

# *2009 Committee Reports*



## 2009 Committee Reports

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## Communications Committee – 2009 Annual Report

### Chair and Contact

Karen Madden  
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Current Members: Keith Clark (NV), Kenny Doppenberg (SD), Bob Duehming (OR), Lynette Dickson (ND), Jane Faubion (KS), Cari Fouts (CO), Karen Welle (MN)

Others Who Served in 2009: Wendy Opsahl (ND), Chris Tilden (KS)

Staff: Teryl Eisinger, Stephanie Hansen, Bill Hessert

### Purpose

The Communications Committee strives to create greater awareness of the value, benefits and services of NOSORH and SORHs and their impact on rural health. The Committee ensures that NOSORH presents a consistent message to the public and its members. To accomplish that, the Committee's primary responsibility is to oversee the development of the NOSORH Web site and all printed materials and ensure that those materials are updated on an as-needed basis. The Committee also ensures that NOSORH booth is maintained, displayed and staffed at the NRHA annual meeting and any other relevant organizational conferences. The Committee also works to establish and maintain partnerships with organizations that have similar missions as NOSORH.

### Accomplishments

1. Web site update. The NOSORH Web site was changed significantly to become more user friendly, better convey the NOSORH message, and to be more up to date and relevant.
2. Partnership Strategy. The NOSORH Partnership Strategy was revised to present a clearer plan for collaborating with SORHs and other regional, state and national rural health partners. This plan allows NOSORH to define its audience and the methods that will be used to reach those audiences, consistently promote NOSORH messages; and implement a detailed series of communication strategies.
3. State Profiles. The Committee has begun developing a State Profile Template to collect information about each State Office of Rural Health for both internal and external purposes.

### Future Plans

1. Complete the development of the State Profile Template and assist with the collection of information.
2. Continue to collaborate with existing partners and work with the Board and Staff to identify new partners.
3. Oversee revisions to the Web site as needed.



### **Committee Chair:**

Graham Adams  
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### **Committee Members:**

Graham Adams (SC); Denny Berens (NE), Karen Madden (NY), Theresa Cruz (TX)  
Staff: Teryl Eisinger, Bill Hessert

**Committee Purpose:** The Development Committee works to establish an annual fundraising plan for the organization. Which would identify and solicit funds from external sources of support. Monitors fundraising efforts to be sure that ethical practices are in place, that donors and sponsors are acknowledged appropriately, and that fundraising efforts are cost-effective. And communicates regularly with the Board, Executive Committee, and Finance Committee.

### **Accomplishments:**

1. Developed and finalized the NOSORH sustainability plan.
2. Developed a concept for Grant Writing Certification program and provided oversight for D2 Consulting to conduct feasibility study regarding the need and implementation of this program
3. Developed a concept for a Rural Health Clinic TA capacity building project which has received support from the ORHP through the NOSORH Cooperative Agreement
4. Began a feasibility review of international rural health projects which engage SORH.
5. Solicited sponsorship of NOSORH to meet budget needs of the organization separate from the Cooperative Agreement
6. Conducted an initial review of potential other funding resources for NOSORH
7. Led the NOSORH Board in review its membership and dues structure to adopt a policy to allow for Associate membership.
8. Convened a meeting with Platinum sponsor and Executive Committee to initiate sponsor feedback on meaningful collaboration.

### **Challenges:**

The Development Committee is a small volunteer committee key to the accomplishment of a diversified funding base for NOSORH. The challenge of growing the funding base of NOSORH beyond the federal Cooperative Agreement requires additional resources currently out of reach for NOSORH.

### **Future Plans:**

1. Identify specific goals for a diversified funding strategy based upon the needs of SORH and partners which will support the strategic goals of NOSORH and assist the Development Committee and staff to prioritize its activities.
2. Review and understand legal requirements of non-profits regarding any fund raising, revenue generation including IRS and other federal reporting requirements.

