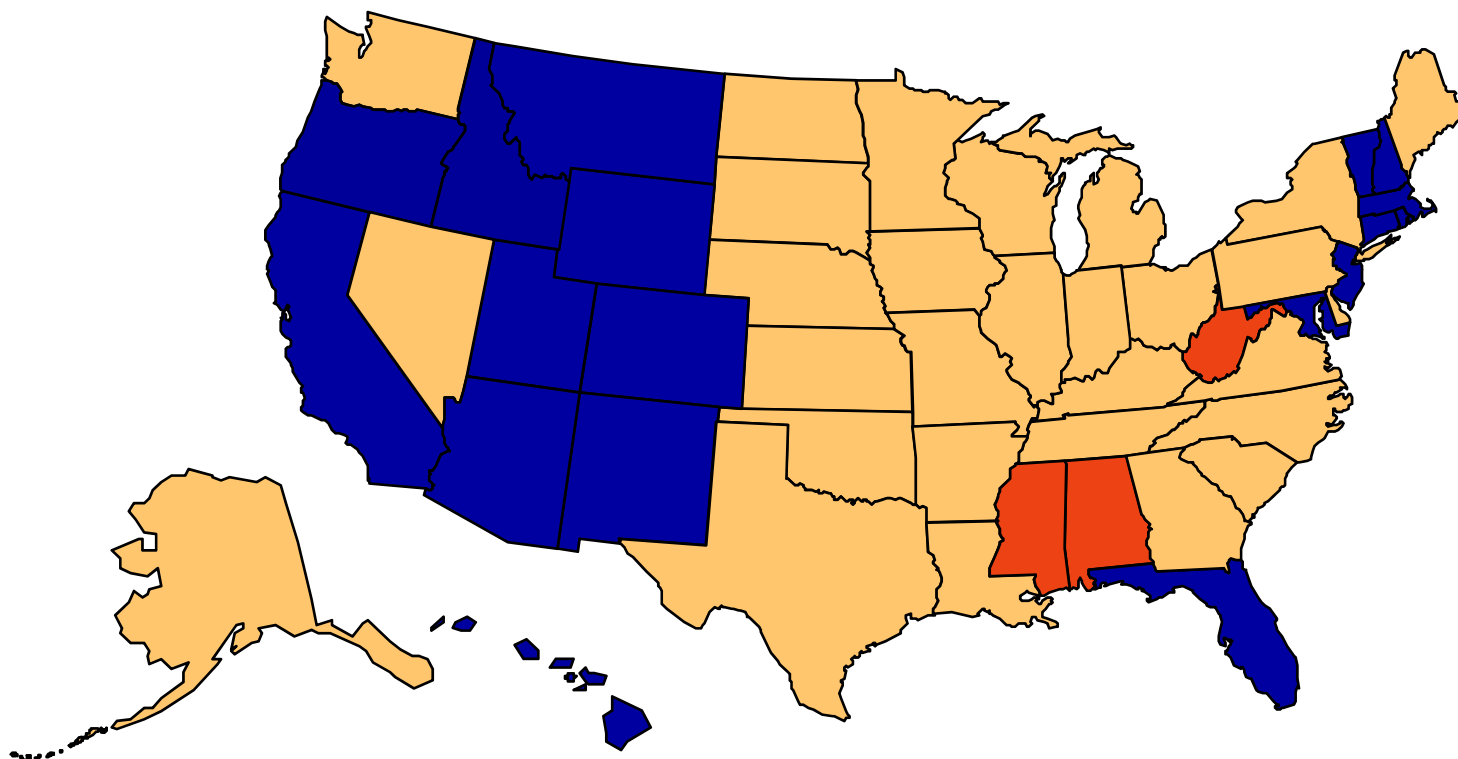
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 2002

