NORTH DAKOTA

RURAL HEALTH TRANSFORMATION

North Dakota Behavioral Health Planning Council

Pat Traynor, Commissioner

Jody Estensen, Director, Strategic Partnerships & Stakeholder Engagement

NORTH Dakota Be Legendary. | Health & Human Services


5 Years / $1 Billion
The opportunity of a lifetime to become
the healthiest state in the nation

NORTH Dakota | Health & Human Services

Be Legendary.

Serves
799K
North Dakotans

Provides
150+
Programs & Services

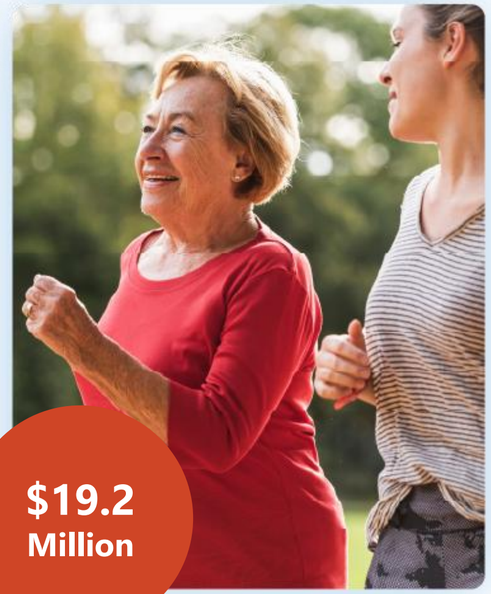
Supported by
2800
Full-time employees

Major Programs include:

Medicaid, Low Income Home Energy Assistance Program, Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, Childcare Assistance, Women, Infants & Children, Rural Health Transformation Project