3. Garner other sources of grant funds from federal agencies and foundations by cultivating relationships with potential federal and non-federal funders, routinely scanning for funding opportunities and strategically developing grant applications which have a high probability of funding.
4. Identify a partnership strategy with its current partners to collaboratively identify opportunities which can potentially provide products or services to SORHs or their partners.
5. Identify opportunities for international outreach, partnership and funding resources.
6. Identify a strategy beyond merely sponsor solicitation to engage NOSORH sponsors in meaningful partnerships and cultivating corporate relationships which serve SORHs, partners and the organization which could potentially provide products or services to SORHs or their partners.
7. NOSORH should review the feasibility for other appropriate opportunities for revenue generation strategies including business services, newsletter or website advertising, continuing education fees, conference/workshop profits, fees for services to SORHs, simple web-based fund raising activities.
8. NOSORH should review the feasibility for adopting a more comprehensive development strategy including investigating planned giving, major gifts, annual giving campaigns or other fund raising strategies.



## Educational Exchange Committee – 2009 Annual Report

### Committee Chair(s) Contacts:

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### Committee Members:

Sharla Allen (WY), Barbara Berger (CT), Barbara Brendel (MO), Corie Kaiser (OK), Lisa Davis (PA), Kris Sparks (WA), Patsy Whaley (GA), Chrystal Wright (SD), Stephanie Hansen (NOSORH Staff)

### Committee Purpose:

To support and enhance the leadership of state offices of rural health through education and training assistance

### Accomplishments:

- 2009 Meetings: January 22, March 23, May 26, August 24, September 29, November 17
- Distributed NOSORH/EE Committee welcome letters to new SORH staff
- Participated in the development of the Leadership Institute
- Completed EE Committee participation at Annual Meeting
- Committee has oversight of:
  - One-to-one mentoring applications (Eight applications were completed: Cost \$9,270.46)
- **Hosted 2009 Webinars (Educational/Training)**
  - Policy Institute - 1/16
  - How To Talk the Talk: Using data – 2/12
  - Stimulus Package – 2/25
  - Stimulus Package Update – 3/26
  - Rural Food Safety – 3/27
  - Health Care Reform – 4/27
  - Communication – 5/21
  - Rural HIT Update – 6/29
  - Health Care Reform AARA – 7/27
  - Program Evaluation 101 – 7/23
  - Rural Mental Health – 8/13
  - Environmental Scanning: SORH – 9/21
  - SORH Role in Preparing for H1N1 – 10/20

**Challenges:** Ensure a variety of opportunities and experiences for SORH staff participation in mentoring and education opportunities.

**Future Plans:** Continued vital role of EE Committee in NOSORH educational functions including monthly webinar sessions. Support the NOSORH Strategic Plan.

## Rural EMS Committee – 2009 Annual Report



### Committee Chair(s):

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### Committee Members:

Gerald Ackerman (NV); Larry Allen (KY); John Barnas (MI); Don Beckwith (UT); Denny Berens (NE); Lynette Dickson (ND); Woody Dunn (KY); Caroline Ford (NV); Brad Gibbens (ND); Joyce Hospodar (AZ); Bob Jex (UT); Sydni Johnson (MI); Ron Seedorf (CO); Mary Sheridan (ID); Chris Tilden (KS); Mary Winar (CT); Matt Womble (NC)

**NASEMSO Liaisons:** Chris Tilden, Matt Womble, Ron Seedorf, John Barnas, Bob Jex, Larry Allen

**Staff:** Stephanie Hansen (NOSORH)

### Committee Purpose:

The NOSORH EMS Committee is an ad hoc committee that seeks to share “best practices” among SORHs, collaborates with partner organizations and agencies, and support the development of appropriate policy to ensure access to emergency care services in rural areas and to foster integration of EMS into the larger rural health care delivery system.

