



Federal Support for the Rural Health Care Ecosystem

Arizona Rural Health Association

Flagstaff, AZ

June 6-7th, 2023

Tom Morris

Federal Office of Rural Health Policy

Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



The Federal Office of Rural Health Policy

Established in Section 711 of the Social Security Act

The Federal Office of Rural Health Policy (FORHP) collaborates with rural communities and partners to support community programs and shape policy that will improve health in rural America.

Cross Agency Collaboration

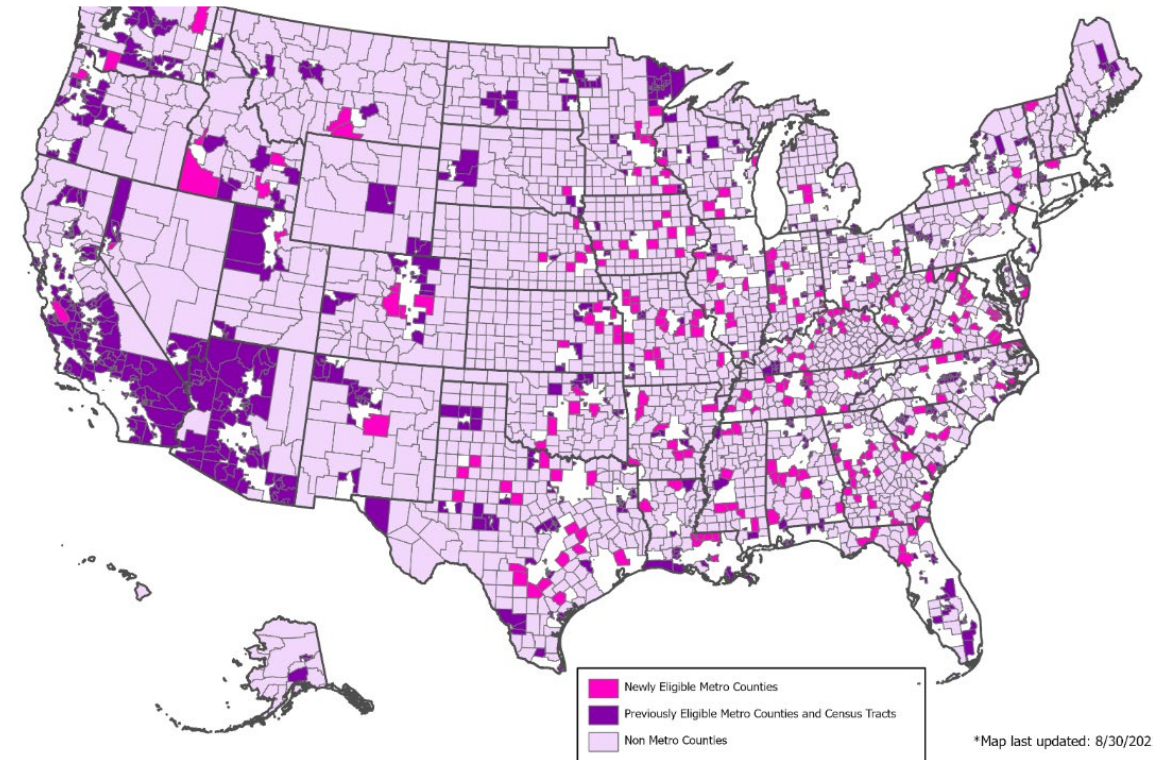
Works across HRSA, HHS, and several other federal partners to accomplish its goals

Capacity Building

Increases access to health care for people in rural communities through grant programs and public partnerships

Voice for Rural

Advises the HHS Secretary on policy and regulation that affect rural areas



Pushing for a Connected Rural Health Ecosystem

Acknowledging the Challenges ...

People in rural areas **live 3 fewer years** than people in urban areas, with **rural areas having higher death rates for heart disease and stroke.**



Rural women face higher maternal mortality rates

Rural residents face **higher rates of tobacco use, physical inactivity, obesity, diabetes and high blood pressure**



Rural populations face greater challenges with **mental and behavioral health** and have **limited access to mental health care.**

Rural hospitals are closing or facing the possibility of closing

+

Increasing shortages of clinicians



Long distances and lack of transportation make it difficult to access emergency, specialty and preventive care.



Rural populations are more likely to be **uninsured and have fewer affordable health insurance options** than in suburban and urban areas.

Pushing for a Connected Rural Health Ecosystem

Acknowledging the Challenges ...

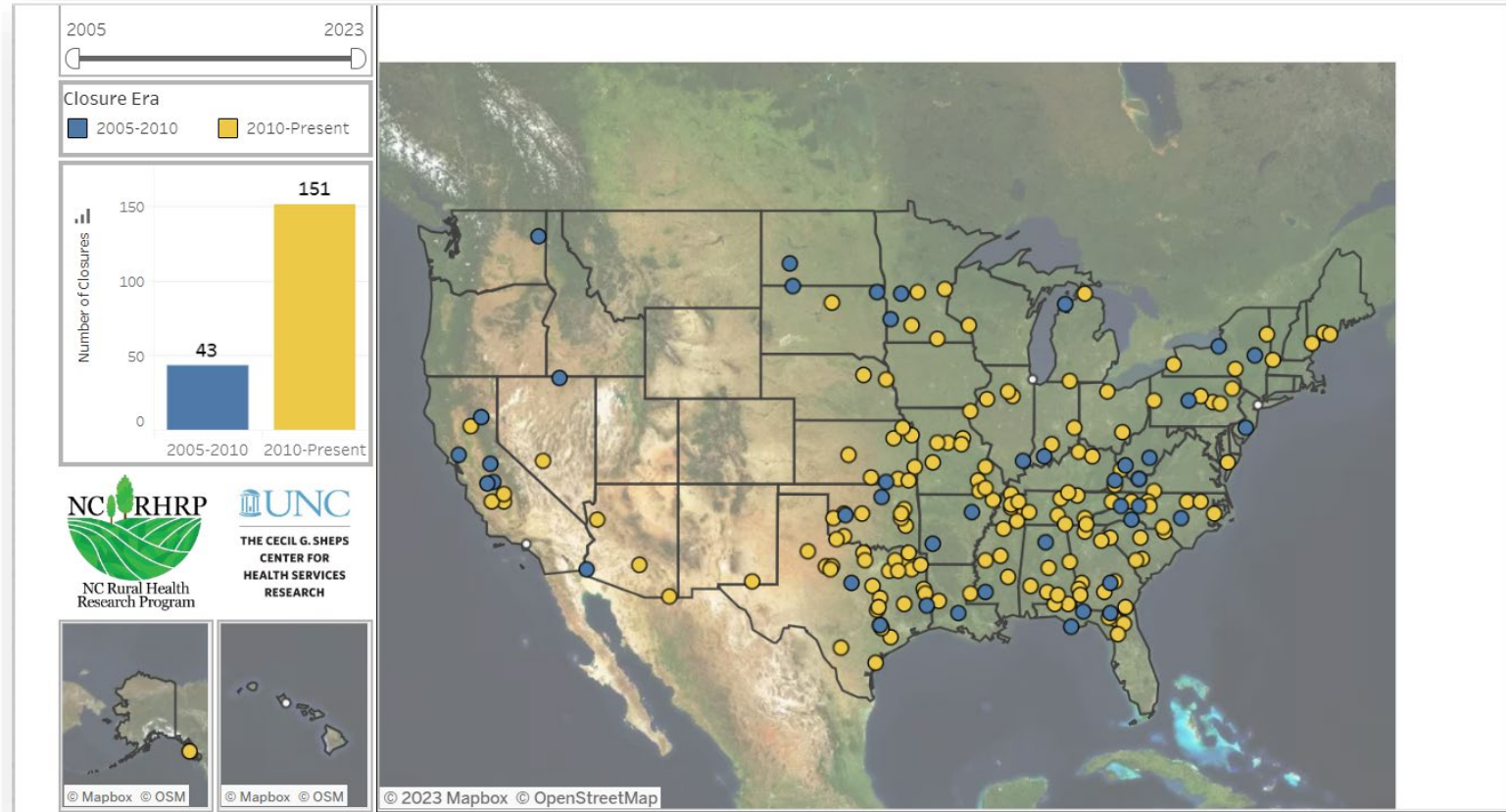
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Pushing for a Connected Rural Health Ecosystem

Acknowledging the Challenges ...

- Rural Hospital Closure and Financial Risk

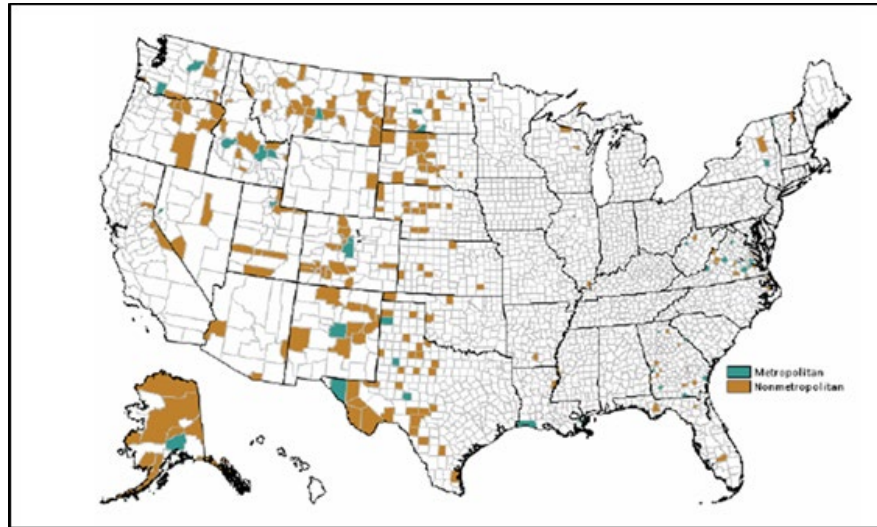


<https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>

Assessing the Current Landscape

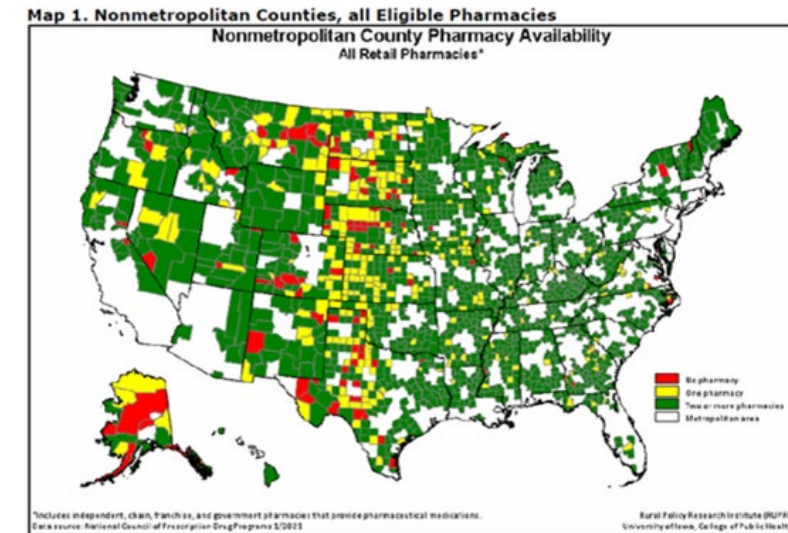
Nursing Home and Pharmacy Closures

Rural Nursing Home Closures



- 10% of rural counties are nursing home deserts
- From 2008 - 2018, 400 rural counties experienced at least 1 nursing home closure