Strategic Priorities and Funding for 2026

PILLAR 1



$19.2 Million

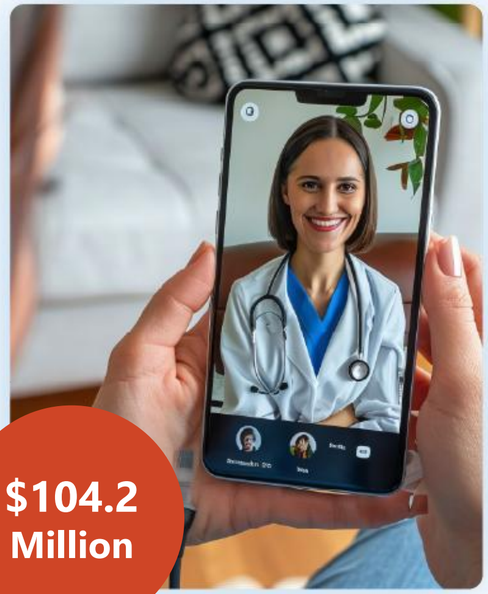
Make North Dakota Healthy Again

PILLAR 2

$44.4 Million

Strengthen and Stabilize Rural Health Workforce

PILLAR 3



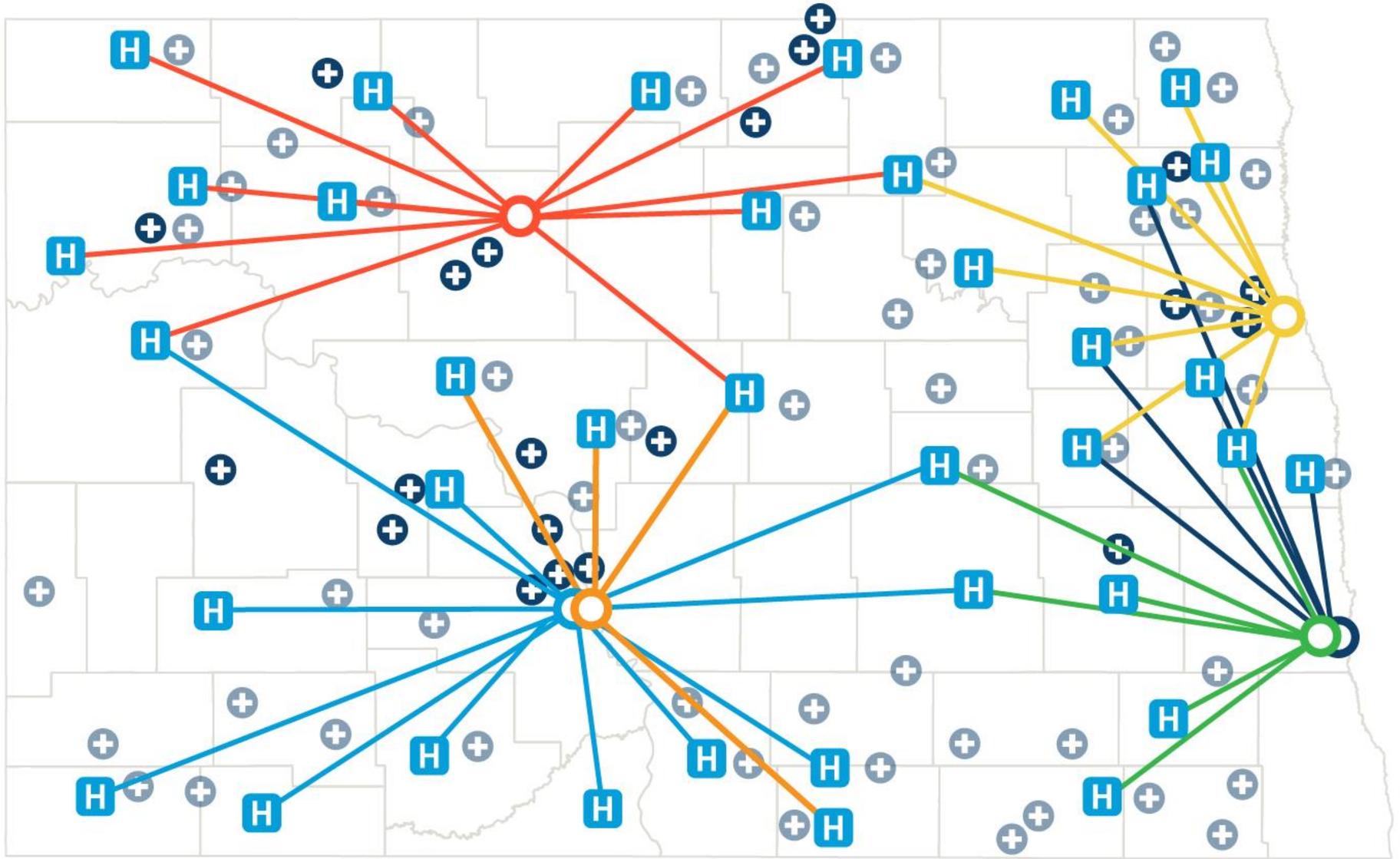
$104.2 Million

Bringing High-Quality Care Closer to Home

PILLAR 4

$33.9 Million

Connect Technology, Data and Providers for a Stronger North Dakota

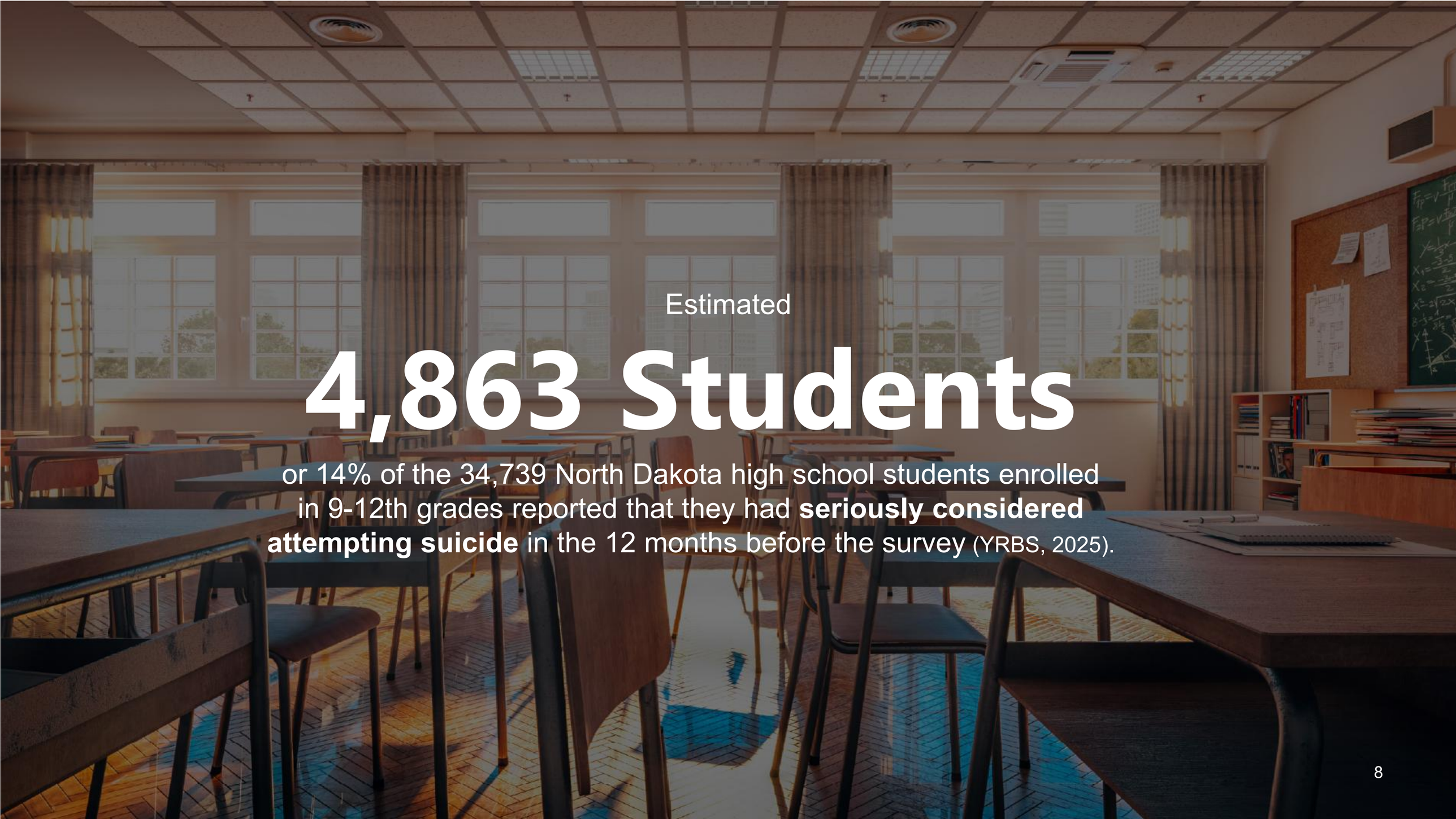

Critical Access Hospitals
Referral Centers
Rural Health Clinic
Federally Qualified Health Center

WE CAN BECOME THE HEALTHIEST STATE IN THE NATION

NORTH DAKOTA
RURAL HEALTH TRANSFORMATION

Mental Health Facts in North Dakota

Chart shows North Dakota's relative position to the U.S. value when considering the healthiest and least healthy states. Source: America's Health Rankings, 2025



Estimated

4,863 Students

or 14% of the 34,739 North Dakota high school students enrolled in 9-12th grades reported that they had **seriously considered attempting suicide** in the 12 months before the survey (YRBS, 2025).