### Accomplishments:

1. Established a historic Memorandum of Understanding (MOU) between NOSORH and the National Association of State EMS Officials (NASEMSO) that led to the development of the Joint Committee on Rural Emergency (JCREC) care to promote rural emergency care and explore state-level approaches to achieve shared goals
2. Coordinated and sponsored the “SORH & EMS Learning Session” jointly with NASEMSO to share information about “best practices” promoting rural EMS system development at a state level and to develop a shared vision between the two organizations
3. Participated in “The Summit Meeting: Rural & Frontier EMS & Trauma,” where local, state and federal thought leaders and advocates came together to discuss rural EMS issues
4. Developed a draft strategic plan for JCREC, “Improving Access to EMS and Health Care in Rural Communities,” to help inform and guide future collaborative work between our two associations
5. Nearing finalization of a JREC “Policy Brief” on integrating EMS into the larger health care delivery system
6. Developing a resource document describing state approaches to education and leadership development of EMS leaders (EMS service directors and EMS medical directors) at a local level
7. Provided support to NASEMSO National meeting in Little Rock, Arkansas to promote joint (NOSORH – NASEMSO) efforts and further discussion on the strategic plan
8. Represented NOSORH on committees and with organizations that are working on similar or parallel initiatives at the following venues:

- a. NASEMSO (annual meeting)
- b. International Roundtable for Community Paramedicine (annual meeting)
- c. National Rural Health Association (EMS interest group)
- d. National Highway Traffic Safety Administration EMS Workforce for 21<sup>st</sup> Century Project
- e. National Highway Traffic Safety Administration National EMS Education Standards
- f. Department of Transportation National EMS Advisory Council

#### **Challenges:**

The changing face of health care delivery, which will be impacted by many factors including national health reform and implementation of health information technology, provides a unique opportunity to advance EMS and thereby improve the health of rural communities. One concept of particular interest for rural and frontier areas is the concept of the Community Paramedic. The concept, which entails utilizing EMTs and paramedics in preventive and primary care roles (in addition to emergency care), has shown promise as an innovative solution in many other countries across the world and meshes well with many new concepts in health care delivery (like the team-based medical home concept). However, the concept must be demonstrated and evaluated more systematically before its impact can be fully understood. This committee must continue to champion the evolution of EMS care in rural communities by supporting the EMS Committee's partner organizations and the individual State Offices of Rural Health, with a focus on development of innovative evidenced-based practices that ensure the availability of quality emergency care services in rural areas.

The EMS Committee is a volunteer committee that has taken on significant amount of work in the effort to have a joint committee with the NASEMSO. While this is vital and needed work, the time commitment from the co-chairs and committee members alike continues to increase. Once the strategic plan and policy statements have been completed the "real work" of implementing these plans will begin, creating yet additional tasks for the co-chairs and committee members.

#### **Future Plans:**

1. Finalize and implement the NOSORH – NASEMSO strategic plan for "Improving Access to EMS and Health Care in Rural Communities."
2. Complete the JCREC "Policy Brief" on EMS integration.
3. Complete the EMS leadership development resource guide.
4. Communicate and distribute the strategic plan and the policy briefs to the appropriate SORH representatives and other partners.
5. Develop workplans based on the strategic plan and policy briefs, and engage NOSORH members to implement workplan tasks and work towards the achievement of the strategic initiatives.
6. Develop a "model curriculum" for EMS service director and EMS medical director training programs.
7. Support U.S. sponsorship and hosting of the 2010 International Roundtable on Community Paramedicine.
8. Develop a "Resource Guide" for development of community paramedic programs.
9. Continue collaboration with NASEMSO and other partner organizations to look for opportunities to improve EMS in rural communities across the country.
10. Support the NOSORH Strategic Plan.



## Flex Committee – 2009 Annual Report

### Committee Chair(s) Contacts:

R. Scott Daniels (HI)—scott.daniels@doh.hawaii.gov, 808.775.8811

### Committee Members:

Graham Adams (SC), Faith Allard (AK), Larry Allen (KY), April Bailey (LA), Shawn Balleydier (WV), Larry Baronner (PA), Judith Bergh (MN), Carol Bischoff (MT), Alisa Butler-Druzba (NH), Pat Carr (AK), Kassie Clarke (OR), Jennifer Dunn (CO), Angela Emge (MI), Cari Fouts (CO), Aileen Harris (VA), Joyce Hospodar (AZ), Alison Hughes (AZ), Kim Kinsey (NM), Mike Lee (WA), Joel Libby (FL), Harvey Licht (NM), Karen Madden (NY), Marlene Miller (ND), John Packham (NV), David Palm (NE), Ronnie Rom (MA), Val Schott (OK), Pat Schou (IL), Mary Sheridan (ID), Chris Tilden (KS), Kathy Wibberly (VA), Lou Ann Wilroy (CO), Matt Womble (NC), Michelle Yopez (CA)