Rural Pharmacy Closures

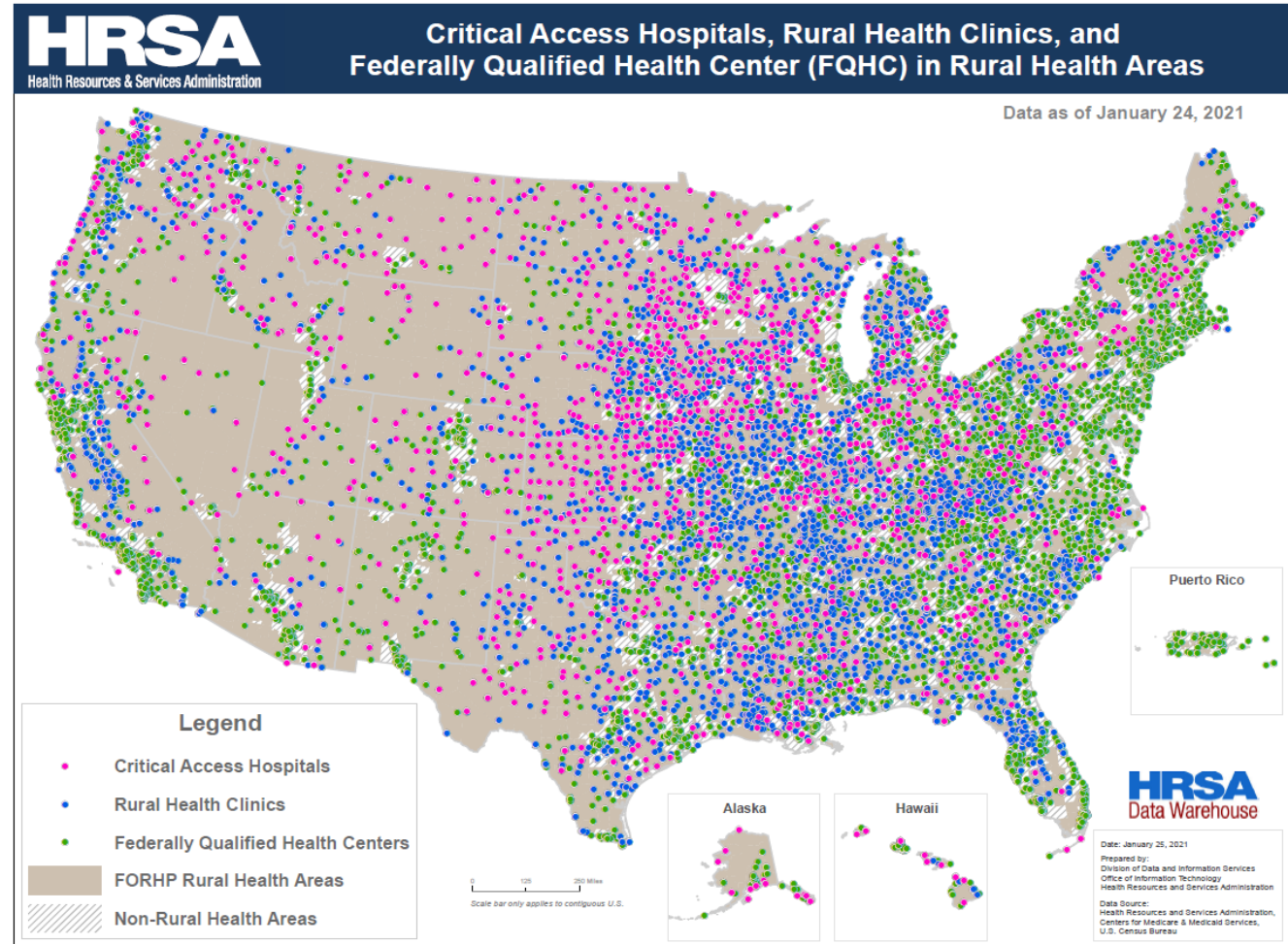


- From 2003 - 2018, 1,231 independently owned rural pharmacies (16.1%) closed
- 630 rural communities with at least 1 retail pharmacy in 2003 had 0 in 2018

Pushing for a Connected Rural Health Ecosystem

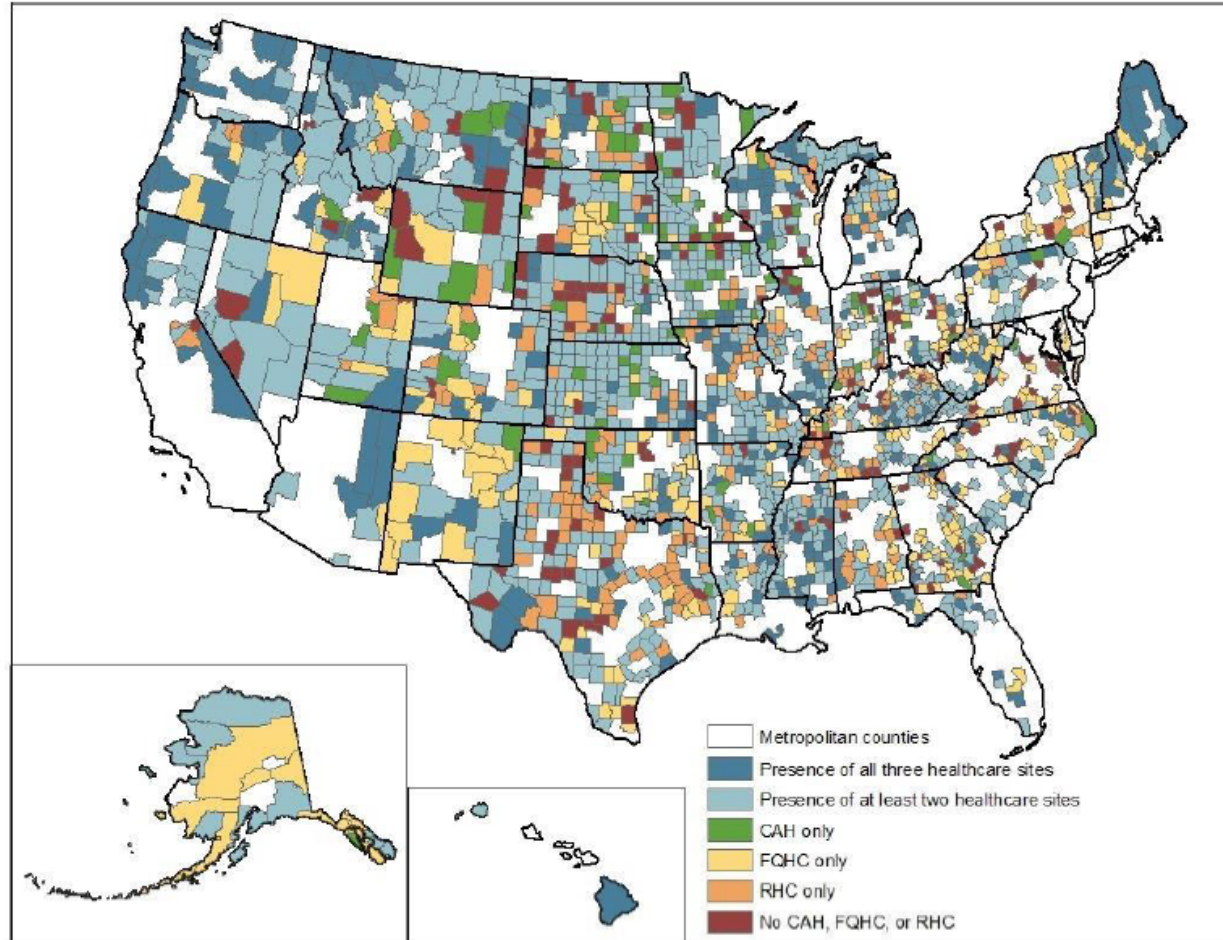
Acknowledging the Challenges ...

The Fragile Reality of
the Rural Health Care
Infrastructure



Pushing for a Connected Rural Health Ecosystem

Acknowledging the Challenges ...



Out of 1,975 rural counties:

- 216 with just an RHC
- 306 with just an FQHC
- 431 with an RHC and CAH but no FQHC

Source: [Identification of Rural Communities with Limited Access to Safety Net Healthcare Providers](#), 2017

Pushing for a Connected Rural Health Ecosystem

Acknowledging the Challenges ...

Characteristics of US Rural Hospitals and Obstetric Service Availability, 2017

Katy B. Kozhimannil, PhD, MPA, Julia D. Interrante, MPH, Mariana S. Tuttle, MPH, Lindsay Admon, MD, MS

Objectives. To describe characteristics of rural hospitals in the United States and whether they provide labor and delivery (obstetric) care for pregnant patients.

Methods. We used the 2017 American Hospital Association Annual Survey to identify rural hospitals and describe their characteristics based on the lack or provision of obstetric services.

Results. Among the 2019 rural hospitals in the United States, 51% (n=1032) of hospitals did not provide obstetric care. These hospitals were more often located in noncore counties (counties with no town of more than 10,000 residents). Rural hospitals without obstetrics also had lower average daily censuses, were more likely to be government owned or for profit compared with nonprofit ownership, and were more likely to not have an emergency department compared with hospitals providing obstetric services.

Conclusions. Rural US hospitals that do not provide obstetric care are located in sparsely populated rural locations and are smaller than hospitals providing obstetric services.

Public Health Implications. Understanding the characteristics of rural hospitals and provision of obstetric services is important to clinical and policy efforts to ensure safe maternity care for rural residents. (*Am J Public Health*. 2020;110:1315–1319. doi:10.2195/AJPH.2020.305695)

See also the *AJPH* Rural Health section, pp. 1274–1343.