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



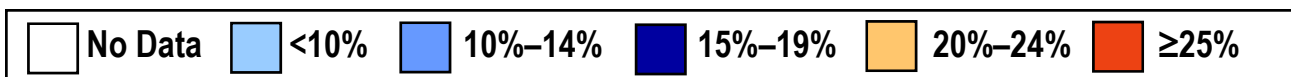
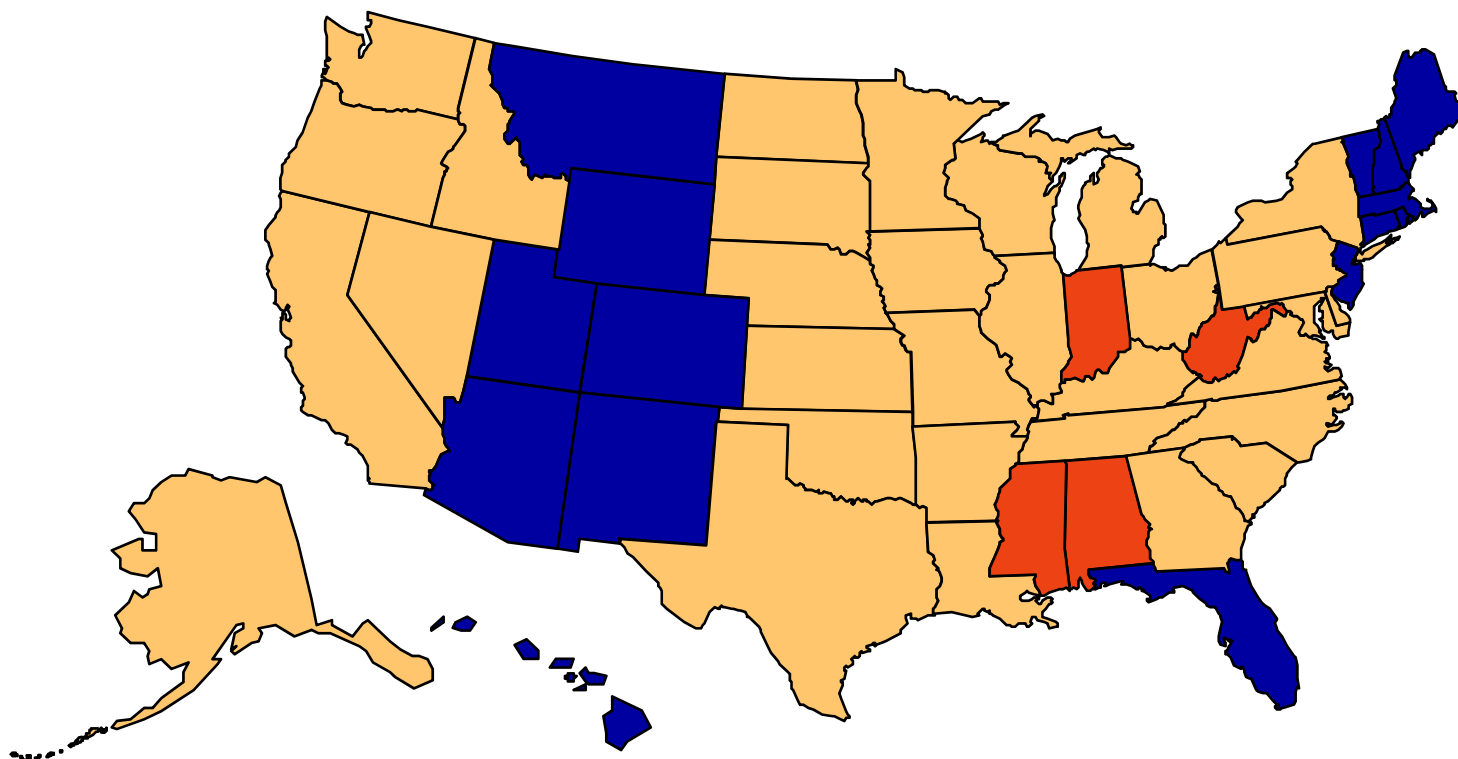
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 2003