10.6% of North Dakotans have Multiple Chronic Conditions

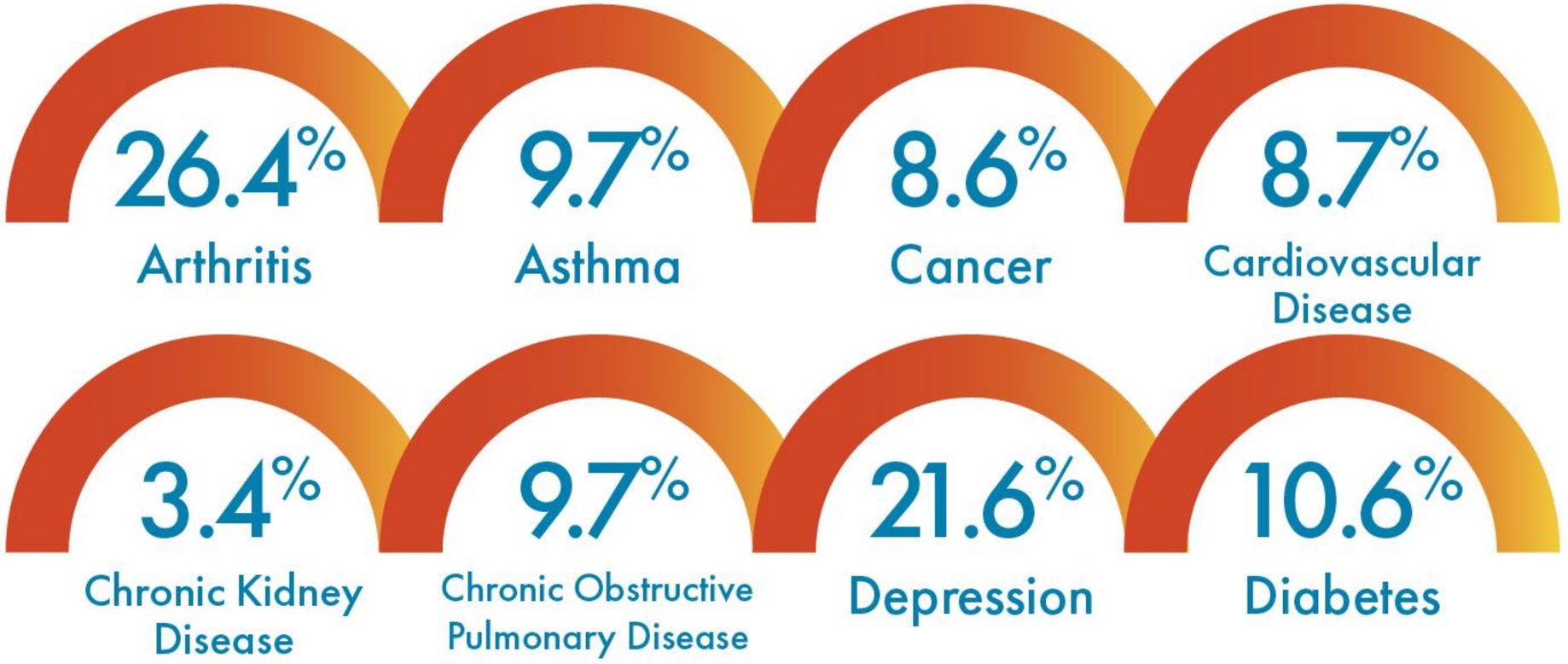


Chart shows North Dakota's relative position to the U.S. value when considering the healthiest and least healthy states. Source: America's Health Rankings, 2025

Key Health Risk Factors in North Dakota

Chart shows North Dakota's relative position to the U.S. value when considering the healthiest and least healthy states. Source: America's Health Rankings, 2025

ND Eats Well Together

A Healthy Diet Can Reduce Risk

Sources: The Lancet, NHS, HP Follow-up Study, NEJM, Cell Metabolism

ND Moves Well Together

Physical Activity Can Reduce Risk

Sources: CDC, Diabetes Prevention Program, AHA, NHS England meta-analysis, ACSM position stand, NIH, WHO

Healthy Weight Comparison from 2011-2024

ND Compass by NDSU Center for Social Research

Pillar 1

Make North Dakota Healthy Again

Eat Well North Dakota

Strengthen nutrition education and healthcare engagement

Expand community and family nutrition initiatives

ND Moves Together

Integrate physical activity into healthcare and daily environments

Activate community partners to promote movement

Expand access to physical activity infrastructure and opportunities

Building Connection and Resiliency

Strengthen rural behavioral health prevention and response

Battle For Your Attention

Suicide Prevention

Investing in Value

Provider incentives to reduce chronic disease through healthy eating and movement

Quality reporting and data dashboards

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Pillar 2

Strengthen and Stabilize Rural Health Workforce

Expand Rural Healthcare Training Pipelines

New physician residency training slots

Rural rotations and housing for students pursuing healthcare careers

Rural Health Preceptor Development Program

Expand opportunities for healthcare career education in middle and high schools in ND

Improve Retention in Rural and Tribal Communities

Recruitment and retention grants

Technical assistance for retention best practices

Technology as an Extender for Rural Providers

Remote monitoring and smart technology

Robotics and artificial intelligence to expand the rural workforce's care capacity and reduce staffing needs

Technical Assistance and Training for Existing Workforce

Statewide training for pharmacists on chronic and infectious disease

Maternal health training for the rural workforce

Colonoscopy training program for rural providers

Behavioral health training for the rural long term care workforce

Emergency preparedness curriculum development

Pillar 3

Bringing High-Quality Healthcare Closer to Home

Rightsizing Rural Health Care Delivery Systems for Future

Modernization and technology for residential facilities

Sustaining Revenue

Technical assistance for providers to diversify revenue streams, implement best business practices and integrate philanthropy models

Clinic without Walls

Create telehealth infrastructure and dental, mammography and primary care vans

Ensuring Safety Net Services Delivery

Technical assistance, training, equipment and facility upgrades

Telehealth and EHR connectivity

Township first responder/EMS

Ensuring Transportation

Non-emergency medical transportation from rural areas to care delivery

Coordinating and Connecting Care

Technical assistance for ND Medicaid, private payors and providers to develop care coordination programs for patients with chronic disease or behavioral health conditions

NORTH DAKOTA RURAL HEALTH TRANSFORMATION

Pillar 4

Connect Technology, Data and Providers for a Stronger ND

Breaking Data Barriers

Modernize and unify North Dakota's EHRs, payor data and pharmacy data and expand to rural and tribal providers