There has been a steady loss of rural hospital-based obstetric care across the United States. Approximately 9% of all rural counties lost hospital-based obstetric care between 2004 and 2014.¹ These losses create access challenges for pregnant rural residents and are associated with increases in births in hospitals without obstetric care (planned services for pregnant patients during labor and childbirth).^{2,3}

Closure of rural obstetric units is frequently precipitated by challenges related to low birth volume and sparsely populated locations (e.g., financing, staffing and scheduling, workforce recruitment and retention, and maintenance of clinical skills).⁴ Loss of hospital-based obstetric care is associated with an increased risk of births in hospital emergency departments and out-of-hospital births.⁵ There are also potential consequences for the infant, because the loss of hospital-based obstetric care has been associated with increased rates of

preterm birth in rural counties nonadjacent to urban areas.⁶ In the United States, infant mortality is elevated in rural communities. Maternal morbidity and mortality are also elevated among rural residents, which may be exacerbated by limited access to care. Addressing these health disparities requires detailed understanding of the rural obstetric care landscape. The purpose of this article was to describe the characteristics of rural hospitals based on whether they provide obstetric care and to inform clinical and policy discussions to improve rural maternal and infant health.

ABOUT THE AUTHORS
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DOI: 10.2195/AJPH.2020.305695

September 2020, Vol. 110, No. 9 | *AJPH*



United States Government Accountability Office
Report to Congress

October 2022

MATERNAL AND CHILD HEALTH Availability of Hospital-Based Obstetric Care in Rural Areas

INFOGRAPHIC July 2020

Loss of Hospital-based Obstetric Care in Rural Counties in the United States, 2004–2014

Katy B. Kozhimannil, PhD, MPA
Julia D. Interrante, MPH
Mariana S. Tuttle, MPH

Key Findings

- Access to maternity care in rural US counties continues to decline.
- The percent of micropolitan and noncore counties with obstetric services dropped significantly from 2004–2018.
- Rural noncore counties continue to be less likely to have hospital-based obstetric services than rural micropolitan counties, and this decline is steeper.

rhrc.umn.edu

Percent of Rural Counties with Hospital-based Obstetric Care, 2004–2018



Purpose

Access to maternity care in rural US counties continues to decline in recent years, and how this decline is related to the loss of hospital-based obstetric care.

Methods

Data came from the American Hospital Association's annual survey of hospitals and the Area Health Resource Survey. We examined counties with a town of 10,000 or more residents.

POLICY BRIEF September 2020

Obstetric Emergencies in Rural Hospitals: Challenges and Opportunities

Mariana Story Tuttle, MPH
Mary Gilbertson, BA
Julia D. Interrante, MPH
Katy Kozhimannil, PhD, MPA

Key Findings

- Respondents (n=61) identified many unique concerns regarding the provision of emergency obstetric care at their hospitals. The most common include the following: lack of specialty care providers (n=22), lack of skills to address emergency birth (n=19), and insufficient medical equipment/supplies (n=16).
- Additionally, 23 respondents stated that their hospital could better avoid or address close calls or adverse birth outcomes with increased training (n=8), improved or increased specialty obstetric-related skills (n=8), and acquiring necessary medical equipment/supplies (n=7).
- There is a need for improved coordination between rural hospitals that do not provide obstetric care and regional hospitals that have obstetric care capacity, which could be accomplished through regional referral networks.

Purpose

With growing numbers of rural hospitals without regular obstetric services, the potential for emergency birth or other obstetric emergencies is increasing. The purpose of this policy brief is to highlight the challenges rural hospitals face in providing emergency obstetric care and to highlight opportunities for improvement.

Background

Compared to people in urban areas, rural residents often face additional barriers to accessing care services because of limited access to care services. Rural residents also tend to live further from hospitals and to have fewer transportation options. Further, rural hospitals are closing at an increasing rate, and the decline in obstetric services is particularly acute in rural hospitals. From 2004 to 2014, 179 rural US counties lost hospital-based obstetric services. This loss of obstetric services is associated with an increase in emergency department visits and out-of-hospital births. The loss of obstetric services is also associated with an increase in maternal and infant mortality. The loss of obstetric services is also associated with an increase in the number of births in hospitals without obstetric services. The loss of obstetric services is also associated with an increase in the number of births in hospitals without obstetric services.

POLICY BRIEF November 2019

Severe Maternal Morbidity and Hospital Transfer Among Rural Residents

Katy Kozhimannil, PhD, MPA
Julia D. Interrante, MPH
Alexandria Kristensen-Cabrera
Carrie Henning-Smith, PhD, MPH, MSW
Regan Theiler, MD, PhD

Key Findings

- Overall, 3.0% of rural residents and 1.6% of urban residents were transferred from one hospital to another during childbirth; among rural residents, 2.0% transferred before childbirth, 0.9% transferred after childbirth, and 0.1% transferred both before and after childbirth.
- Nearly 3/4 (74.2%) of rural residents who were transferred after childbirth gave birth at rural hospitals; this represents approximately 750 rural residents annually (weighted N = 3,700 annually).
- Hospital transfer is rare; almost all rural residents with severe maternal morbidity and mortality (SMMM) (91.8%) were not transferred at all.
- More than 3/4 (84.1%) of rural residents with SMMM who are transferred after childbirth delivered their infants at rural hospitals; this represents approximately 1,000 rural residents annually (weighted N = 145 annually).
- More than 2/3 (68.7%) of rural residents with SMMM who are not transferred delivered their infants at rural hospitals; this represents approximately 1,000 rural residents annually (weighted N = 5,000 annually).

rhrc.umn.edu



Purpose

The focus of this analysis is on rural residents who give birth. In this brief, we compare hospital transfer rates for rural and urban residents who give birth and we provide descriptive information about the relationship between transfer status and severe maternal morbidity and mortality (SMMM) for rural residents in a national sample of hospital discharge data from births that occurred 2008–2014.

Background and Policy Context

Rural residents often travel farther to access medical care, especially obstetric care, and are more likely to be uninsured or underinsured than urban residents.¹ Infant mortality and maternal morbidity and mortality are higher in rural versus urban settings.^{1,2} Also, access to obstetric care is declining in rural areas. From 2004 to 2014, 179 rural US counties lost hospital-based obstetric services. Loss of these services in rural counties not adjacent to urban areas was associated with increases in out-of-hospital births, births in hospitals without obstetric units, and preterm birth rates.³ Hospital obstetric units that closed tended to be smaller in size and privately owned. Communities that lost hospital-based obstetric care had more low-income and Black residents as well as fewer obstetricians and family physicians. Rural hospitals also reported closing obstetric units due to low volume of deliveries and financial challenges.⁴

In general, rural hospitals face greater workforce challenges. Lower birth volume hospitals (<240 births/year) are more likely to utilize a shared nurse staffing model (vs. dedicated nurses in the labor and delivery unit)⁵ and to have family medicine physicians and general surgeons attending deliveries, rather than obstetricians and midwives.⁶ Challenges related to recruitment and retention top the concerns listed by rural obstetric unit administrators.⁷

These factors make local childbirth less accessible for rural residents, yet there are challenges related to travel.

RESEARCH ARTICLE | RURAL HEALTH

HEALTH AFFAIRS > VOL. 38, NO. 12: RURAL HEALTH

Rural-Urban Differences In Severe Maternal Morbidity And Mortality In The US, 2007–15

Katy Backes Kozhimannil, Julia D. Interrante, Carrie Henning-Smith, and Lindsay K. Admon

GAO-23-105515



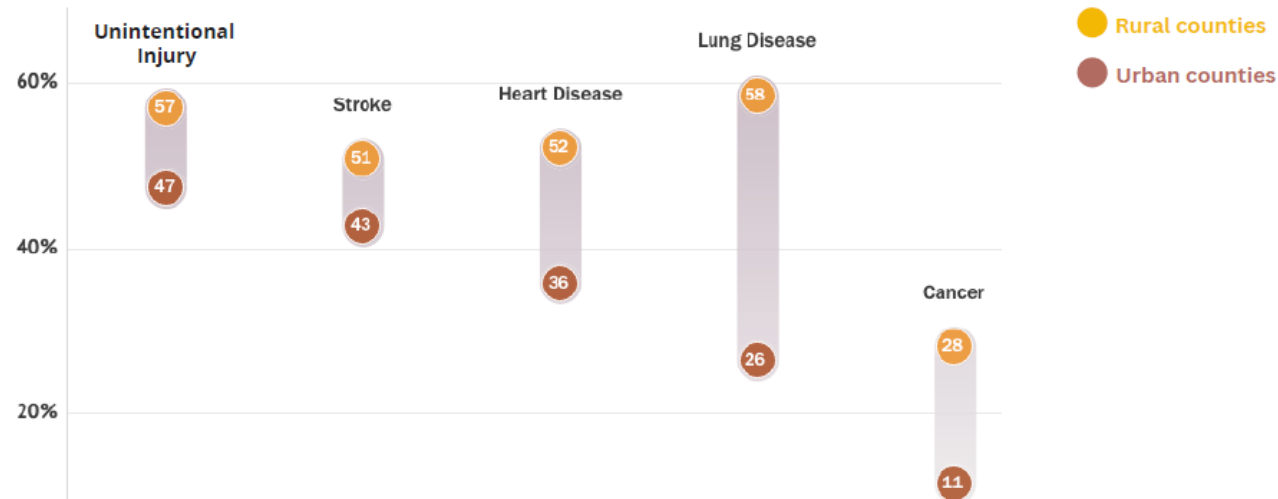
Pushing for a Connected Rural Health Ecosystem

Acknowledging the Challenges ...