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



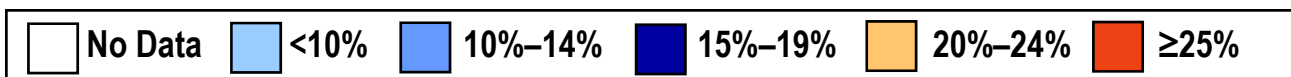
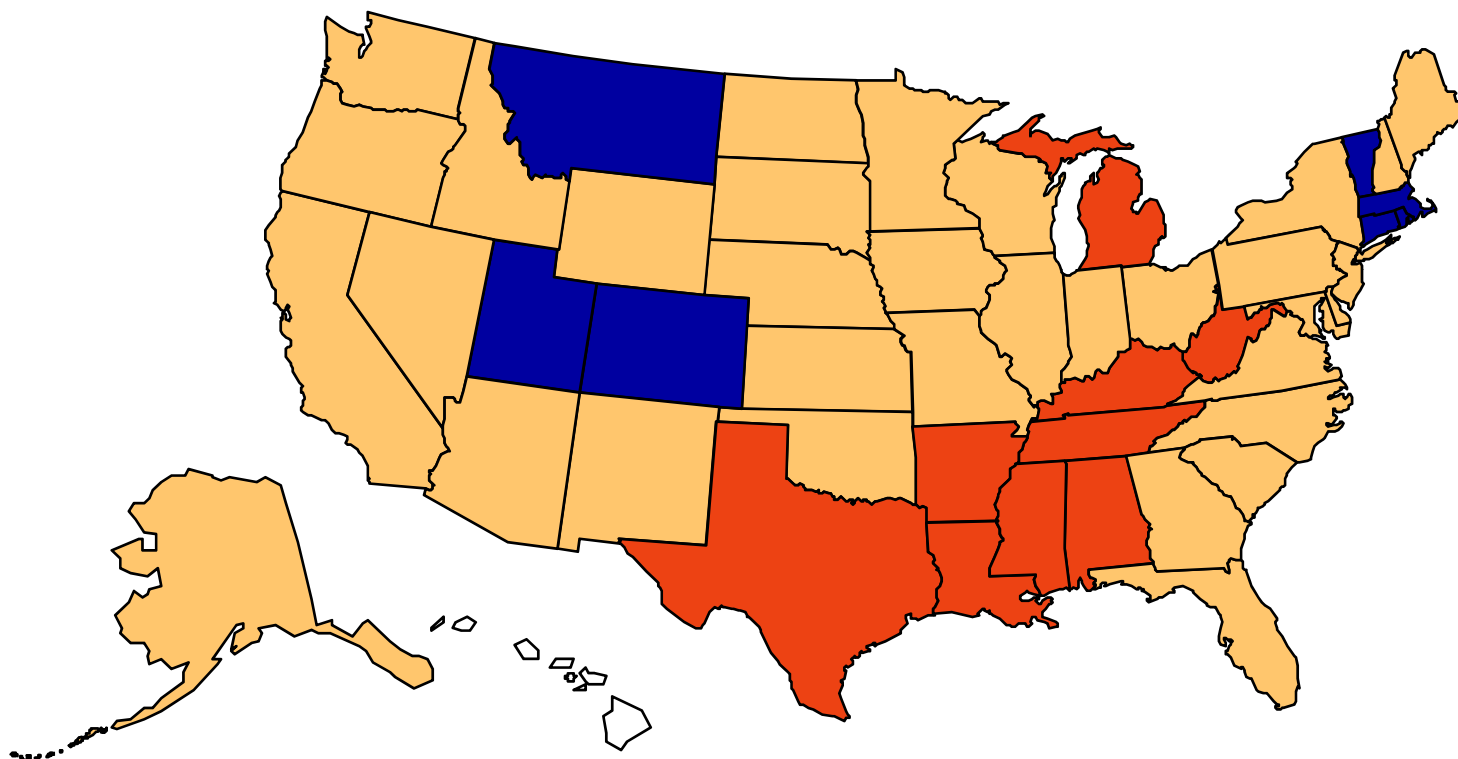
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 2004

