

Sharla Allen

Sharla Allen, MSHA, has been the Manager of the Wyoming Office of Rural Health (ORH) since July 2007. She is a Region E representative and chair of the NOSORH Awards Committee. Sharla has spent 30 years working in rural and reproductive health, and previously held positions in Wyoming's 3RNet member organization as Recruiter and Executive Director.

What are some of the positive things going on in your state with rural health?

A great thing about rural health in Wyoming is that it is all encompassing. Seventeen of our 23 counties are defined as frontier, four are considered rural, and in the two metropolitan counties, once you're out of the city, you are miles from any other community or services. It's not difficult to sell rural to policymakers!

In 2012, our SORH Grant supported registration fees for Wyoming Department of Health and Community Based Health and Social Service Agency staff to attend a federal grant management course offered by Grant Writing USA. It was eye-opening to learn what we didn't know we were supposed to know--and I've been here six years! We are more confident now with our compliance with grant agreements and with possible federal audits. The training was so well received that our fiscal leadership required training for all fiscal staff who deal with federal grants, and the Public Health Division now requires all staff to attend this training. We added the training into the current SORH grant, again targeting the staff in those agencies, and added a grant writing class this year.

Also, in 2011, the state legislature passed the Primary Care Support Act, which provided a million dollars to support existing CHCs or RHCs to expand services and/or their market, or start-up costs for new RHCs or CHCs. Awards were made in 2013 and we had four awardees, including one potential new clinic. It's a one-time deal--but it's a big deal for our Office.

Finally, for 2014 and beyond, we are excited about resource projects that are collaborative population health and primary care initiatives. Making that linkage is key to preventative health as well as cost containment for any health system. We see this path as one that will have long-lasting effects on our rural communities' health.

Is there a particularly difficult challenge that you faced in the recent past? If so, how did you meet it?

Due to staffing changes and reorganization over the last year and a half, our SORH staff was only able to meet the basic requirements of both federally and state funded programs. Now with great support from senior administration, we've successfully hired a unit manager and realigned SORH staff so that we can again grow our programs rather than meet the minimum requirements.