New CDC Data Confirm the Ongoing Rural Health Lifespan Challenges building on Reports from 2017 and 2019

Rural-urban disparities in preventable early deaths vary by cause

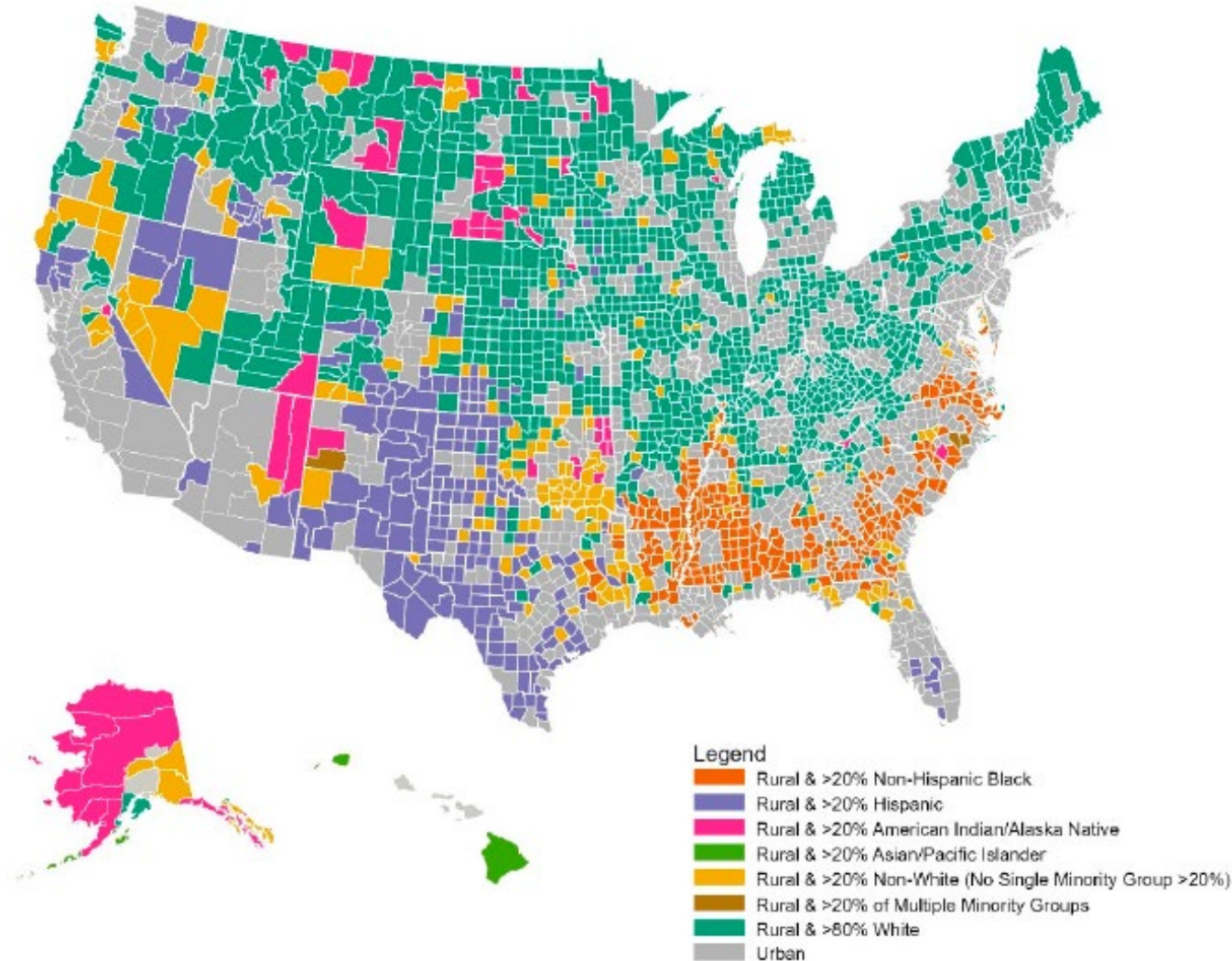
Persons living in rural counties are at higher risk of dying early from a preventable cause than their urban counterparts



*Provisional mortality data, NCHS <https://www.cdc.gov/nchs/nvss/vsrr/provisional-tables.htm>

Pushing for a Connected Rural Health Ecosystem

Acknowledging the Emerging New Realities ...



- Racial and ethnic diversity is increasing in rural America
- In 2017, there were 10 million rural residents who identified as Black, Hispanic, American Indian/Alaska Native (AI/AN), Asian American/Pacific Islander (AA/PI), or mixed race
- 1 in 5 rural residents belongs to one or more of these groups
- 40% of AI/AN live in non-metro areas

Figure: Zahnd WE, et. al. The Intersection of Rural Residence and Minority Race/Ethnicity in Cancer Disparities in the U.S.

Imagining the Ideal Rural Health Ecosystem

What Would It Look Like Locally?



Employment
Opportunities



Primary Care



Nutritious Food



Schools and Education



Capital for Investment



Hospital Services



Broadband Access



Stable Housing and Reliable
Transportation

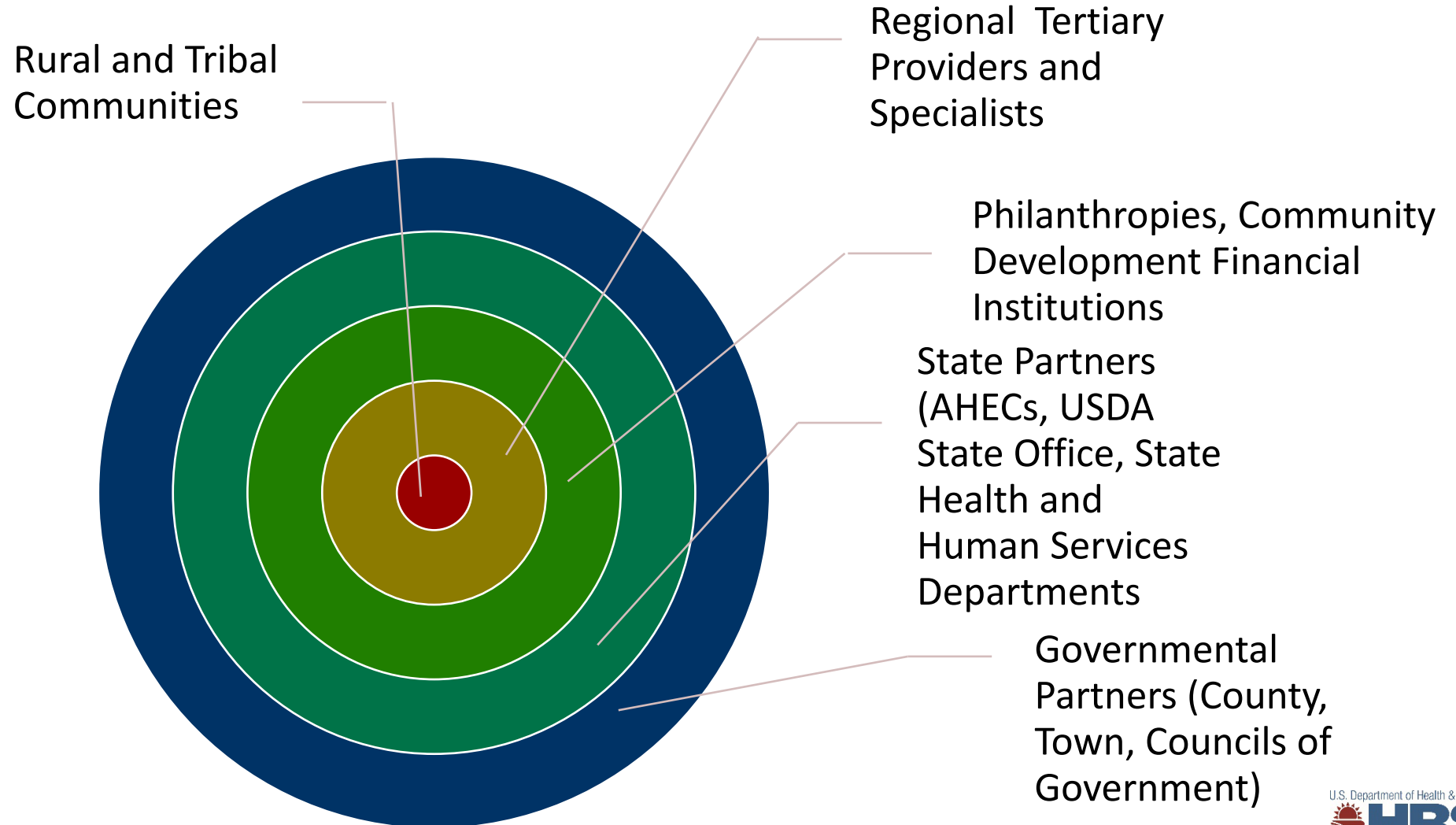


Life Course: Child Care,
Aging Support, and
Everything in Between

Rural Community

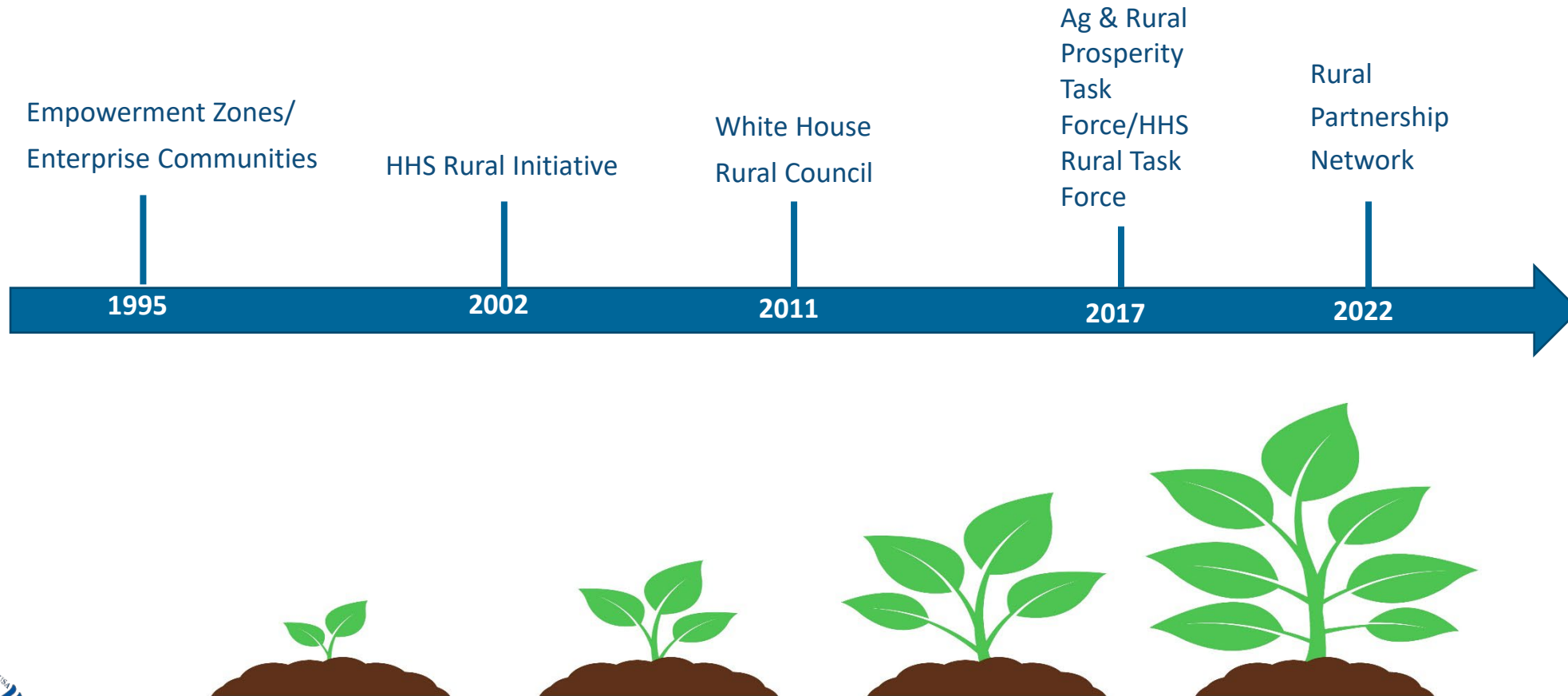
Imagining the Ideal Rural Health Ecosystem

What Would It Look Like Regionally? And at the State Level?