### Committee Purpose:

Provide the State Office of Rural Health perspective on policy issues and serve as a link between State Offices of Rural Health and others implementing the Rural Hospital Flexibility Program, including the Federal Office of Rural Health Policy and the Technical Assistance and Services Center (TASC).

### Accomplishments:

1. Worked with policy committee to develop NOSORH policies concerning improving the status of small rural hospitals, reinstating the necessary provider provision, and improving rural access to health insurance.
2. Provided input on changes to the authorizing language for SHIP.
3. Provided commentary to ORHP concerning the upcoming Flex guidance.
4. Provided information relevant to Flex Programs concerning performance measures, policy changes, HIT, and stimulus funding.
5. Served as a link between SORHs, ORHP and TASC.
6. Offered the opportunity for new Flex staff to ask questions/share ideas.
7. Encouraged sharing of issues as they arise.

### Challenges:

The size of the Flex committee is one of the challenges of the committee. The size can make it difficult to quickly address issues. This can be particularly difficult with items that need a quick turn around. A smaller committee might be more efficient, but it is felt that the information provided through the committee requires that we remain open to participation from all Flex programs.

### Future Plans:

- Prioritize policies and issues impacting Flex programs.
- Work to ensure improved performance measurement of Flex programs.
- Continue to provide information to Flex programs on issues affecting them.
- Work in collaboration with NOSORH staff and committees to develop training opportunities relevant to Flex programs.
- Support NOSORH Strategic Plan



## HIT Committee – 2009 Annual Report

### COMMITTEE MEMBERSHIP

ALISON HUGHES (AZ) AND

JOHN HANSON (WA) CO-CHAIRS

**Gerald Ackerman, NV**

**Angie Allen, TN**

**John Barnas, MI**

**Larry Baronner, PA**

**Dennis Berens, NE**

**Harold Brown, AL**

**Keith Clark, NV**

**Kassie Clarke, OR**

**Scott Daniels, HI**

**Lynette Dickson, ND**

**Woody Dunn, KY**

**John Eich, WI**

**Mark Griffin, SC**

**Charles Lail, AL**

**Karen Madden, NY**

**Cathleen McElligott, MA**

**Bob Pannell, FL**

**Kate Payne, IA**

**Shelly Phillips, Utah**

**Maria Radtke, WI**

**Heather Reed, OH**

**Mark Schoenbaum, MN**

**Mary Sheridan, ID**

**Gloria Vermie, IA**

**Karen Welle, MN**

**LouAnn Wilroy, CO**

### Committee Purpose

The NOSORH Health Information Technology (HIT) Committee facilitates education for its members about new developments in HIT. National and state HIT experts are invited to meetings to discuss resources, and new policy developments. The Committee makes recommendations regarding HIT policy issues to the NOSORH Policy Committee for consideration and action.

### Committee Accomplishments in 2008

- Provided recommendation to NOSORH regarding funding support for rural HIT implementation infederalgrantprograms.
- Arranged for NOSORH conference call with former HRSA Director Earl Fox to discuss HRSA future directions under new Administration.
- Informed committee members regarding preliminary definition of “meaningful use” related to HIT implementation.
- Provided information and Webinar to committee members on “Spectrum Capacity” and White Space policy issues.
- Facilitated a survey of HIT initiatives in state offices of rural health
- Recommended comments regarding HIT funding via the American Recovery and Reinvestment Act (stimulus funding) for approval and submission through NOSORH Policy Committee.
- Planned Health Information Technology Day prior to the annual NOSORH meeting
- Facilitated a presentation on the potential of personal electronic health records.