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



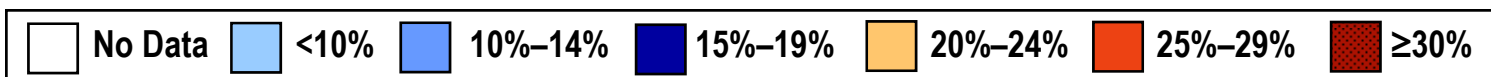
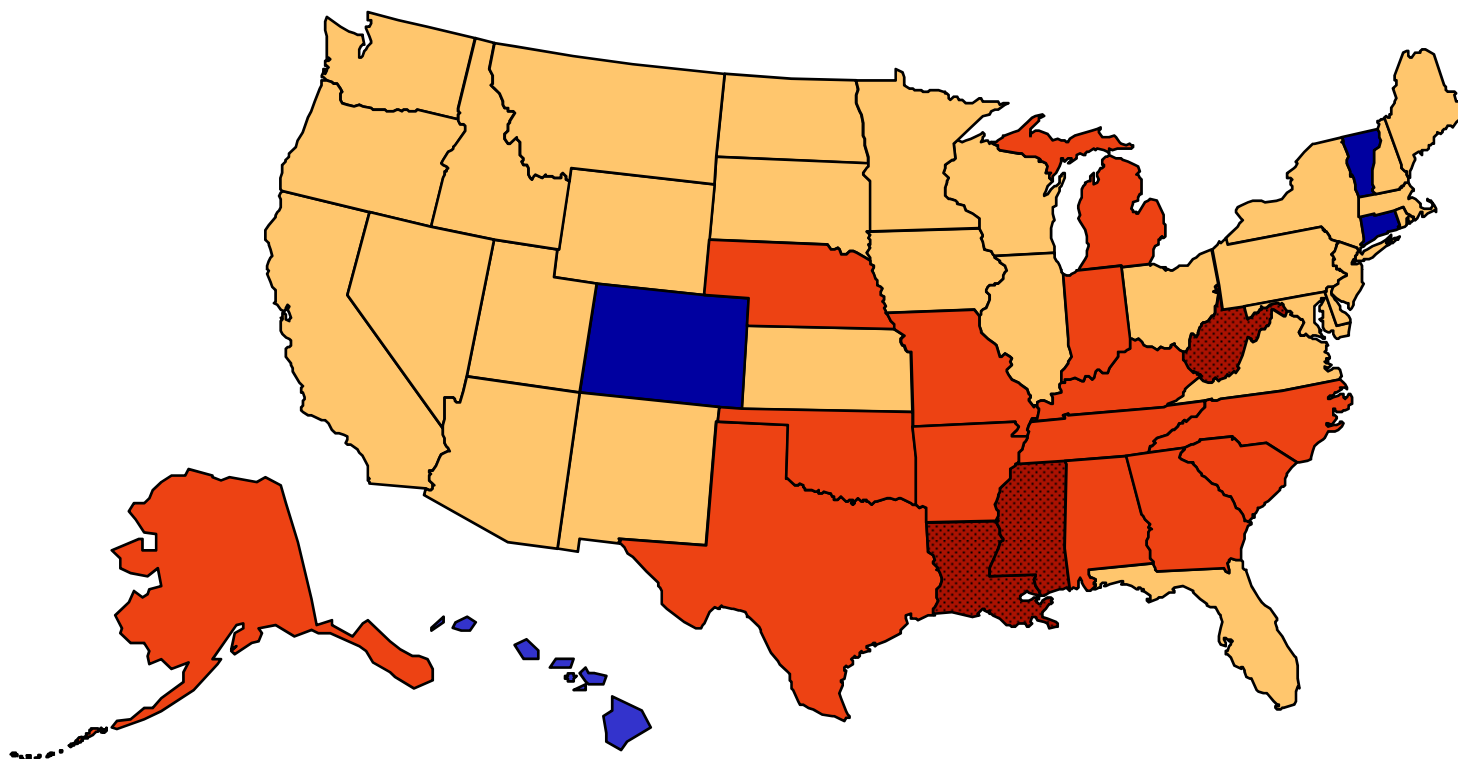
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 2005

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



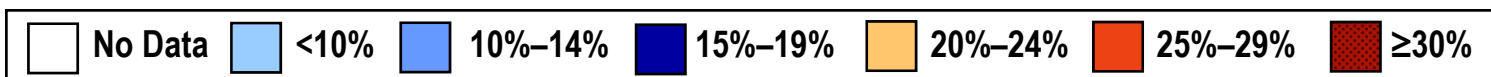
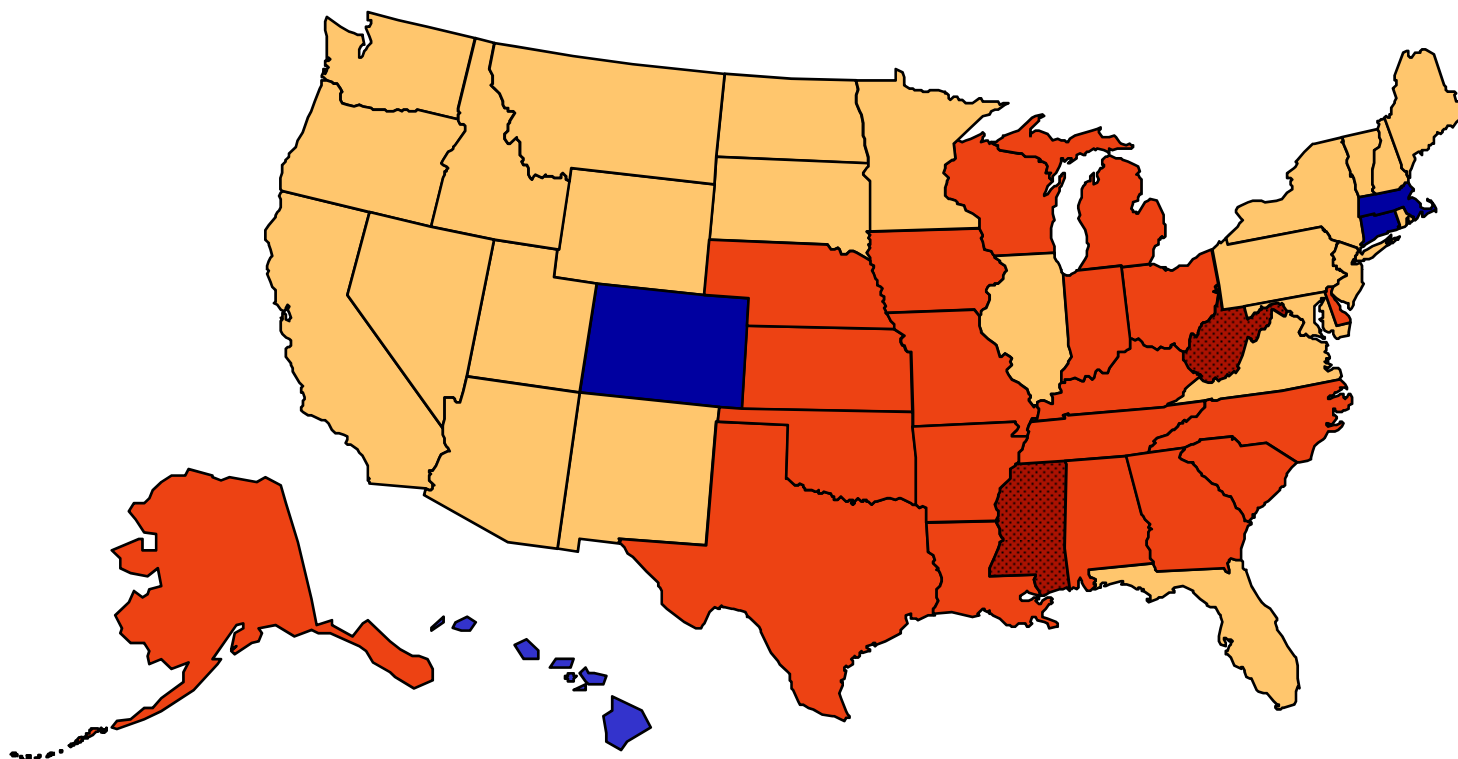
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 2006