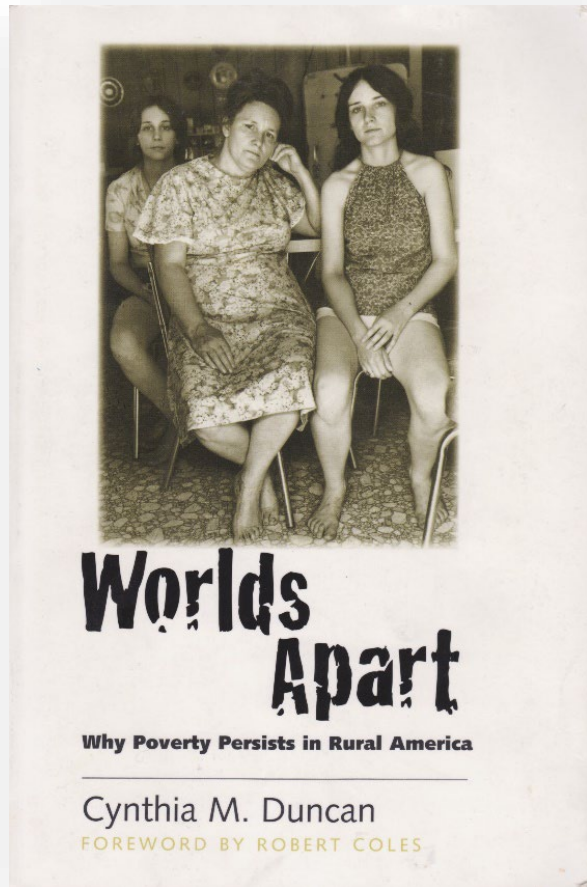
Imagining the Ideal Rural Health Ecosystem

An Evolving Approach to Rural “Place-Based Policy”

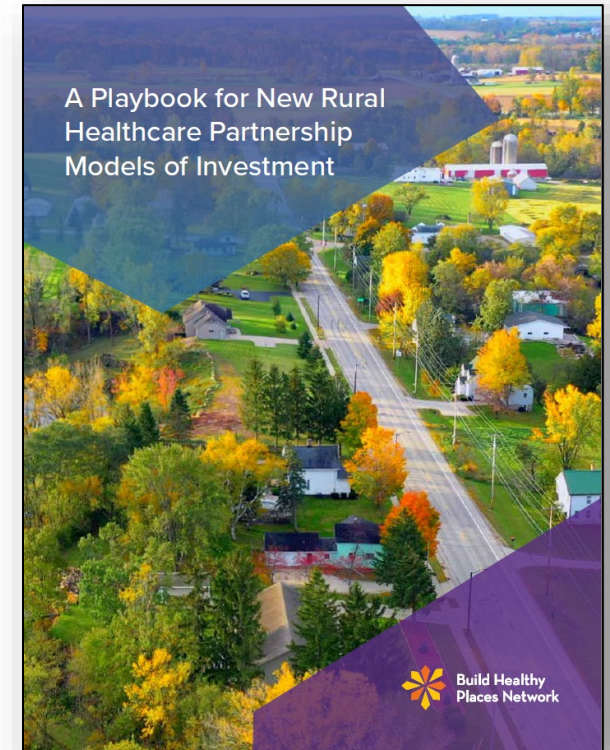


Where Does It Start?

Local Leadership Is the Building Block



- From the Ground Up and Locally Led ...
- Ability to Chart the Path While Also Collaborating
- Being Vested in the Outcome



<https://bit.ly/3PDF4N9> and
<https://bit.ly/3amz4Zn>

What Resources and Tools Are Available To Help?

Federal Office of Rural Health Policy



Transition and Redesign

- HRSA
 - ✓ Rural Health Value, Rural Health Providers Transition Project
- CMS
 - ✓ Rural Emergency Hospital Designation, Innovation Center Models, Medicare Shared Savings



Ongoing Support

- Rural Hospital Flex Grants, Small Hospital Improvement Grants, Rural Health Clinic Technical Assistance
- Research Policy Analysis, Flex Monitoring Team

Targeted Technical Assistance

- Focusing on “At-Risk” Facilities
 - ✓ Delta Region Community Health Systems Project
 - ✓ Sustaining Essential Access To Hospital Services Program
- Rural Hospital Quality Improvement Technical Assistance



- <https://ruralhealthvalue.public-health.uiowa.edu/>
- <https://www.hrsa.gov/library/vulnerable-rural-hospital-assistance>
- <https://www.ruralcenter.org/rhptp>
- <https://stratishealth.org/initiative/rural-quality-improvement-technical-assistance-rqita/>

What Resources and Tools Are Available To Help?

Federal Office of Rural Health Policy

The Federal Office of Rural Health Policy (FORHP) has supported:



The goal of rural community programs is to improve health service delivery by strengthening health networks and encourage collaboration among rural health care providers.

health care providers:
networks and encourage collaboration among rural
health service delivery by strengthening health
The goal of rural community programs is to improve



Direct Services

- Rural Health Care Services Outreach
- Small Health Care Provider Quality Improvement
- Delta States Network Program
- Pilot Programs
 - Care Coordination



Capacity-Building

- Rural Health Network Development
- Rural Health Network Development Planning
- Pilot Programs
- Rural Maternal Obstetrics Management Strategies Program

Watch Video Profiles of Innovative FORHP Grantees:

<https://www.ruralhealthinfo.org/project-examples>



What Resources and Tools Are Available To Help?

Federal Office of Rural Health Policy

Advancing Behavioral Health Equity in Rural Communities

The **Rural Communities Opioid Response Program (RCORP)** provides direct funding and technical assistance to rural communities.

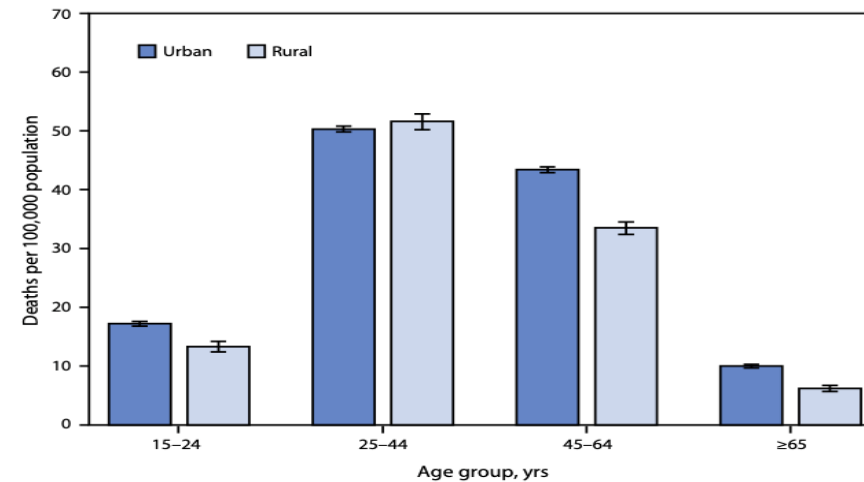
We have invested over **\$500 million** since 2018. This funding addresses behavioral health needs, substance use disorder, and opioid use disorder.



Stats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Drug Overdose Death Rates* Among Persons Aged ≥ 15 Years, by Age Group and Urban-Rural Status[†] — National Vital Statistics System, United States, 2020



* Deaths per 100,000 population; 95% CIs indicated by error bars. Drug overdose deaths were identified using the *International Classification of Diseases, Tenth Revision* underlying cause-of-death codes X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), or Y10–Y14 (undetermined intent).

[†] Urban-rural status is based on county of residence using the National Center for Health Statistics Urban-Rural Classification Scheme for Counties. https://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf

What Resources and Tools Are Available To Help?

Federal Office of Rural Health Policy

The Rural Health Information Hub

Topic Guides

MORE ON THIS TOPIC

Introduction

FAQs

Chart Gallery

Resources

Organizations

Funding & Opportunities

News

Events

Models and Innovations

About This Guide

Rural Health > Topics & States > Topics

Rural Healthcare Workforce

Maintaining the healthcare workforce is fundamental to providing access to quality healthcare in rural areas. Rural healthcare facilities must employ enough healthcare professionals to meet the needs of the community. They must have proper licensure, adequate education and training, and cultural competency skills. Equally important, optimizing how health professionals are used and enhancing coordination among them helps ensure that patients are getting the best care possible.

Strategies can include:

- Using interprofessional teams to provide coordinated and efficient care for patients and to extend the reach of each provider
- Ensuring that all professionals are fully utilizing their skill sets and working at the top of their license; that is, practicing to the full extent of their training and allowed scope of practice.
- Removing state and federal barriers to professional practice, where appropriate
- Changing policy to allow alternative provider types, once evidence shows they can provide quality care

Funding Opportunities

MORE ON THIS TOPIC

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Models and Innovations

About This Guide

Rural Health > Topics & States > Topics

Rural Healthcare Workforce – Funding & Opportunities

For additional funding options, please see RHIfub's [Online Library: Funding & Opportunities](#)

Sort By: [Date](#) | [Name](#) ☐ Hide Inactive Funding

[Narrow by type](#)

[Narrow by geography](#)

[Narrow by topic](#)

Indian Health Service Loan Repayment Program

Loan repayment for undergraduate and graduate health professional educational loans in return for full-time clinical service in Indian Health Service programs.

Geographic coverage: Nationwide

Application Deadline: Aug 15, 2019

Sponsors: Indian Health Service, U.S. Department of Health and Human Services

NIDDK Education Program Grants (R25 Clinical Trial Not Allowed)

Grants to support educational activities that complement and/or enhance the training of a workforce to meet the nation's biomedical, behavioral and clinical research needs. Institutions are encouraged to diversify their student and faculty populations to enhance the participation of individuals from groups identified as underrepresented in the biomedical, clinical, behavioral and social sciences.

Models and Innovations

MORE ON THIS TOPIC

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Models and Innovations

About This Guide

Rural Health > Topics & States > Topics

Rural Healthcare Workforce – Models and Innovations

These stories feature model programs and successful rural projects that can serve as a source of ideas and provide lessons others have learned. Some of the projects or programs may no longer be active. Read about the [criteria and evidence-base](#) for programs included.

Sort By: [Date](#) | [Name](#)

[Narrow by geography](#)

[Narrow by topic](#)

Promising Examples

High Plains Community Health Center Care Teams

Updated/reviewed February 2019

- **Need:** Meeting health care demands in a region with a limited number of physicians, where recruiting additional providers is considered impractical.
- **Intervention:** Using the additional support of health coaches, implementation of care teams consisting of 3 medical assistants to support each provider.
- **Results:** More patients seen per provider hour, with improved patient outcomes and clinic cost savings.