Cooperative Purchasing for Technology and Infrastructure

Support agreements for cybersecurity, population health tools, electronic medical records, regulatory and financial infrastructure, supplies and equipment

Harnessing Artificial Intelligence (AI) and New Technology

Predictive analytics and delivery drones

Consumer-Focused Applications/Devices to Improve Health

Automated prescription pickup kiosks and self-collected specimens

Remote monitoring, electronic caregivers and facilitated video visits

NORTH DAKOTA
RURAL HEALTH TRANSFORMATION


FUNDING
OPPORTUNITIES
TO CREATE HEALTHY ND
COMMUNITIES

Closed Funding Opportunities

Opportunity	Funding	Pillar	# of Applicants	Status
Behavioral Health Promotion (Mental health, suicide and substance use prevention)	An estimated 10 awards averaging $160,000 each, with approximately $1.6 million available overall	Make North Dakota Healthy Again	79	Grant budgets under review
Suicide Intervention – Healthcare Systems Initiative (Screening, referral and follow-up care)	One award averaging $400,000 in total federal funds in Year 1	Make North Dakota Healthy Again	7	Grant budgets under review
Expand Rural Health Care Rotations	An estimated 15 awards of up to $200,000 each, with approximately $3 million available overall	Strengthen and Stabilize Rural Health Workforce	24	Grant budgets under review
Train-In-Place	An estimated 15 awards averaging $135,000 each, with approximately $2 million available overall	Strengthen and Stabilize Rural Health Workforce	45	Grant budgets under review
Ensuring Safety Net Service Delivery	An estimated 50 awards averaging $300,000 each, with approximately $15 million available overall	Bringing High-Quality Healthcare Closer to Home	88	Grant budgets under review
Rural Hospital Clinical Equipment	An estimated 20 awards of $2 million each, with $40 million available overall	Bringing High-Quality Healthcare Closer to Home	38	Grant with Evaluators/Scoring

Closed Funding Opportunities – Continued

Opportunity	Funding	Pillar	# of Applicants	Status
Clinical Access Hospital Workforce Retention	An estimated 37 awards averaging $270,000 each, with approximately $10 million available overall	Strengthen and Stabilize Rural Health Workforce	36	CMS for approval
Community Garden Projects	Awards ranging from $5,000 to $30,000 each, with $300,000 available overall	Make ND Healthy Again	45	Grant budgets under review
Zero-Hour Physical Education Initiatives	Awards ranging from $10,000 to $70,000 with approximately $700,000 available overall	Make ND Healthy Again	23	Grant budgets under review
Community-Based Walking Programs	Awards ranging from $25,000 to $125,000 each, with $2.5 million available overall	Make ND Healthy Again	34	Grant budgets under review
Rightsizing Healthcare Delivery Systems for the Future	An estimated 42 awards of $40,000 each, with approximately $2.31 million available overall	Bringing High-Quality Healthcare Closer to Home	41	Grant budgets under review
Mobile Mammography Unit	An estimated $1.5 million in awards	Bringing High-Quality Healthcare Closer to Home	2	Grant with Evaluators/Scoring

Current Funding Opportunities

Opportunity	Funding	Closing	Pillar	# of Applicants
Enhancement to EMRs	An estimated $10 million in awards	7/29	Connecting Technology, Data and Providers for a Stronger ND	TBD
Hospital-Based Wellness Equipment Grants	An estimated $500,000 in awards	7/30	Make ND Healthy Again	TBD
School-Based Wellness Equipment Grants	An estimated $500,000 in awards	7/30	Make ND Healthy Again	TBD

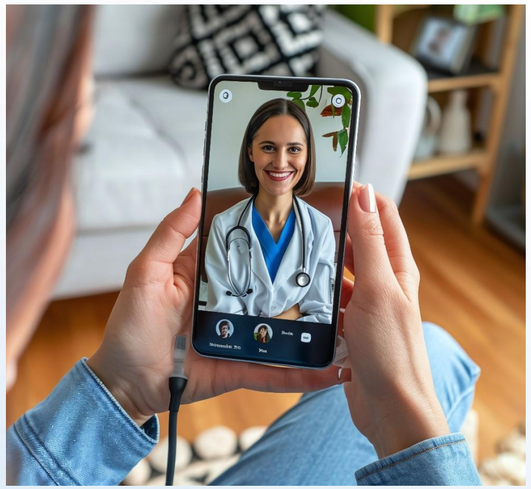
Upcoming Funding Opportunities

Anticipated Opportunity	Anticipated Funding	Pillar	Release Date
Harnessing AI	An estimated 6 awards averaging $200,000 each, with approximately $1.2 million available overall	Connecting Technology, Data and Providers for a Stronger ND	est. July 17
Self-Serve Dispensing Kiosks in Pharmacies	An estimated $600,000 for on award, with possible additional awards of similar amounts	Connecting Technology, Data and Providers for a Stronger ND	est. July 17
Technology as an Extender	An estimated 40 awards averaging $100,000 each, with approximately $4 million available.	Connecting Technology, Data and Providers for a Stronger ND	est July 17
EMS Retrofit and Equipment	Up to $22 million total funds	Bring High-Quality Healthcare Closer to Home	est. July 17
Parents Lead Assessment and Train-the-Trainer Curriculum Development	Up to $500,000 for one award	Make North Dakota Healthy Again	est. July 17
Clinics Without Walls - Telehealth Infrastructure	An estimated 25 awards averaging $144,000 each, with approximately $3.6 million available overall	Bring High-Quality Healthcare Closer to Home	est. July 17
Childcare for Rural Health Workforce	An estimated 38 awards averaging $78,000 each, with approximately $3 million available.	Strengthen and Stabilize Rural Health Workforce	TBD

Upcoming Funding Opportunities – Continued

Anticipated Opportunity	Anticipated Funding	Pillar	Release Date
Remote Monitoring, Electronic Caregivers, Kiosks and Facilitated Video Visits	An estimated $3.6 million in awards	Bringing High-Quality Healthcare Closer to Home	TBD
Preschool Wellness – Play Lab	An estimated $500,000 in awards	Make ND Healthy Again	TBD
Fit, Focused and Friendly Youth Initiative	TBD	Make ND Healthy Again	TBD

