

NOSORH Region A Meeting, July 6 - 8, 2010

State College, PA

State Sharing Form

State: Connecticut	Contact: Barbara Berger or Mary Winar
Round Robin Topic/Question:	Phone: 860 738-6378 Email: bberger@nwcc.comnet.edu mwinar@nwcc.comnet.edu Website: www.ruralhealthct.org

A) Awarded Five Community Quality Improvement Grants

- Windham Hospital Foundation - to conduct a health care needs assessment survey and analysis for seniors age 65 & older residing in 3 rural towns
- Pomperaug District Department of Health - to develop and conduct a “Live Long, Live Well” program for the elderly focusing on fall prevention
- Day Kimball Hospital - to develop, pilot, analyze a community-based needs assessment and referral tool for adults aged 60 and above and their family caregivers
- Cornwall Volunteer Fire Department - to provide skills training certification & recertification for their members & community first responders
- United Health Services - to conduct “Mental Health First Aid Training” for rural EMTs. The 12 hour training is designed to educate individual emergency responders on how to help someone having a mental health crisis.

B) EMS Management and Leadership Initiative

- Sponsored two EMS management and leadership training sessions for rural EMS providers in northwest and northeast CT. These sessions are the first two of a series of eight modules developed in response to a need identified by the New England Council for Emergency Medical Services.

C) Projects

- **CT Data Quality & Access Consortium** - Contracting with the CT Economic Resource Center to design an easily accessible and analyzable electronic format for rural health data.
- **Veteran Hospice Volunteer Program** - VA funded grant to increase access to hospice care for rural veterans. Partners include the CT VA, 3 rural VNA, CT Association of Hospice and Homecare, and the CT-ORH. Initiative is to increase and strengthen communication with the local CBOC, recruit and train Veterans as hospice volunteers to serve other Veterans.
- **NCCC Nursing Program** - Assisted Northwestern CT Community College in accessing Congressionally-directed funds for the start up of the College’s new AS degree Nursing program through grant writing and proposal preparation assistance.
- **Rural Child Injury Prevention Program** - Through the regional Children’s Safety Network, CT-ORH is partnering with CT DPH in investigating rural childhood suicide and CT rural children in motor vehicle crashes.
- **HIT Broadband** - Communicating with rural hospitals as to their projected needs in implementing EMR systems and with the statewide HIE strategic and operational planning committee/HIT regional extension center

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State: Maryland	Contact: Jennifer Kelley
Round Robin Topic/Question:	Phone: 410-767-6523 Email: jkelley@dhhm.state.md.us Website: http://fha.maryland.gov/ohpp/ruralhlth/index.cfm

Primary Care Management Information System (MIS) – Overhaul of the existing MIS system developed in 2006.

The MIS allows the State of Maryland Primary Care Office and State of Maryland Office of Rural Health to manage its multiple activities in one system, including: research and other information gathering to collect and compile qualitative and quantitative information to recommend areas for Health Professional Shortage Area (HPSAs) and/or Medically Underserved Areas/Populations (MUAs/MUPs) designation by the Health Resources and Services Administration (HRSA), US Department of Health and Human Services. The MIS manages information on the federal resources available to HPSA and MUA/MUP designated areas, including, Federally Qualified Health Centers (FQHCs), enhanced Medicaid and Medicare reimbursement for providers, and deployment of physician and other health professionals via the National Health Service Corps, J-1 Visa Waiver, National Interest Waiver, Loan Assistance Repayment Program, Ready Responder Program, and others. Compiled statistics and other information are assembled in tables, charts, maps, and narrative reports that are distributed to the provider community and other primary health care advocates/partners at the local, regional, and national levels in response to information requests, to inform policy and decision making and to respond to reporting/update requirements of federal and DHMH oversight entities.