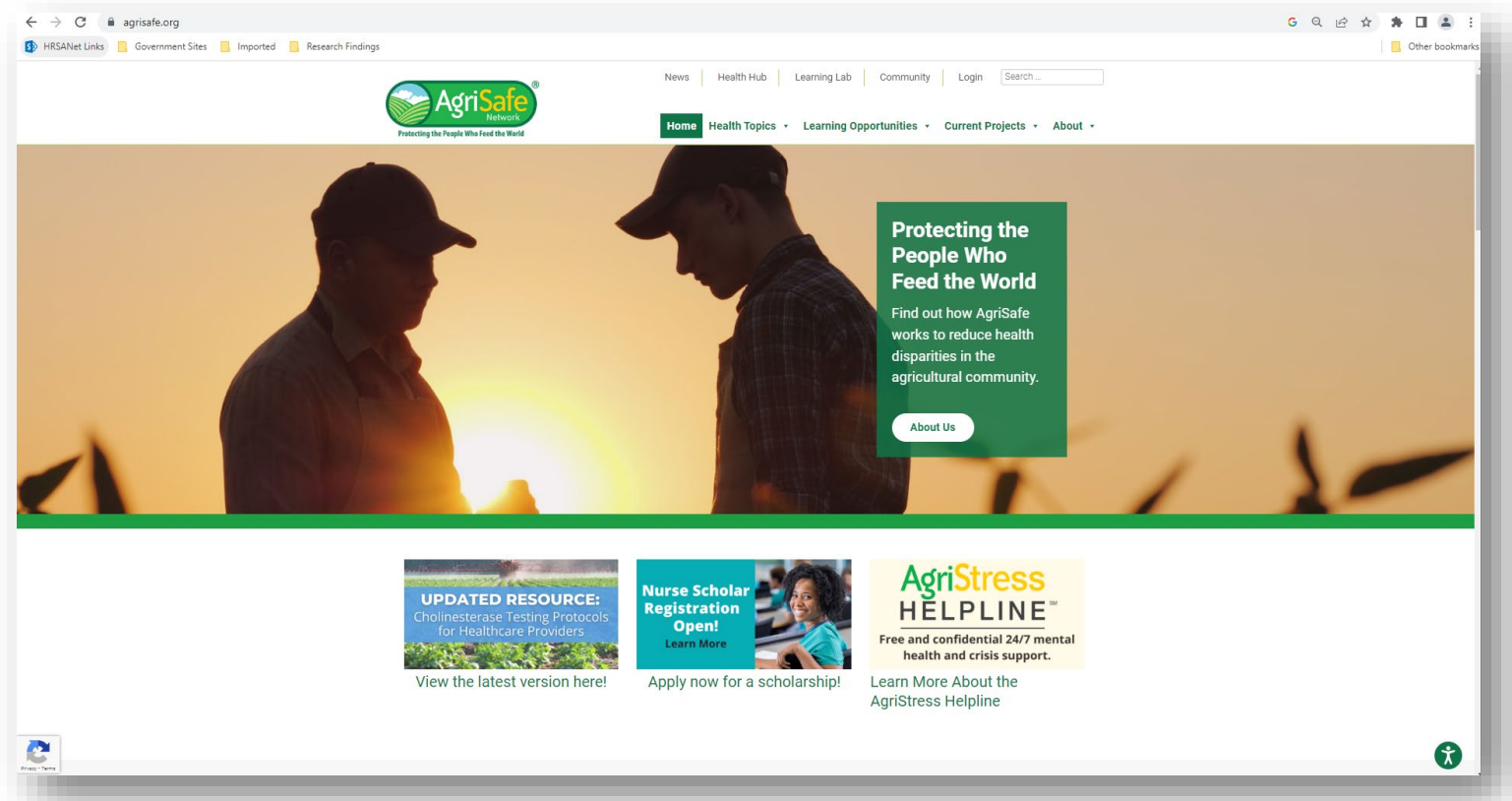
<https://www.ruralhealthinfo.org/>

U.S. Department of Health & Human Services
HRSA
Federal Office of Rural Health Policy

What Resources and Tools Are Available To Help?

Federal Office of Rural Health Policy

AgriSafe



<https://www.agrisafe.org/>

Addressing Health Disparities and Safeties in the Agricultural Sector

- Training
- Certification
- Webinars

What Resources and Tools Are Available To Help?

Federal Office of Rural Health Policy

Post Jobs, Get Referrals, Hire & Inspire



[VIEW APPLY](#)



[APPLY TO POST JOB NOW](#)



[3RNET PLUS TOOLS](#)

People Who Can Help
You have questions, we have people with answers.



[3RNET NETWORK COORDINATORS](#)



[J-1 VISA WAIVER CONTACTS](#)



[CONTACT 3RNET](#)

Education
We get it, recruiting can be tough. Fortunately, we've been working this since 1995 (yep we vintage!). We offer both in-person and virtual education to make your life easier.



[3RNET ACADEMY](#)



[EMPLOYER'S GUIDE TO WORKFORCE PROGRAMS](#)



[COMMUNITY BASED TRAINING](#)

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Your new career starts here

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[Filter Search](#)

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- 1 Search for jobs by profession or location in all 50 states.
- 2 Register for FREE to get full access to job details and notifications.
- 3 Get information on Loan Repayment Programs, J-1 Visa waivers, and more.

[REGISTER FOR FREE](#)

<https://www.3rnet.org/>

What Resources and Tools Are Available To Help?

Federal Office of Rural Health Policy

Rural Residency Planning and Development

The screenshot shows the RuralGME.org website. The top navigation bar includes links for HOME, REGIONAL HUBS, PUBLICATIONS, VIDEOS, and PORTAL (which is circled in orange). Below the navigation bar is a large banner image of a rural landscape at sunset. Overlaid on the banner is a dark box with the text "RURAL RESIDENCY RESOURCES" and "If you would like to access our portal containing resources for developing rural residencies, please use the link below to register online." Below this text is a green "REGISTER" button. To the right of the banner is a registration form titled "Register". The form includes fields for First Name, Last Name, E-Mail Address, Institution/Employer, and Zip Code. It also has a section for "What is your interest in our Portal? (Check all that apply)" with checkboxes for "Starting a program", "Improving a program", "Helping other institutions start programs", and "Other". There is a "Please specify" field below the "Other" checkbox. The form also includes fields for "What is your professional role?" and "How did you hear about RuralGME?". At the bottom of the form is a CAPTCHA challenge with the text "Please enter the following characters in the input below:" and the CAPTCHA image "LT2P". A "Register" button is at the bottom right of the form.

- Teaching Health Center Program
- CMS Efforts to Support Rural Residency Training

- Helping to expand rural residencies nationally in support of the Rural Residency Planning Grant Program and the Teaching Health Center Planning Grant Program
 - Rural GME development resources and tools available via the [RuralGME.org](https://portal.ruralgme.org) portal
 - To register for free access to portal resources, visit: <https://portal.ruralgme.org/register>

What Resources and Tools Are Available To Help?

Federal Office of Rural Health Policy



Christina Campos (center right) speaks to staff in the emergency department at Guadalupe County Hospital in Santa Rosa, New Mexico. The hospital is one of the first to start the process of converting into a Rural Emergency Hospital as part of a new federal payment program. (ADRIA MALCOLM FOR KHN)

Struggling to Survive, the First Rural Hospitals Line Up for New Federal Lifeline

Rural Emergency Hospital Support

National Technical Assistance Center

- Rural Health Redesign Center:
<https://www.rhrco.org/reh-tac>;
REHSupport@rhrco.org

Supplemental Funding for State Flex Programs

- Outreach and broad education

Supplement to HRSA partners

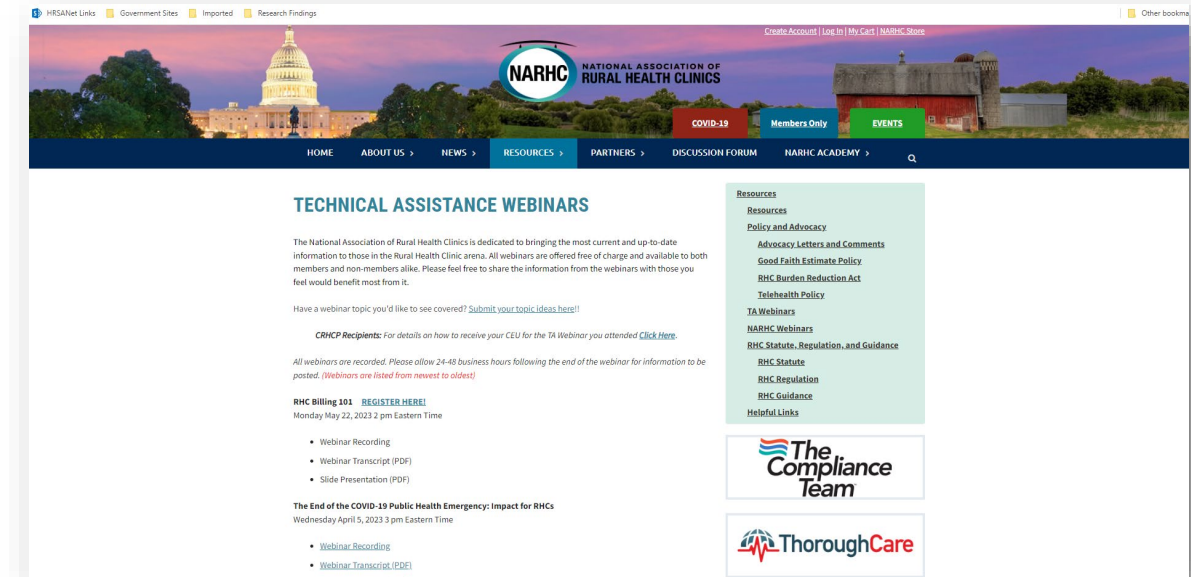
- National Conference of State Legislators:
 - Tracking state activity on establishing laws on REH licensure:
<https://www.ncsl.org/research/health/rural-emergency-hospitals.aspx>
- National Academy for State Health Policy
 - Developing model licensing language
 - <https://www.nashp.org/medicares-new-rural-emergency-hospital-designation-considerations-for-states/>

What Resources and Tools Are Available To Help?

Federal Office of Rural Health Policy

Supporting Rural Health Clinics

- Cooperative agreement providing assistance, solutions, and information to RHCs on key policy, regulatory, programmatic, and clinical issues
 - Highlights of NARHC TA:
 - Technical assistance webinars
 - Recordings, slides and transcripts are posted https://www.narhc.org/narhc/TA_Webinars1.asp
 - NARHC forums and email listserv: online information exchange/referral service
 - Sign up <https://www.narhc.org/discussionforums/DiscussionDefault.asp>
 - NARHC website and resources



- https://www.narhc.org/narhc/TA_Webinars1.asp

What Resources and Tools Are Available To Help?