How RHTP Strengthens Behavioral Health

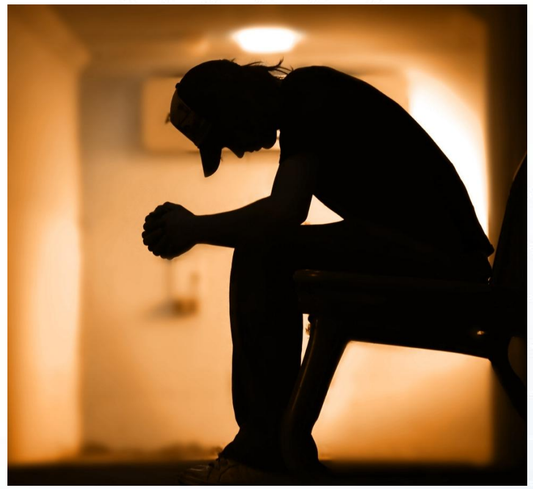


Expand Access

- Telehealth
- Technology
- EMRs
- Rural Health Clinical Equipment

Strengthen Workforce

- Train in Place
- Expand Rural Healthcare Rotations



Improved Prevention & Early Intervention

- Behavioral Health Promotion
- Suicide Intervention

Build Sustainable Rural Systems

- Ensuring Safety Net Delivery
- Community Partnerships

NORTH DAKOTA
RURAL HEALTH TRANSFORMATION

Keep North Dakotans Informed

How HHS will communicate funding opportunities

RHTP website

- hhs.nd.gov/rural-health-transformation

Email groups

- RHTP email distribution
- Tribal consultation email

Councils

- HHS committees
- Tribal consultation

Listening sessions

Legislative Committees

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Keep North Dakotans Informed

Additional Resources

RHTP Website

Funding opportunities, resources and updates

hhs.nd.gov/rural-health-transformation

Tribal Liaison

Vincent Roehr, Tribal Health Manager,

vroehr@nd.gov

Local Public Health

Creating opportunities for rural public health training and hands-on public health experience

hhs.nd.gov/local-public-healthsites

Regional Development Councils

Regional expertise, funding guidance and technical assistance

hhs.nd.gov/rural-health-transformation/support

UND Center for Rural Health

Workforce assessment, rural health data and research support

Jacob Warren, Director & Associate Dean for Rural Health,
jacob.c.warren@und.edu

NORTH DAKOTA
RURAL HEALTH TRANSFORMATION

How to Reach Us

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Appendix

Unallowable Costs and Limits

10% cap on administrative cost across all funding ($19.89 million)

- Pre-award costs.
- Meeting matching requirements for other federal funds or local entities.
- Services, equipment or supports that are the legal responsibility of another party under federal, state or tribal law.
- Supplanting existing state, local, tribal or private funding of infrastructure or services.
- New construction, building expansion or the purchase of buildings.
  - Renovations or alterations are allowed if they are clearly linked to program goals. Cosmetic upgrades or significant building retrofits are not allowed.
  - Renovation or alterations cannot exceed 20% of total funding within a budget period ($39.8 million).
- Replacing payment(s) for clinical services that could be reimbursed by insurance.
  - Direct healthcare services may be funded if not currently reimbursable, will fill a gap in care coverage and/or may transform current care delivery model.
  - Provider payments can’t exceed 15% of total funding within a budget period ($29.8 million).

Unallowable Costs and Limits

10% cap on administrative cost across all funding ($19.89 million)

- Financial assistance to households for broadband interet installation and monthly internet costs.
- Clinician salaries or wages for facilities that subject clinicians to noncompete clauses.
- Meals and food.
- No more than 5% of total funding in a budget period ($9.9 million) may support replacement of an electronic health record system if a previous HITECH-certified EMR system is in place as of September 1, 2025.
- Funding for initiatives similar to the “Rural Tech Catalyst Fund Initiative” cannot exceed the lesser of 10% of total funding within a budget period ($19.89 million) or $20 million in total funding awarded in a budget period.

Public Law 119-21, Section 71401

A new Rural Health Transformation grants program administered by the Centers for Medicare and Medicaid Services (CMS), allocating $50 billion nationwide from federal fiscal years 2026 through 2030 — $10 billion annually. Funds will flow through states to access and manage these resources.

North Dakota is expected to receive $1 billion over five years to improve rural healthcare access, quality and sustainability.

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State and National Health Trends

Topic	United States	North Dakota
Suicide	14.7 per 100,000	18.1 per 100,000 (rank: 32)
Depression	22%	21.6% (rank: 31)
Frequent Mental Distress *Percentage of adults who reported their mental health was not good 14 or more days in the past 30 days*	15.6%	12.6% (rank: 1)

Chart shows North Dakota's relative position to the U.S. value when considering the healthiest and least healthy states.