The major functions performed by the MIS:

- Provides ready access and capability to manipulate health, demographic, and other statistics.
- Track HPSA and MUA proposals and all information required to prepare proposals, including health statistics, demographics, and health care provider information.
- Track information on all health care providers participating in PCO workforce programs, including J-1, National Health Service Corps, and Loan-Assistance Repayment Program. Store contact information for health care facilities, including FQHCs, hospitals, local health department, and others, as well as for physicians, dentists, and mental health providers in the state.
- Generate reports in Word, Access, and Excel.
- Stores data on physicians throughout the State of Maryland

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State: New Hampshire	Contact: Alisa Druzba
Round Robin Topic/Question: What should be the role of the SORH – leadership or supportive?	Phone: 603 271 5934 Email: adruzba@dhhs.state.nh.us Website: http://www.dhhs.nh.gov/DHHS/RHPC/default.htm
Flex Program: Capacity building and Strategic planning for CAHs Management & leadership trainings for CAH middle management Financial Improvement Network to provide topic specific workshops for CAH New England Performance Improvement Network (NEPI) – creation of multi-state project with Institute for Healthcare Improvement (IHI) EMS – workforce survey, CPAP grant program, education website, on-line medical director training	
SORH: State Rural Health Plan Rural Scholars Program New England Rural Health RoundTable state-level leadership development project Primary care barriers to care assessment for rural areas Epidemiological support for oral health data State match – support for uninsured patients of rural community health centers, state loan repayment for rural providers, and recruitment center contract for rural providers.	

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State: New Jersey	Contact: Linda D. Anderson, Director Office of Primary Care/Rural Health
Round Robin Topic/Question: Cost-Effective Method of Identifying Rural Health Needs	Phone: 609-292-1495 Email: Linda.anderson@doh.state.nj.us Website: www.state.nj.us/health/fhs
<p>New Jersey's Rural Health Behavioral Risk Factor Surveillance System (BRFSS) Study</p> <p>Purpose: The analysis was to identify the health needs of New Jersey's residents who live in rural areas of the state using a research group that has conducted multiple BRFSS studies, at the county level, throughout the State.</p> <p>Methodology: The aim of the study is to utilize existing BRFSS data to identify the health needs in the rural municipalities. This approach is an alternative to conducting a statewide rural health BRFSS study, which would be more costly and time-consuming than the current approach. The initial step was for the research group (Holleran) to contact each of those counties requesting permission for the use of their data. The state defined rural counties were as follows: Atlantic, Burlington, Camden, Cumberland, Hunterdon, Ocean, Salem, and Somerset.</p> <p>In addition, the New Jersey State BRFSS Coordinator provided Holleran with the statewide BRFSS datasets from the past several years. Once the data from all of these sources are collated into one, the rural municipalities were segmented into their own dataset. Depending on the dataset, the use of GIS software was needed to identify what surveys are from a rural municipality.</p> <p>Optional Analysis - Secondary Data</p> <p>An optional analysis that Holleran provided was an examination of the rural health needs as reported by state-monitored data. This included cancer statistics, mortality rates, etc. The state of New Jersey provided Holleran with the datasets necessary to compile these reports.</p> <p>The dataset were statistically weighted to ensure that a county or municipality was not under- or over-represented. Below were the deliverables for the study.</p> <ol style="list-style-type: none">1. Graphical results for New Jersey's rural municipalities overall2. Comparisons to New Jersey overall BRFSS results3. Comparisons to National BRFSS results4. A written executive summary of the health needs of rural New Jersey (as defined by those areas where rural New Jersey is less healthy than statewide and national figures) <p>Findings: The study findings were presented on April 27, 2010 at a statewide Rural Health Summit titled "Snap Shot of Rural New Jersey" Update for Planning, Prevention and Action.</p> <p>Outcome: Stakeholders will be working with NJSORH to address health disparities that rated worse than the national and state average. Given limited resources, the primary outcome of the Summit was an agreement to collaborate and integrate state/local activities to develop new and expand partnerships.</p>	