**Committee Chair(s) Contacts:**

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**Committee Members:**

Graham Adams (SC); Sandra Durick (SD); Lynette Dickson (ND); Bob Duehmig (OR); Caroline Ford (NV); Alison Hughes (AZ); Karen Madden (NY); Cathleen McElligott (MA); Tammy Norville (NC); Mark Schoenbaum (MN); Kris Sparks (WA); Chris Tilden (KS); and Gloria Vermie (IA)

Staff: Teryl Eisinger (NOSORH)  
Legislative Liaison: Bill Finerfrock

**Committee Purpose:**

The Policy committee shall be responsible for tracking policy issues of interest to NOSORH and coordinating policy communication and educational activities for the organization. The committee monitors legislative activity of Congress relative to rural health and State Offices of Rural Health; reports on areas of activity/interest to the NOSORH Board of Directors periodically, including a report at the NOSORH Board of Directors annual retreat and as needed during monthly NOSORH Board of Directors conference calls; assists the NOSORH Board of Directors in the development of the NOSORH legislative agenda and posting on the NOSORH Web site; and represents NOSORH legislative issues to member of Congress and others. The committee reports to the membership on its activities at least quarterly.

**Accomplishments:**

1. Developed and finalized the NOSORH Policy Platform
2. Refined the role and responsibilities of the Legislative Liaison.
3. Devoted considerable effort to the reauthorization of the State Office of Rural Health program.
4. Submitted letters on legislative and national program activity as follows:
  - Senators Harkin and Cochran to fully fund the President's Fiscal Year 2010 budget request for State Offices of Rural Health (May 2009);
  - Senator Conrad regarding reauthorization of the Conrad 30 Program (June 2009);
  - Charles P. Friedman, Office of the National Coordinator for Health Information Technology regarding public comment on the Health Information Technology Extension Program (June 2009);
  - FCC regarding inclusions in the National Broadband plan (June 2009);
  - Co-signature, along with NRHA and other national associations, correspondence to Congressional leadership outlining reforms to ensure access to health care in rural America (June 2009).
  - Co-signature, along with the National Rural Health Information (HIT) Coalition and other national organizations and associations, a letter to the National Coordinator of the Office of the National Coordinator for Health Information Technology, regarding the draft language for the "Meaningful Use" of electronic health records (June 2009)
  - Drafted letter to the Chair of the Senate Health, Education, Labor and Pensions Committee endorsing the anticipated nomination of Dr. Regina Benjamin for Surgeon General (July 2009). Sending of the letter is on hold until the nomination is formally announced.
  - Conference on FY 2010 Labor-HHS-Education Appropriations regarding funding for health programs in the FY 2010 Labor-HHS-Education Appropriations bill (H.R. 3293) (August 2009).

**Challenges:**

The Policy Committee is a volunteer committee charged with increasingly important and vital functions for the membership. The time commitment for the Co-chairs and the committee members continues to increase, especially in regards to the reauthorization of the State Office of Rural Health Program, funding for rural health and safety net programs, and health care reform.

**Future Plans:**

1. Implement NOSORH's legislative platform through a delineation of specific action steps for each priority area.
2. Continue to implement a process for quick response for letters of support.
3. Identify at least one priority from the Policy Platform on which to focus.
4. Implement, in conjunction with the NOSORH Director the tasks and deliverables outlined for the Legislative Liaison.
5. Support the NOSORH Strategic Plan.

# Performance Measures – 2009 Annual Report



## Committee Chair(s) Contacts:

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## Committee Members:

Mark Schoenbaum (MN), Cathleen McElligott (MA), Sharla Allen (WY), John Barnas (MI), Barbara Berger (CN), Alisa Butler (NH), Keith Clark (NV), Teresa Cruz (TX), Lisa Davis (PA), Jane Faubion (KS), Cari Fouts (CO), John Hanson (WA), John Packam (NV), Joel Libby (FL), Harvey Licht (NM), Karen Madden (NY), Bob Pannell (FL), Mary Sheridan (ID), Gloria Vermie (IA), Kathy Wibberly (VA), LouAnn Wilroy (CO)

Staff: Teryl Eisinger (NOSORH)

Consultants: Matt Chandler and John Gale

## Committee Purpose:

Develop a pilot project to establish and evaluate a set of performance measures for use by all SORHs to support the development of a SORH performance measure model. The Committee will develop a recommendation of key indicators and process which will serve as key illustration tool as NOSORH and its members tell the SORH story.