Source: America's Health Rankings, 2024

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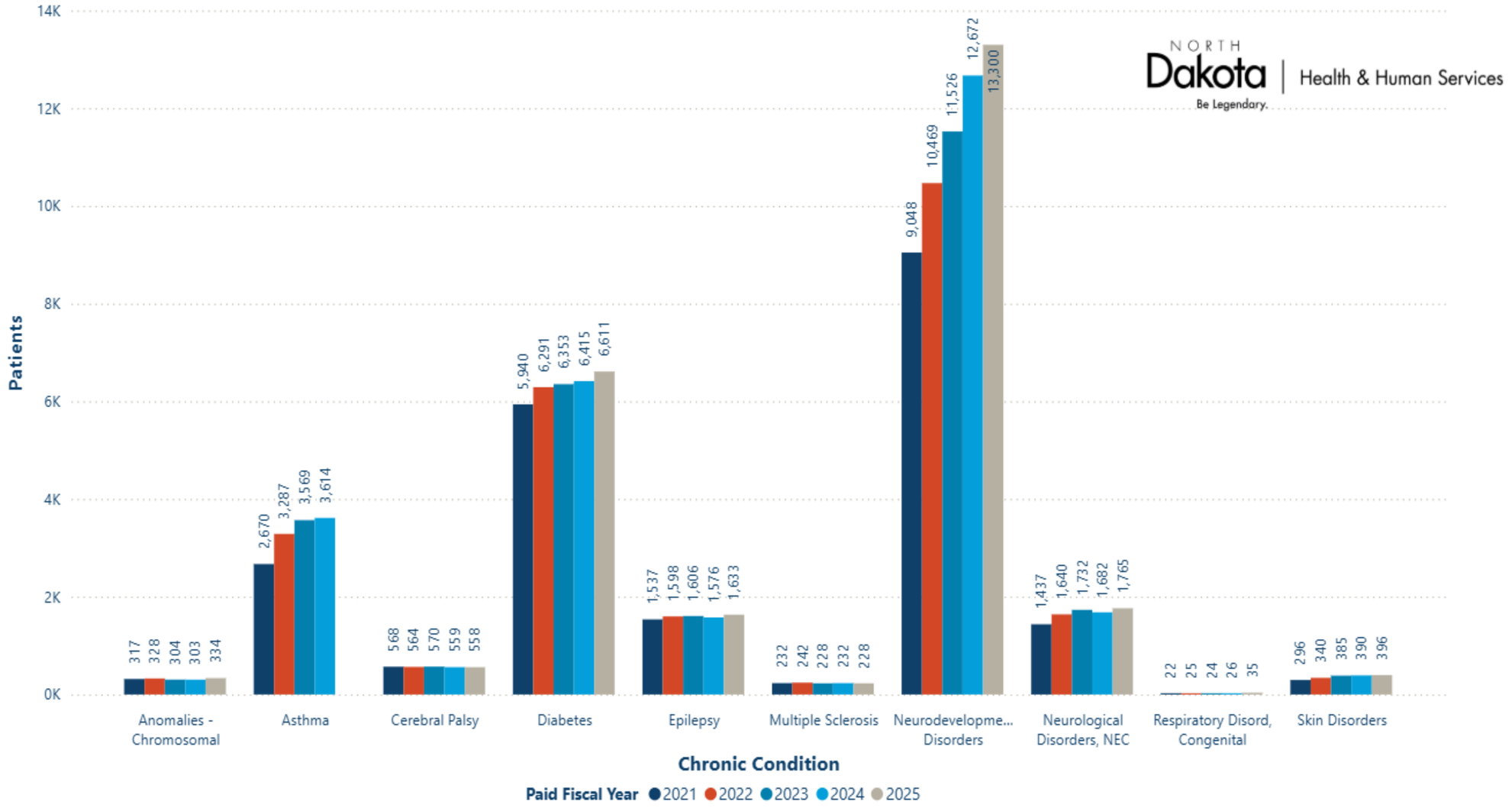
ND Medicaid Patients by Chronic Condition (Top 10)



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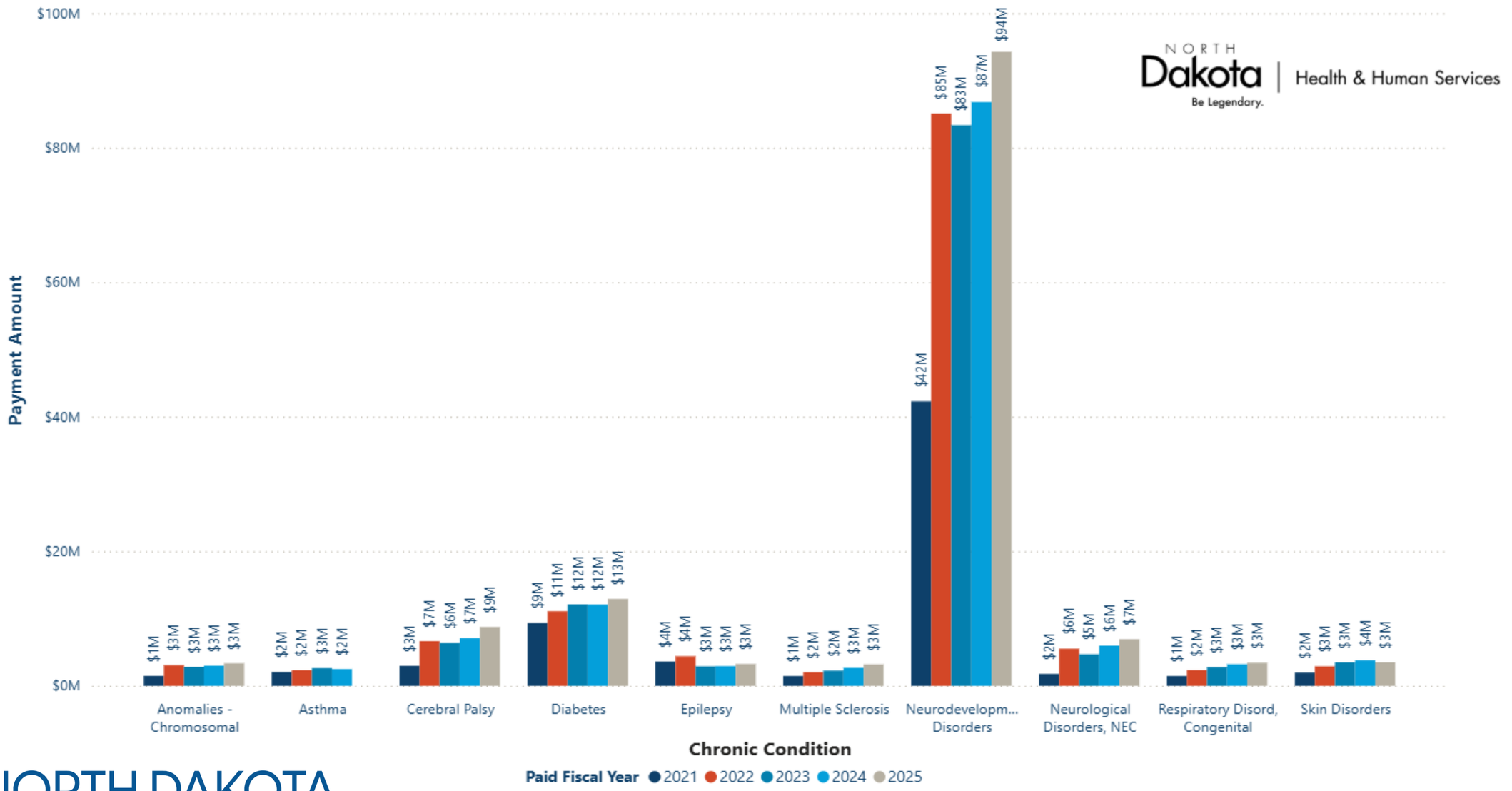
Neurodevelopmental Disorders = Intellectual disabilities, Autistic disorders, Mixed receptive-expressive language disorder, Attention-deficit hyperactivity disorder
Neurological Disorders = Paraplegia, Quadriplegia, Neurofibromatosis, Anoxic brain damage

