Chapter XVII

vGOV: Remote Video Access to Government Services

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ABSTRACT

The need of rural and reservation residents to receive better government services has been long-standing. In spite of the best efforts of the Social Security Administration, a vast number of Native Americans living in rural and remote areas have had their access to program information and social benefits limited by distance, economic, and cultural challenges. A project at the University of North Dakota has found a way to transform the delivery of government services to these citizens. As an off-shoot of work in telemedicine and rural outreach, staff members of the Center for Rural Service Delivery collaborated with the Social Security Administration and the Indian Health Service to create the first video link connecting a hospital to a Social Security Office. The IHS hospital, in Belcourt, ND was connected to the SSA office in Minot, ND, some 120 miles away. The video link went live in October of 2003. The social benefits of remote video access to SSA services have been measured by the number of citizens who use video access to seek answers to questions and to make application for benefits each year. Since it went live, the link has resulted in more than 300 completed applications for disability benefits or income supplements. That total is more than 50 times the number produced through conventional service delivery. The economic impact to VSD has been measured as the cumulative value of monthly Supplemental Security Income and Disability payments to individual citizens and the total of annual Medicare and Medicaid reimbursement payments made to local healthcare facilities. The service impact includes increased application completion rates, accelerated claims processing, and increased third party assistance in the application process.
BACKGROUND

Citizens who choose to live in rural and remote communities have long been disadvantaged in their access to healthcare and government services. This inequity is most pronounced among those who are most isolated, the rural elderly, and Native Americans.

Native Americans have long had disproportionate need for government services. Culture, isolation, and scarcity have also helped set the stage for their social disparity and economic dependence. Various, well-intended, federal policies to take care of Indian people have been implemented over the years. However, the very federal agencies charged with ‘taking care of’ Indian people have routinely been underfunded (Indian Health Service, 2007). Lack of funding then translates into fewer programs and personnel to administer them.

Approximately 55% of American Indians and Alaska Natives living in the United States rely on the Indian Health Service to provide access to health care services in 49 hospitals and nearly 600 other facilities operated by the IHS, Tribes, and Alaska Native corporations.... The American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. (Indian Health Service, 2006)

The lack of resources to meet the health needs of Native Americans has had dramatic consequences.

- Infant mortality rate is 150% greater for Indians than that of Caucasian infants
- Life expectancy for Indians is nearly 6 years less than the rest of the U.S. population
- Suicide for Indians is 2.5 times higher than the national average
- There are proportionately fewer mental health professionals available to treat Indians than the rest of the U.S. population
- Healthcare expenditures for Indians are less than half of what America spends for federal prisoners (National Indian American Health Board, 2007)

“These are broad quality of life issues rooted in economic adversity and poor social conditions” (IHS, 2006). The poverty rate for American Indi-
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