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



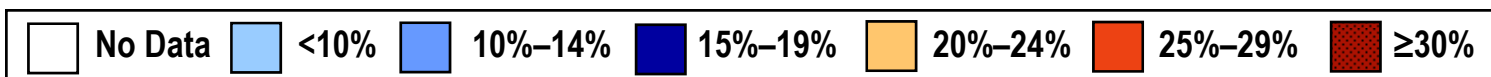
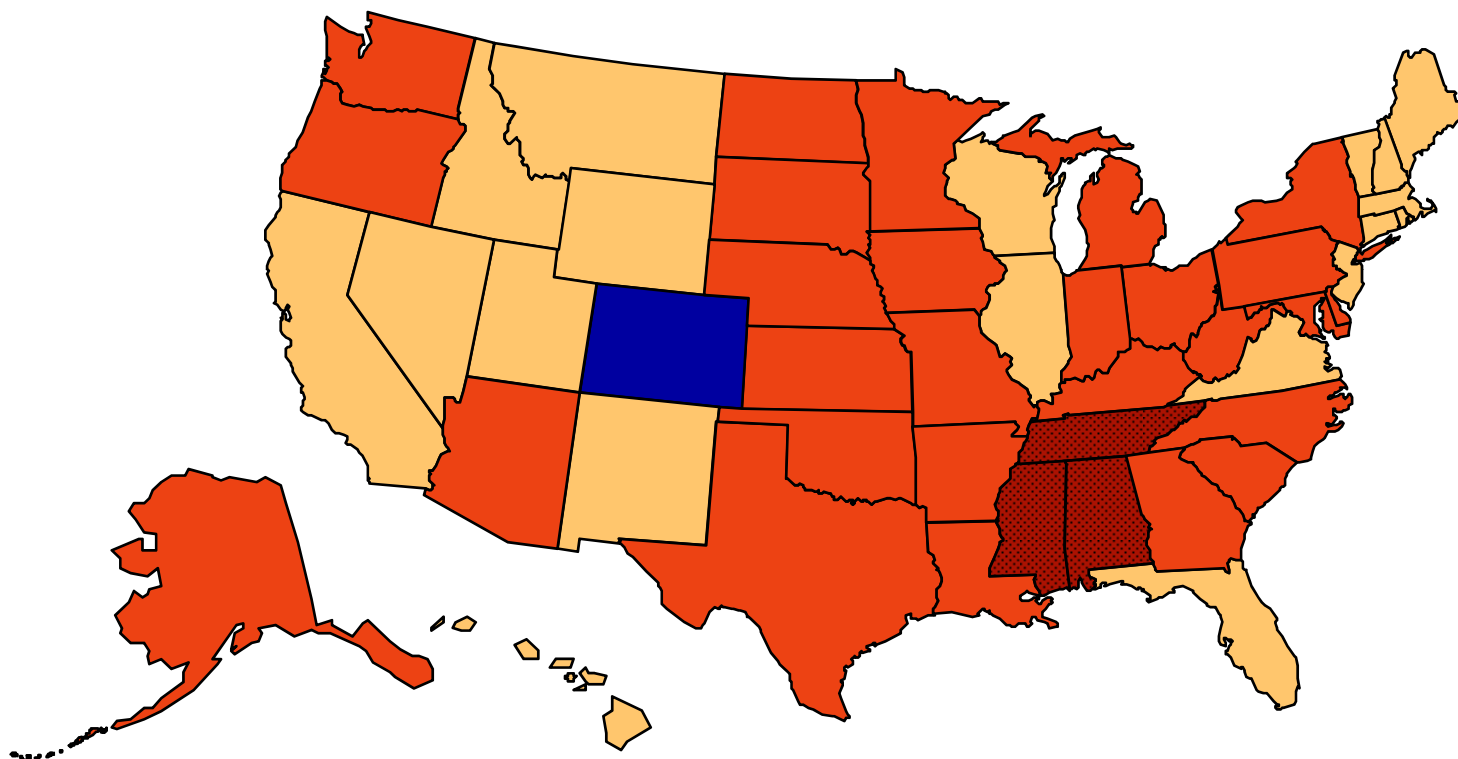
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 2007