ND Medicaid Payments by Chronic Condition (Top 10)



NORTH DAKOTA
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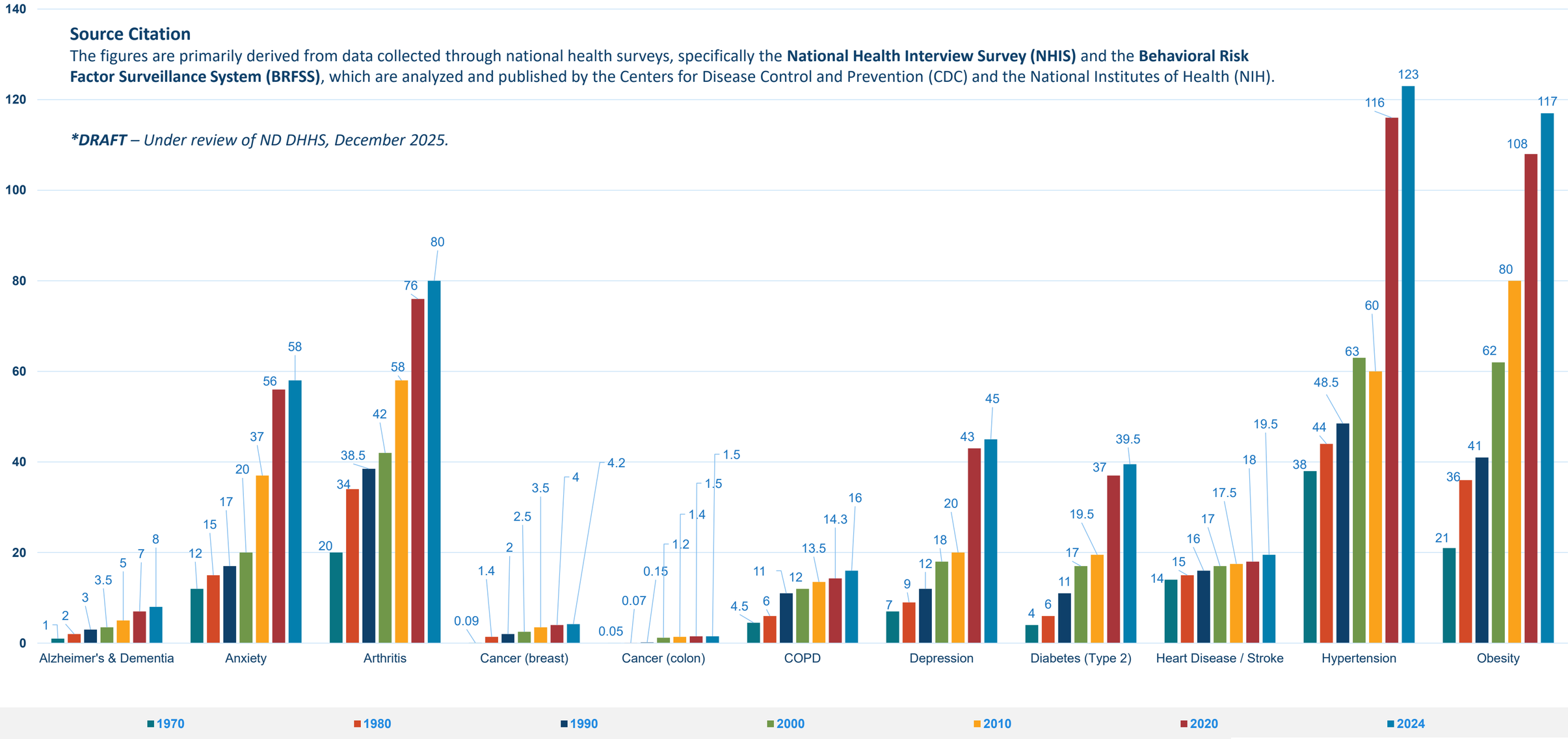
U.S. Adults (18+) Living with Major Chronic Conditions,1970-2024 (in Millions)*

Source Citation

The figures are primarily derived from data collected through national health surveys, specifically the **National Health Interview Survey (NHIS)** and the **Behavioral Risk Factor Surveillance System (BRFSS)**, which are analyzed and published by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH).