Health Resources and Services Administration



- Community and Migrant Health Centers (Federally Qualified Health Centers)
 - ✓ Expansions into Behavioral Health and Substance Use Services

- ✓ FTCA Coverage
- ✓ 340B
- ✓ Health Center Controlled Networks



- National Health Service Corps
- Nurse Corps
- Area Health Education Centers

- Health Profession Training
 - ✓ Primary Care
 - ✓ Nursing
 - ✓ Behavioral Health



- Title V Block Grant
- Home Visiting
- Healthy Start

- Pediatric Mental Health Access Program

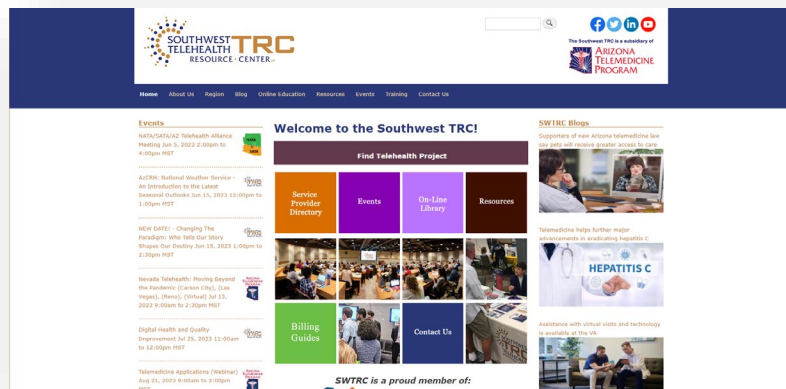


What Resources and Tools Are Available To Help?

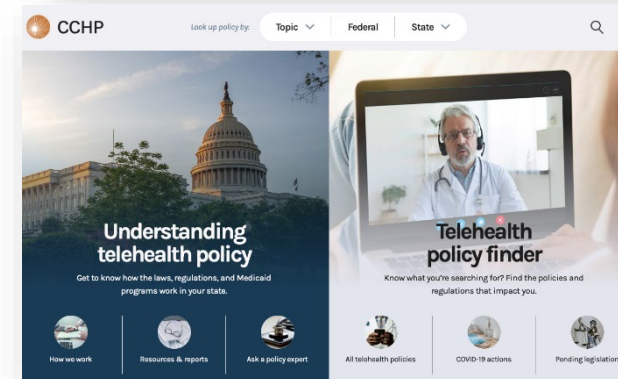
Health Resources and Services Administration

Office for the Advancement of Telehealth

- Grants for Capacity Building
- Telehealth Resource Centers
- Centers for Excellence
- Reducing the Burden of Cross-State Licensure through the Provider Bridge



<https://southwesttrc.org/>



<https://www.cchpca.org>



What Resources and Tools Are Available To Help?

Other Agencies at the Department of Health and Human Services



U.S. Department of
Health and Human Services

Enhancing the health and well-being of all Americans

SAMHSA

Substance Abuse and Mental Health
Services Administration



ADMINISTRATION FOR
CHILDREN & FAMILIES



What Resources and Tools Are Available To Help?

988 Service Can Help Address Rural Suicide Challenges

The creation of 988 is a once-in-a-lifetime opportunity to strengthen and expand the Lifeline and transform America's behavioral health crisis care system to one that saves lives by serving anyone, at any time, from anywhere across the nation



- In 2020 alone, the U.S. had one death by suicide about every 11 minutes
- For people aged 10 – 34 years, suicide is a leading cause of death
- Suicide rates increase as population density decreases and an area becomes more rural
- During the 12-month period ending June 2022, over 100,000 individuals died from drug overdoses in the U.S.
- While the overall drug overdose death rate is higher in urban than rural areas, the rate of psychostimulant-related drug overdose deaths is 1.4 times higher in rural than urban areas

About
98%
of people who contact
the 988 Lifeline
are helped by the crisis counselor,
resources shared or community connections made
(without involvement of 911) during the call/text/chat.



About
1%
of people who contact
the 988 Lifeline
agree to have their
crisis counselor call 911
because of serious risk to life.

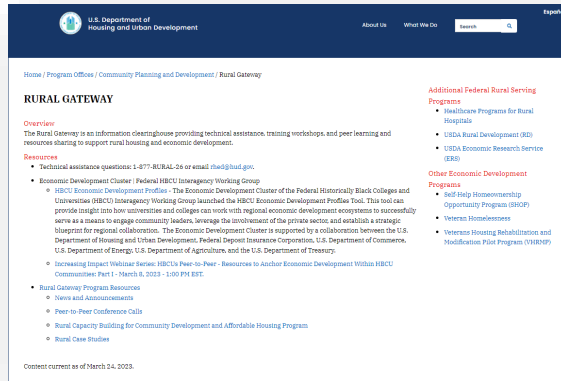
In fewer than
1%
of 988 Lifeline
contacts,
the crisis counselor must
call 911 without consent
because of serious risk to life.

*Based on data from Jan–July 2022.

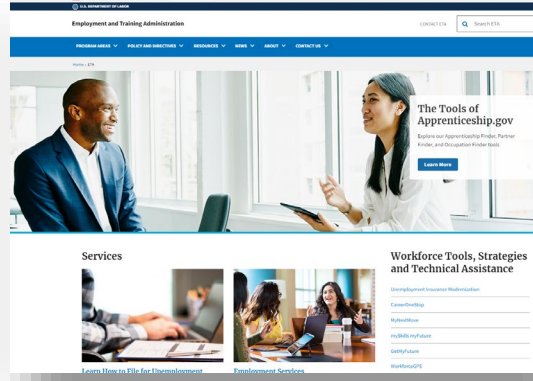


What Resources and Tools Are Available To Help?

Other Federal Opportunities



https://www.hud.gov/program_offices/comm_planning/rural-gateway



<https://www.dol.gov/agencies/e-ta>



<https://www.rd.usda.gov/>



<https://www.cdfifund.gov/>

■ The Veterans Administration Office of Rural Health

✓ <https://www.ruralhealth.va.gov/>

■ Environmental Protection Agency

✓ <https://www.epa.gov/smartgrowth/recreation-economy-rural-communities>

✓ <https://www.epa.gov/small-and-rural-wastewater-systems>

✓ <https://www.epa.gov/smartgrowth/smart-growth-small-towns-and-rural-communities>

■ Small Business Administration

✓ <https://www.sba.gov/business-guide/grow-your-business/rural-businesses>



Broadband Funding

Infrastructure Act Created \$658 B in Funding

NTIA will administer \$48B of this new funding

BEAD

\$42.45B

**Title I - Broadband
Equity, Access &
Deployment Program**

Formula-based grant program for U.S. states and territories. BEAD aims to close the access gap for unserved & underserved areas of the country.

DIGITAL
EQUITY

\$2.75B

Title III – Digital Equity Act

Three programs, established for planning & implementation of programs that promote digital equity, support digital inclusion activities, and build capacity related to the adoption of broadband.

TRIBAL

\$2.00B

**Title II - Tribal
Connectivity Technical
Amendments**

Further current Tribal Broadband Connectivity Program by investing an additional \$2B to fund broadband adoption and infrastructure projects.

MIDDLE
MILE

\$1.00B

**Title IV - Enabling
Middle Mile Broadband
Infrastructure**

Provides funding to extend middle mile capacity to reduce cost of serving unserved and underserved areas and enhance network resilience.

FCC to administer \$14B

\$14.2B

For Affordable Connectivity Program, which will replace the EBB program

USDA to administer \$2B

\$2.0B

Via the Rural Utilities Service

Private Activity Bonds

\$600M

\$600M

Authorizes State/local gov'ts to use private activity bonds

* IIIJA, Div F, Pub. L. 117-58 (Nov. 15, 2021) Note: funding amounts inclusive of all administrative set-asides.



Enhancing Broadband Access

The Affordable Connectivity Program

Three Ways to Apply

Get started by visiting AffordableConnectivity.gov to



APPLY ONLINE
Fill out the online application

OR



APPLY BY MAIL
Download or call to request an application via mail

OR



APPLY THROUGH A COMPANY
Find a participating internet company at www.AffordableConnectivity.gov/companies-near-me/

If you have a disability and need assistance with your application, contact the ACP Support Center at (877) 384-2575.

Learn more at AffordableConnectivity.gov

ACP SUPPORT CENTER

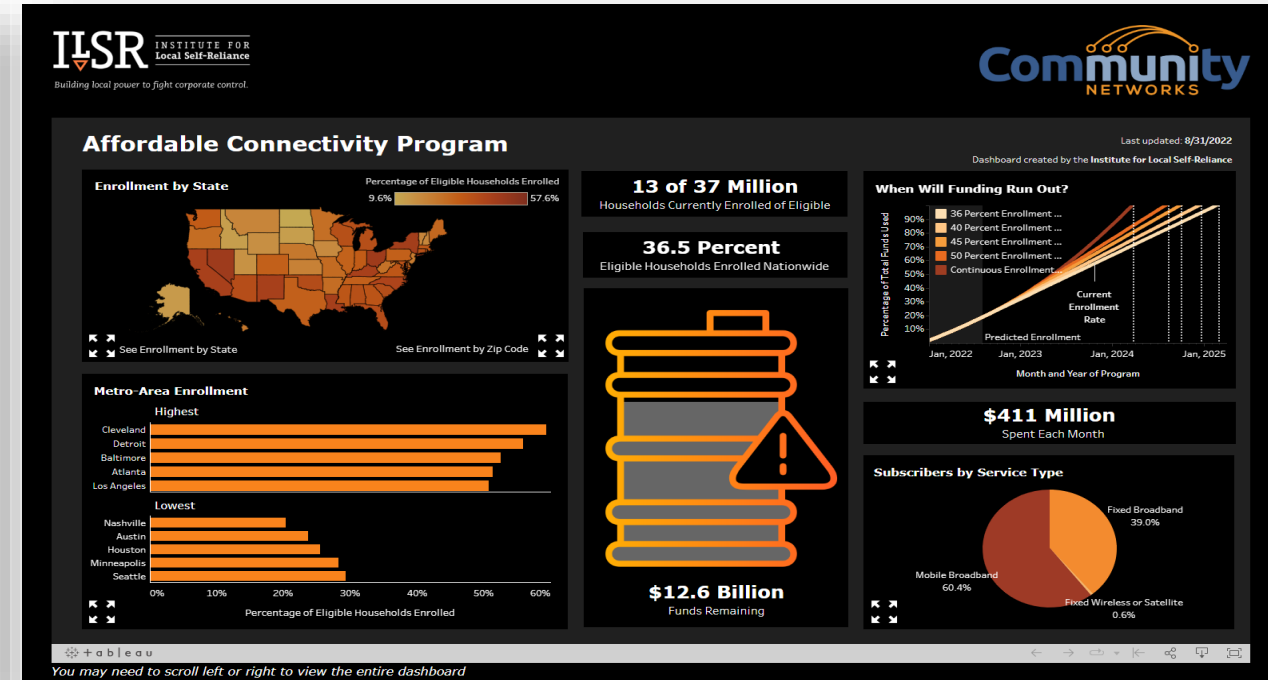
(877) 384-2575 | 9 AM-9 PM ET
7 DAYS PER WEEK | ACPsupport@usac.org