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



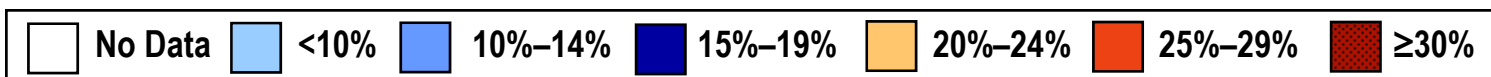
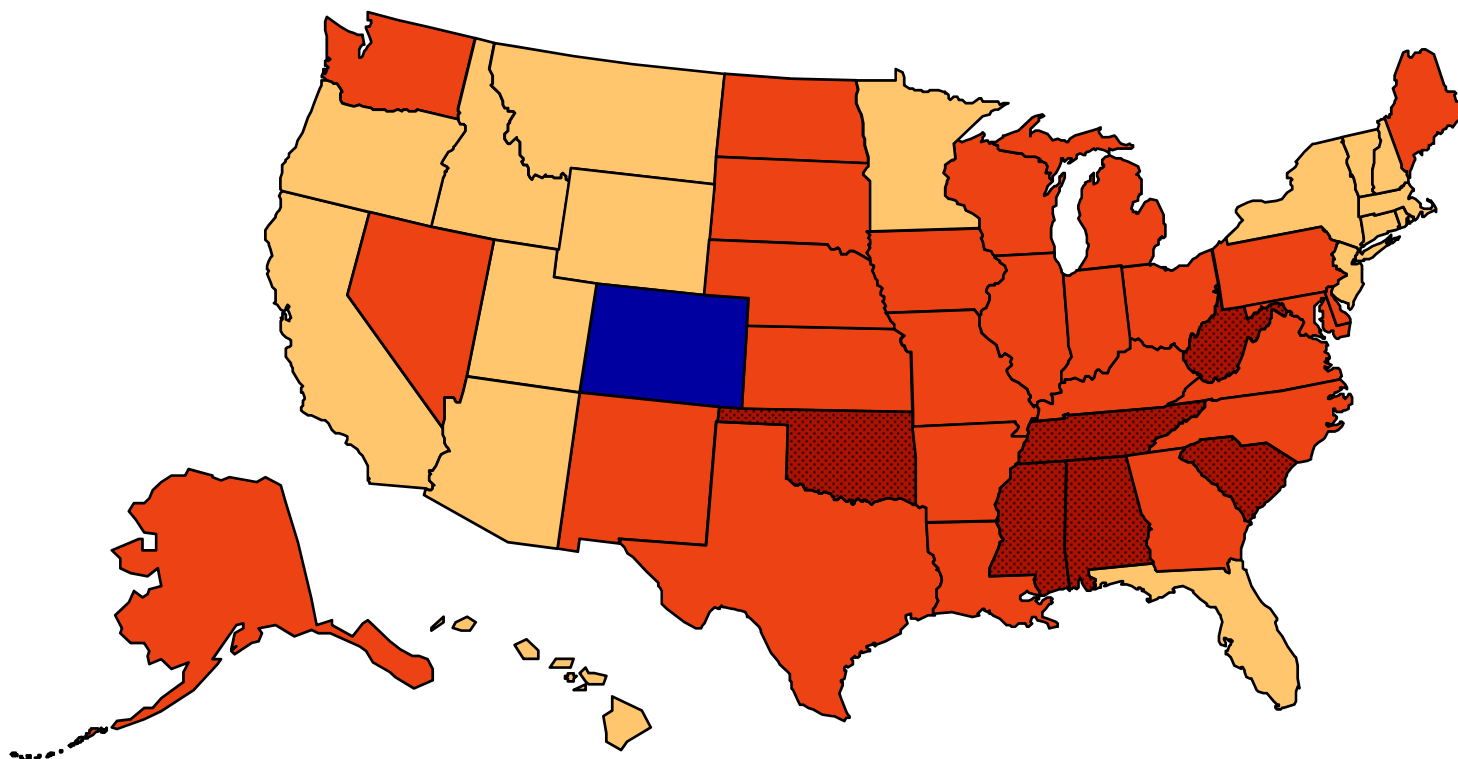
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 2008