## Accomplishments:

1. Secured Matt Chandler and John Gale as consultants to facilitate the Pilot Project and provide the web-based data collection tool for the pilot.
2. 11 States volunteered to participate in the pilot
3. Established 6 Performance Measures
  - a. Information dissemination
  - b. Inside dollars leveraged (dollars coming into SORH)
  - c. Outside dollars leveraged (dollars received by others fostered by SORH involvement)
  - d. Policy related activities
  - e. Recruitment and retention efforts
  - f. Technical assistance
4. 7 states completed 6 months of data entry

## Challenges:

1. Securing consensus on measures
2. Establishing definitions that were consistently interrupted
3. Motivating some of the volunteers to participate consistently

## Future Plans:

Provide a recommendation to the NOSORH Board based on the pilot project outcomes



## NOSORH Workforce Committee – 2009 Annual Report

Membership throughout 2009 included a number of state offices and collaborating partnerships including American Association of Community Colleges, AHECs, other workforce organization and 3RNet, Health Professions Network, Rural Health Resource Center.

The Workforce Committee develops SORH expertise and understanding of workforce issues in order to provide the State Office of Rural Health perspective on workforce policy issues and serve as a link between State Offices of Rural Health, national partner organizations, the Federal Office of Rural Health Policy and other federal agencies.

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Co-Chair: Alisa Butler-Druzba  
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### Members

Cherith Chapman (CO)	Ann Peton (VA)	Steve Shotwell (MI)
Robert Duehmig (OR)	Cindy Siler (TN)	Bettie Rundlett (WA)
Teryl Eisinger (MI)	Susan Skillman (WA)	Angie Allen (TN)
Roxanne Fulcher (DC)	Tim Skinner (WI)	Molly Brown
Stephanie Hansen (ID)	Pamela Smith (MA)	Sue Skillman (WA)
Jerry Harrison (NM)	Alisa Butler-Druzba (NH)	Melissa Candelaria (NM)
L. Gary Hart (AZ)	Halley Lee (SD)	Angie Leflam
Michelle Holst (IA)	Kristin Juliar (MT)	Harvey Licht (NM)
Dennis Moser (UT)	Michelle Clark (MD)	

### Activities

The Workforce Committee met monthly by conference call. Topics included:

#### Work on the NOSORH Workforce Policy Statement – summarized below:

For that reason, **NOSORH supports the creation and funding of programs and activities that expand the technical assistance capacity of State Offices of Rural Health.** In terms of expanding the rural health workforce, funding for this improved technical assistance capacity could be used to:

- Improve workforce data collection in order to standardize data Identify cross-credentialed profession models and work with allied health groups on implementation (NOSORH & partners)
- Develop and implement community-based training programs that increase the number of students from rural communities who enter health professions
- Increase the recruitment and retention of health professionals in rural communities

## NOSORH Workforce Committee – 2009 Annual Report

- Work with institutions of higher learning, workforce training programs, and state agencies to develop a greater understanding of rural health workforce development issues and create educational opportunities that expand the workforce

### Educational Topics

- Webinar on ARRA and Healthcare Reform, workforce topics in June
- Reports on behavior health, oral health, allied health, workforce data, rural surgeon shortage
- Reports from collaborating partners including
  - American Association of Community Colleges
  - Health Professions Network
  - Area Health Education Centers
  - Other workforce projects

### Workforce Strategic Planning

- A workforce strategic planning session was held as part of the Region E meeting in Laramie. The goal of the meeting was to increase collaboration around workforce issues. Recommendations from the session are excerpted below

1. Health IT within practice and education, e.g. HIT workforce

**Vision/goal:** Provide leadership in building the rural HIT task force; educating and learning from SORH, our constituents, and national partners. HIT needs of rural clinics, CAHs, small providers. What can SORH do in this arena? Keep issue front and center so that rural isn't left out of grant proposals.