AFFORDABLE CONNECTIVITY PROGRAM

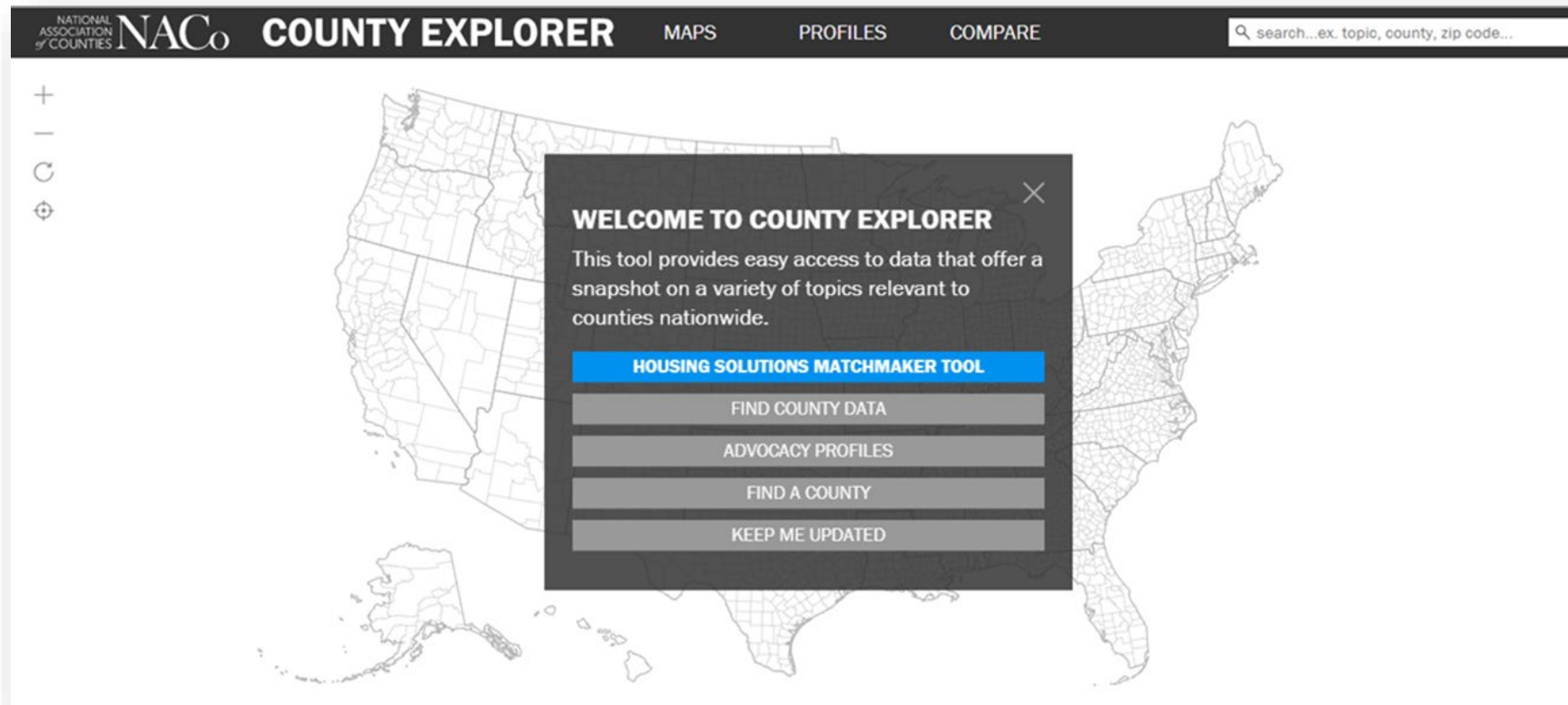
A Federal Communications Commission program that provides a monthly discount on internet service for qualifying households and one device discount on a laptop, tablet, or desktop computer.



Imagining the Ideal Rural Health Ecosystem

National Resources

National Association of Counties Tool: <https://explorer.naco.org/>



Imagining the Ideal Rural Health Ecosystem

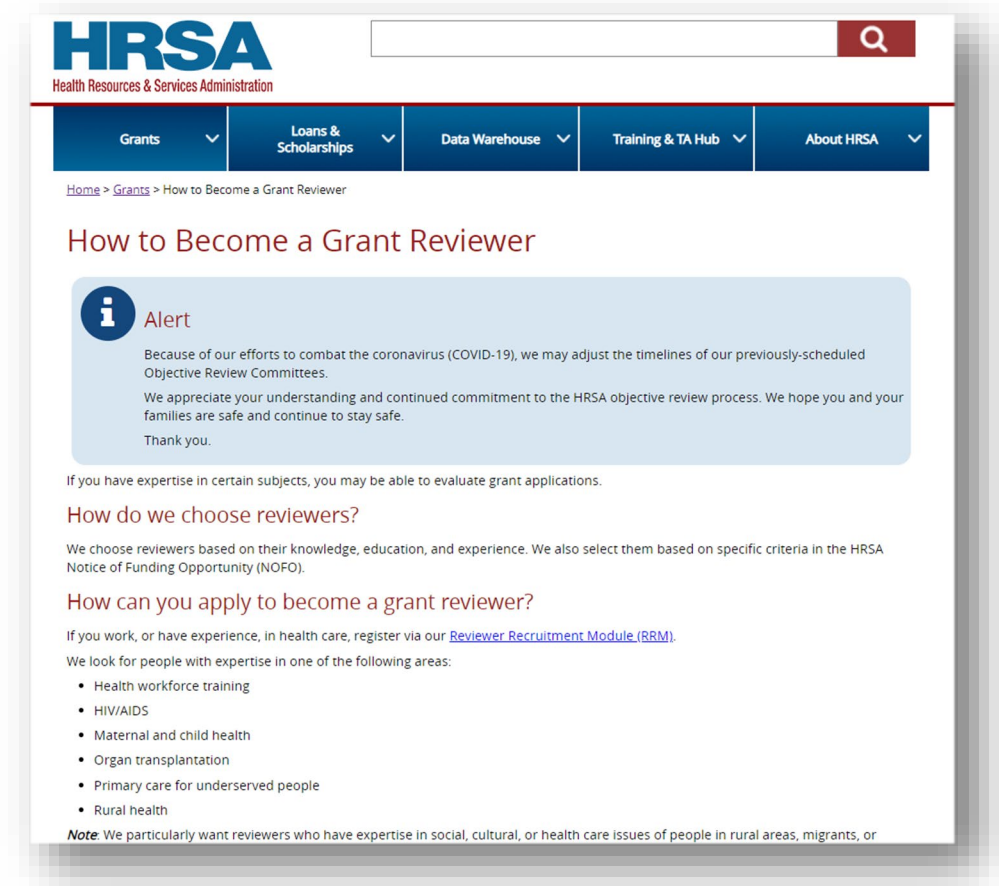
National Resources

- Robert Wood Johnson County Health Rankings
 - https://www.countyhealthrankings.org/?utm_source=google&utm_medium=paidsocial&utm_campaign=rankings2023
- CDC Places
 - <https://www.cdc.gov/places/index.html>
- CDC Social Vulnerability Index
 - https://www.atsdr.cdc.gov/placeandhealth/svi/at-a-glance_svi.html
- Area Deprivation Index
 - <https://www.neighborhoodatlas.medicine.wisc.edu/>
- Opioids Mapping/Prosperity Index:
 - <https://opioidmisusetool.norc.org/>
- Atlas of Rural and Small-Town America:
 - <https://www.ers.usda.gov/data-products/atlas-of-rural-and-small-town-america/>



HRSA Needs Your Help!

- Consider Being a Grant Reviewer
- Ensures We Get the Rural Perspective
- Provides a good insight into the grants process
- Key Steps:
 - Once registered note rural as your area of expertise
 - Let us know when you are in the database (so we can select you)
 - ✓ Email Lisa Chechile at lchechile@hrsa.gov



<https://www.hrsa.gov/grants/reviewers>



FORHP Weekly Announcements

Focus on ...

- ✓ Rural-focused Funding opportunities
- ✓ Policy and Regulatory Developments Affecting Rural Providers and Communities
- ✓ Rural Research findings
- ✓ Policy updates from a Rural Perspective

To sign up:

<https://public.govdelivery.com/accounts/USHHS/HRSA/subscriber/new?qsp=HRSA-subscribe>



Announcements from the Federal Office of Rural Health Policy



January 12, 2022

What's New

Ending Sunday: Open Enrollment for Health Insurance. The Centers for Medicare & Medicaid Services has a collection of tools for helping individuals and families get health insurance during the Marketplace Open Enrollment period, **November 1, 2022 through January 15, 2023**. Graphics, social media messages, and customizable posters and fact sheets, are available in English, Spanish, Chinese, Korean, and Vietnamese. Marketplace plans are an important source of coverage for people in rural areas, who represent [approximately 15 percent of Marketplace enrollees in states using HealthCare.gov](#).

New Awards to Train Doctors in Underserved Areas. The Centers for Medicare & Medicaid Services (CMS) awarded the first round of Medicare-funded residency slots to 100 teaching hospitals across 30 states, the District of Columbia, and Puerto Rico, effective July 1, 2023. The graduate medical education slots prioritize hospitals located in [Health Professional Shortage Areas](#), and the majority are allocated for primary care – including obstetrics/gynecology – and mental health specialties. CMS is set to create 200 new positions every year over the next five years. The application period for the second round of 200 residency slots will open in January 2023 and close on March 31, 2023.

Finding Doctors Offering Medicare-Paid Telehealth. The Centers for Medicare & Medicaid Services (CMS) added a telehealth indicator on [Medicare Care Compare](#), the site that allows consumers to search for doctors, clinicians, groups, and facilities accepting Medicare beneficiaries. Last year, CMS reported [a 30-fold increase in telehealth services](#). The new indicator helps beneficiaries and caregivers more easily find clinicians who provide telehealth services.

Extended: HHS Seeks Feedback on Tribal Consultation Policy – New Deadline, January 27. HHS extended the deadline for submitting comments on the updated draft HHS Tribal Consultation Policy to January 27, 2023. The updated draft addresses comments and

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Rural Health Questions? Email us at RuralPolicy@HRSA.gov



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