***DRAFT** – Under review of ND DHHS, December 2025.*



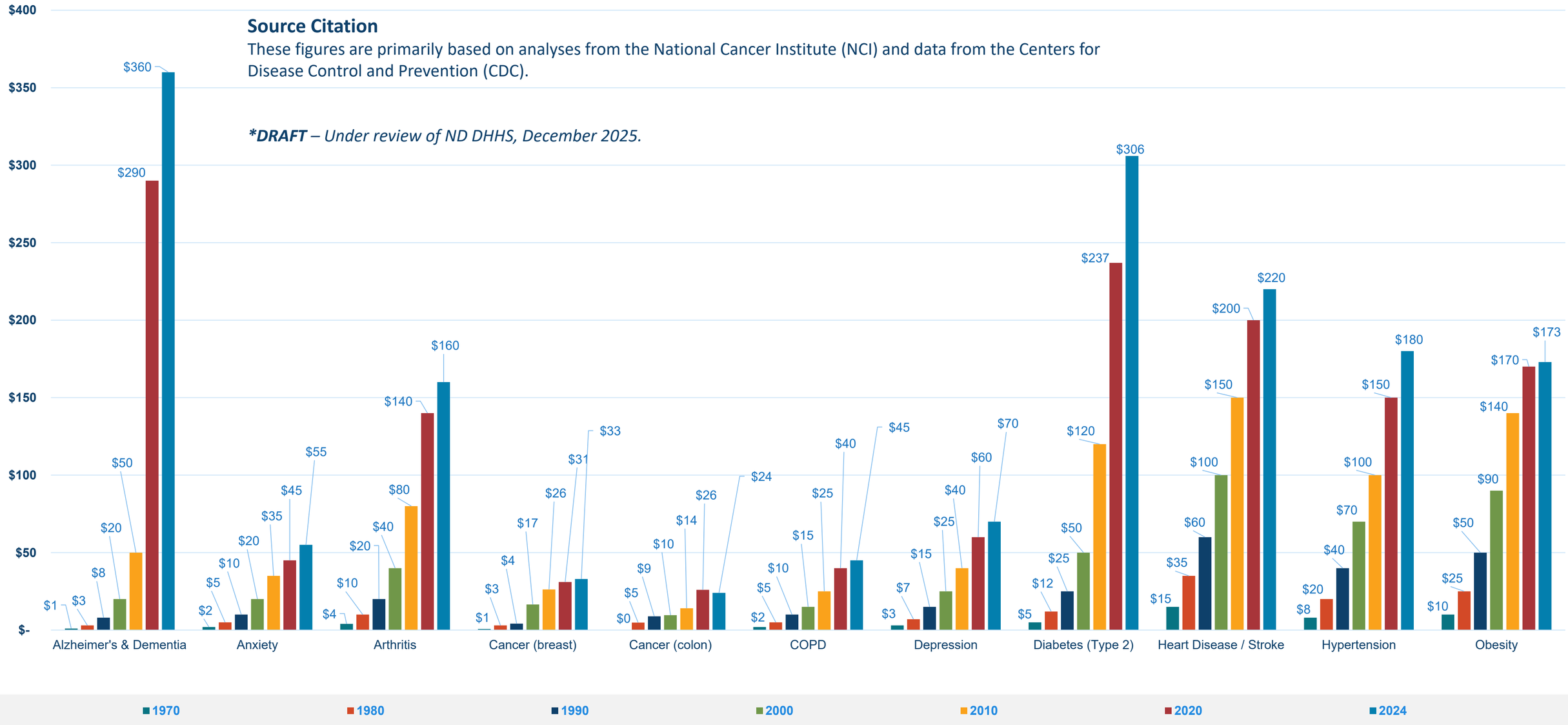
NORTH DAKOTA RURAL HEALTH TRANSFORMATION

Annual Direct Healthcare Costs by Chronic Condition for U.S. Adults (18+), 1970-2024 (in Billions)*

Source Citation

These figures are primarily based on analyses from the National Cancer Institute (NCI) and data from the Centers for Disease Control and Prevention (CDC).

***DRAFT** – Under review of ND DHHS, December 2025.*



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ND MOVES TOGETHER

The single most impactful thing Americans could do to prevent chronic diseases:

Become and stay physically active – specifically, meet the full Physical Activity Guidelines (150+ minutes moderate aerobic plus 2+ days strength training per week).

OUTCOME	RISK REDUCTION FROM REGULAR PHYSICAL ACTIVITY	SOURCE
Diabetes (Type 2)	30-58% reduction	CDC, Diabetes Prevention Program
Heart Disease / Stroke	30-40% reduction	AHA, NHS England meta-analysis
Hypertension	30-50% lower incidence	ACSM position stand
Obesity	30-50% lower risk of obesity	NIH / WHO
Colon Cancer	24-40% reduction	NCI / IARC
Breast Cancer	12-30% reduction	ACS
Depression	20-35% reduction	JAMA Psychiatry
Anxiety	25-35% reduction	Lancet Psychiatry
Dementia / Alzheimer's	28-45% reduction	HHS Physical Activity Guidelines
All-cause Mortality	19-35% reduction	Multiple studies

If every American did only one thing, getting 30-40 minutes of brisk walking (or equivalent) most days plus two short strength sessions per week would prevent more heart disease, diabetes, cancer, depression, and dementia than any drug, diet, or policy ever invented.

The Tragedy: Only ~24% of U.S. adults currently do it – and it's essentially free.

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ND EATS WELL

Below is a clear, evidence-based breakdown of how diet (*independent of physical activity*) impacts the top chronic health conditions in America. A healthy diet impacts risk reduction, prevention, or disease progression.

OUTCOME	RISK REDUCTION FROM REGULAR PHYSICAL ACTIVITY	SOURCE
Diabetes (Type 2)	30-50% reduction	The Lancet, NHS | HP Follow-up Study
Heart Disease / Stroke	20-40% reduction	NEJM
Hypertension	25-50% lower incidence	NEJM
Obesity	30-60% lower risk of obesity	Cell Metabolism
Colon Cancer	30-40% reduction	WCRF/AICR
Breast Cancer	9-14% reduction	WCRF/AICR
Depression / Anxiety	20-30% reduction	BMC Medicine
Dementia / Alzheimer's	20-35% reduction	Alzheimer's & Dementia
Chronic Kidney Disease	20-40%	CJASN
All-cause Mortality	23-30% reduction	NHANES

Important framing: Diet affects chronic disease through inflammation, insulin sensitivity, blood pressure, cholesterol, gut microbiome, and body weight. For several conditions, diet is one of the strongest modifiable risk factors.

Above ranges commonly cited by the CDC, NIH, American Heart Association, American Cancer Society, and large cohort studies.