**Partners:** State Higher Ed, DoL, HRSA, AHIMA, etc.

**Resources:** Rural HIT coalition, NOSORH workforce committee

**Process/Structure?** Start with bringing partners together...membership group may determine collaboration/direction. Use of teleconferences/breeze meetings.

Central leadership/Convener? Discussed this – using rural HIT coalition structure. How do you influence the structure – advocate for a mandate. Get on their agenda. Create artificial deadlines, create urgency.

2. Recruitment and retention (a look beyond monetary incentives). Equitable reimbursement of primary care providers

**Vision/Goals:** Promote successful R & R practices – create recruitment plans for clinics/hospitals throughout each region; assist in developing recruitment plans. Take an inventory of each state to see which have R&R plans, best aspects of plans combine with other resources, create state templates unique to each state. Develop templates for agencies to use.

**Members:** Hospitals, AMA, 3RNet, Nursing Associations, University, Communication specialists (esp. for next generation), business councils, economic development, data gurus, chambers of commerce  
6 Months to 1 Year to really develop. Done through teleconference, webex, etc. depending on membership of coalition. Use existing structures such as recruiting agency in WY.

**Leadership:** WY 3RNet member, Penny; could be different in other states? Is 3RNet the entity to lead?

**Resources:** 3RNet

Benefit of collaboration is sharing best practices. National level collaboration might make sense to warehouse and share. Regional collaboration is often shared with other states.

## NOSORH Workforce Committee – 2009 Annual Report

3. Models of Care - Identify most efficient and effective models of care, including funding for patient care under these models, data collection and analysis (evaluation) and development of interdisciplinary models in practice and education

**Purpose:** to build an advocacy platform based on what is working best in our communities around healthcare access and delivery

**Goal 1:** identify best systems of care within Region E

**Process steps for Goal 1:** survey, identify restricting and contributing factors through survey; develop catalog of lessons through survey; analyze survey

**Goal 2:** Build a best healthcare delivery model advocacy platform

**Process steps for Goal 2:** TBD

**Members:** PCA, PCA, CAH, Hospital Assoc, PH, private, for profits, not for profits, tribals

**Resources:** cooperative agreement from HRSA, grants, collaborators

**Sustainability:** incorporate change process into larger model. Continuous process within the systems.

**Ownership:** it should live within all organizations. To get started, Region E Directors. Directors would be a neutral party.

**Communication:** disseminate best practices; RAC success models

Rather than responding to policies – look at best models of care; learn what is positive; identify ways to tweak them to incorporate into other areas; include evaluation component – impact on quality patient care. Argument for collaboration: not wanting to be “told”; rural physicians to fit into delivery system future/transition/aid in retirements and recruitment

4. NOSORH Postsecondary Education Collaborative

**Shared vision:** Work with postsecondary educational institutions to change/redesign educational opportunities so that students are prepared to meet rural health professional needs

**Common goals and objectives:**

(1) Identify highest priority professions to focus on based on documented needs (research findings, where available)

(2) Identify and disseminate new service delivery models that involve inter-professional training and cross-credentialing and design educational program/systems to develop appropriate workforce capabilities—e.g. bridge programs, stackable certificates/credentials (e.g., health support specialist: a CNA who gets a dietary aid certificate, continues with other specialty training, and job responsibilities expand accordingly)

(3) Create community based training opportunities: innovative ways to deliver content and practical training so that students can remain in their home communities (distance education and creating training opportunities in home communities; identifying local resources that can be used for educational purposes—e.g. videoconferencing capabilities in hospitals for hospital preparedness, also community colleges)

(4) Offer incentives for practicing professionals to teach

- E.g. hospitals lend senior level nurses to comm. colleges, pay for salaries, and creates collaboration with community colleges

(5) Ensure scope of offerings meets student educational needs (affordable and accessible)