

H1N1 Campaigns:

Roles for State Offices of Rural Health

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H1N1 Campaigns: Key Rural Issues

- **Networks**: Rural health care providers may be overlooked as part of the safety net distribution system.
- **Allocation**: Rural health care providers may not receive an equitable share of vaccines / antivirals.
- **Distribution**: Stockpiles and depots for vaccine / antivirals may not be easily accessible to rural health care providers.
- **Information**: Rural residents and organizations may not have needed information about H1N1 prevention and outbreaks.

Key H1N1 Campaign Decisions: Goals for Rural Areas

- **Network Development**: Establish health safety net (FQHCs, RHCs, CAHs, SCPs, etc.) rural locations as vaccine/antiviral administration points.
- **Allocation Priority**: Establish vaccine/antiviral allocation formula including needs of rural administration points.
- **Distribution Mechanism**: Establish stockpile/distribution system easily accessible to rural administration points.
- **Rapid Response Mechanism**: Assure that rural administration points maintain priority in campaign modifications that result from outbreaks or material shortages.

Possible Roles for SORHs

- **Planning**: Participate in multi-agency campaign planning.
- **Rural Community Coordination**: Act as liaison to rural communities and rural health agencies.
- **Rural Partner Coordination**: Coordinate with statewide rural health programs/agencies.
- **Outbreak Response Management**: Participate as part of statewide Incident Command System (ICS) during outbreak.