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State Sharing Report

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State: Pennsylvania#	Contacts: Lisa Davis / Jennifer Hessert#
State Sharing Topic/Question: How can the Pennsylvania Office of Rural Health best address the healthcare needs of rural Pennsylvanians?#	Phone: 814-863-8214 Email: lad3@psu.edu / jhessert@psu.edu Web site: www.porh.psu.edu#
<p>During the 2009-2010 fiscal year, the following activities occurred:</p> <p>Continuing Education Events and Outreach Activities:</p> <p>On August 3 and 4, 2009, seventy-two rural health advocates attended the <i>second annual federal grant program workshops</i> held in collaboration with the Federal Office of Rural Health Policy on the Rural Healthcare Services Outreach Grant Program and other ORHP-funded grant programs.</p> <p>On September 30, 2009, thirty-seven rural healthcare advocates participated in the <i>Pennsylvania Department of Health's Grants Technical Assistance Workshop</i> for the Community Primary Care Challenge Grant Program, one of the most effective grant programs across the Commonwealth. As a result of this workshop, in 2009-2010, the state received more applications than in any previous year.</p> <p>Forty-three migrant farmworker advocates, healthcare providers, and employers attended the <i>9th Annual Migrant and Immigrant Health in Rural Pennsylvania Conference</i>, the only one of its' kind in the state, on March 23-24, 2009; the theme of the conference was "Promoting Safe Work Environments."</p> <p>The SORH coordinated 19 certification preparation and recertification training programs as part of the <i>Swimming Pool Pesticide Applicators Training Program</i>, a program that certifies applicators who apply chemicals to public bathing places.</p> <p>Through <i>The Pennsylvania Rural Health Farm Worker Protection Safety Program</i>, significant technical and compliance assistance was provided to agricultural producers throughout Pennsylvania on complying with the Environmental Protection Agency's Worker Protection Standard and on other agricultural-related safety issues. Training DVDs on specific sectors of agricultural production were developed which have been distributed throughout the state and nationally.</p> <p>During 2009-2010, several Penn State industrial engineering students completed their capstone projects at three Critical Access Hospitals focusing on central scheduling, operating room scheduling, and automated materials management. This program was sponsored by the SORH via the <i>Medicare Rural Hospital Flexibility Grant Program (FLEX)</i>.</p> <p>Publications:</p> <p>In November 2009, <i>the SORH published its sixth consecutive annual report</i>; this has proven to be an effective way to highlight the activities and accomplishments of the office per fiscal year.</p> <p>The SORH has continued to publish the <i>Pennsylvania Rural Health</i> magazine on a twice-yearly basis, once in the fall/winter and again in the spring/summer. This publication provides opportunities to highlight issues affecting the delivery of health care in rural areas and showcases innovative and effective community- and state-based rural health-related policies and practices. Plans are underway for this publication to evolve into a blog in fall 2010.</p> <p>This past year, the SORH completed its' <i>2010-2013 Strategic Plan</i>, integrating information gathered from an internal and external assessment conducted in 2009, recommendations from the 2009 HRSA/OPR Performance Review, and a day-long strategic planning retreat. This Plan addresses PORH's goals of assessing, diversifying, and increasing its' efforts in continuing education, partnerships, resource development, and office efficiency in order to strengthen rural healthcare delivery systems.</p> <p>Web 2.0/Social Media Applications:</p>	

In an effort to create and utilize a more technology-savvy communications strategy, the SORH has begun to move into the world of Web 2.0 applications, including: FaceBook, Twitter, and Delicious.

**The Jennifer S. Cwynar Rural Health Undergraduate Summer Internship Program:
Summer Internship Program:**

The SORH continues to offer its 10-week, 40-hour Summer Internship Program to an undergraduate Penn State student to help them gain practical and diverse experience in the field of health policy and administration. PORH considers this program to be very important in developing the next generation of rural health leaders.

The SORH renamed its internship program in memory of Jennifer S. Cwynar, a 2008 Penn State Health Policy and Administration graduate, who served as the SORH intern during the summer of 2008. Cwynar died in January 2010 as the result of injuries sustained in a traffic accident near her home in southwestern Pennsylvania.

Outreach and Advocacy:

The SORH staff continues to serve on a wide variety of boards, advisory committees, and task forces to advance the healthcare needs of rural residents and communities. Significant effort also is directed towards serving on *particular NOSORH committees*, e.g., the Policy and Flex committees, with a special emphasis on the reauthorization of the State Office of Rural Health Program. The SORH also is part of a *state-funded grant to assess the transportation needs of the state's rural veterans* and has been contracted by the Pennsylvania Department of Health to develop *the State Health Improvement Plan 2011-2015*.