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



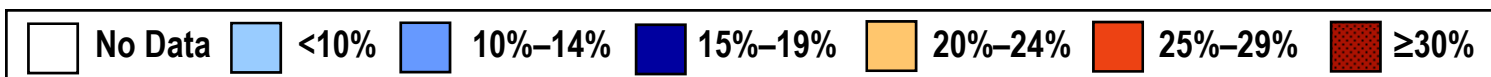
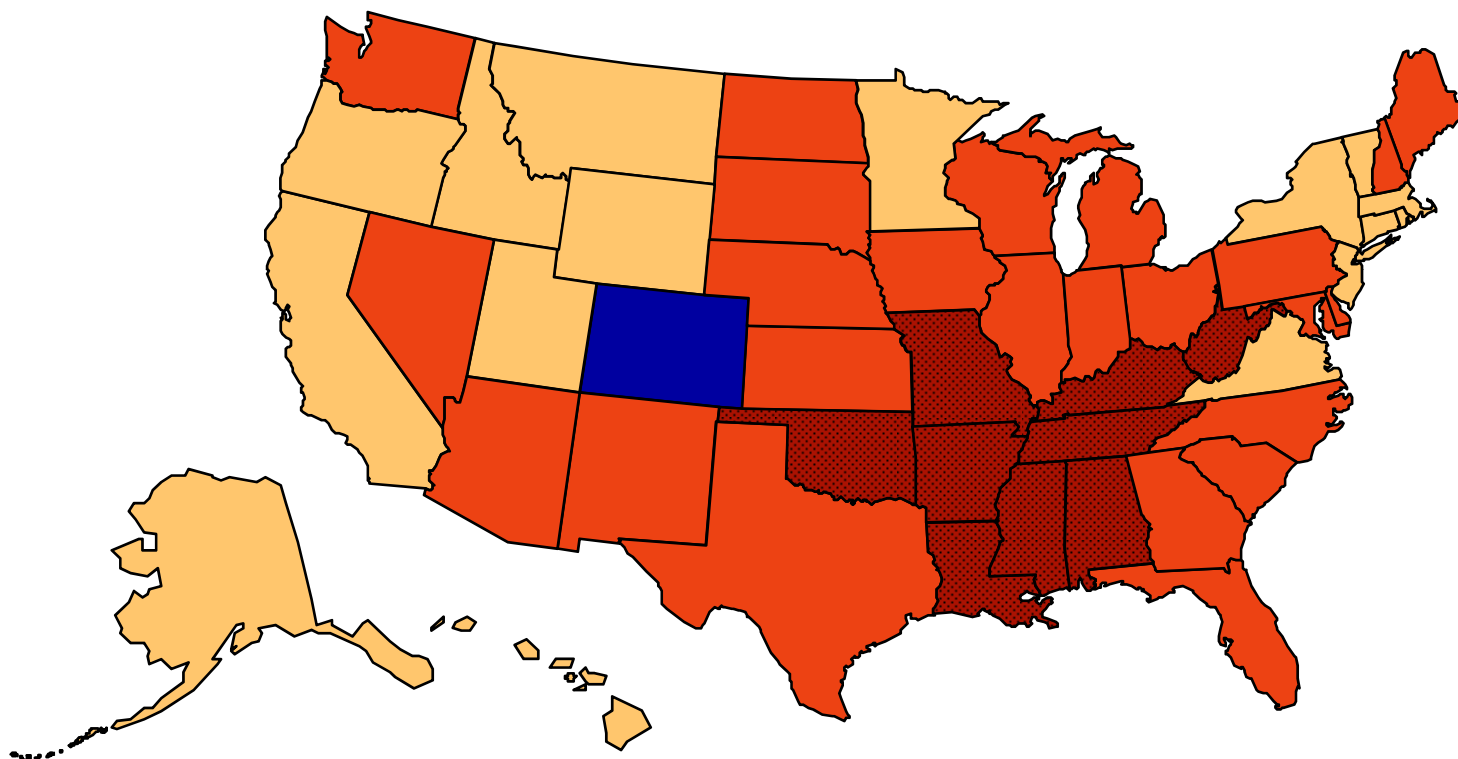
Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults

BRFSS, 2009

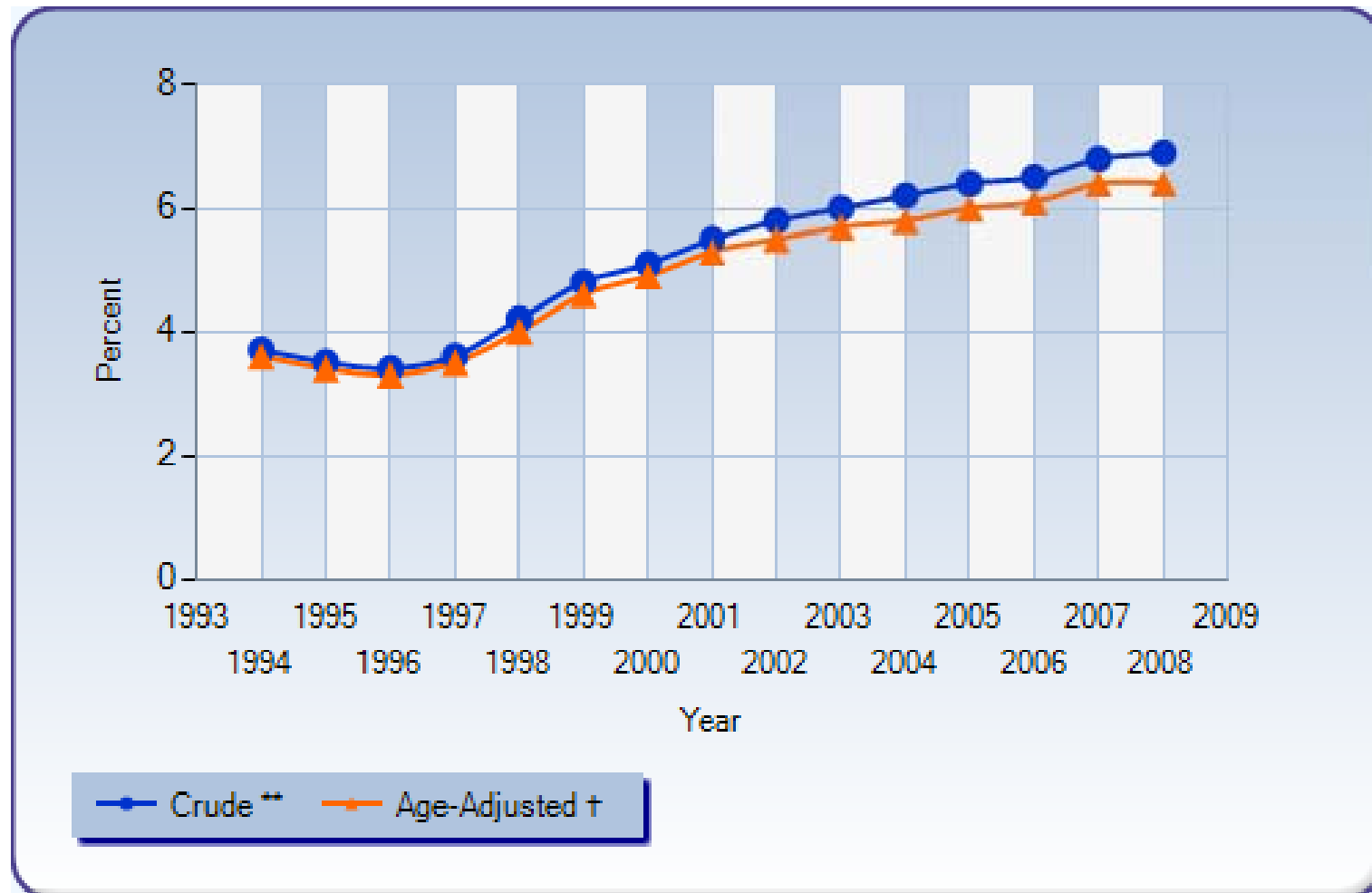
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.



Diabetes in North Dakota



Key Recommendations

- 16 additional medical student slots/year (+29%)
- 30 additional health sciences students/year (+15%)
- 17 additional residency slots/year (+57%)
- Health sciences building
- Geriatrics training program to complement Eva Gilbertson M.D. Endowed Chair in Geriatrics
- Master of Public Health (M.P.H.) degree, in conjunction with North Dakota State University



Thank you