

# Mark your Calendar!



# The Branch

An Update for State Offices of Rural Health and our Partners

May, 2013

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## April 30-May 1

- Region D Meeting (San Diego, CA)

## May 2

- Joint Committee on Rural Emergency Care (EMS) Committee (3 pm EDT)

## May 7-10

- NRHA Annual Meeting

## May 8

- NOSORH Membership Meeting (1:45 pm EDT), Room 215

## May 14

- Development Committee (2 pm EDT)

## May 16

- Learning Community: Workforce (2 pm EDT)

## May 21

- Policy Committee (2 pm EDT)

## May 22

- Learning Community: National Rural Health Day (3 pm EDT)

## May 23

- Webinar – Recruiting and Retaining Oral Health Providers: Success Stories (2 pm EDT)

## May 28

- Communications Committee (1 pm EDT)
- Educational Exchange Committee (1 pm EDT)

## May 30

- Webinar – SORH Partnership: What, Why, and How (3 pm EDT)

## June 4

- Learning Community: TruServe Users (2 pm EDT)

Please visit our [News & Events](#) section to learn about these and additional upcoming events.

## Plan Now for the NRHA Annual Meeting

We hope to see you at the [National Rural Health Association \(NRHA\) Annual Meeting](#), May 7-10, in Louisville, KY. NOSORH will hold a **membership meeting** at the NRHA conference on Wednesday, May 8th, at 1:45 p.m.

Be sure to visit the NOSORH display, which will promote National Rural Health Day and SORHs. Check out the

[conference agenda](#) for presentations from some of our SORHs, including Neil McKinnon (AZ), Gloria Vermie (IA), Jodie Ward (ND) and Graham Adams (SC), and from NOSORH Stephanie Hansen.

SORHs are invited to display materials about their work at the NOSORH display. Please bring the materials to the meeting, or send them to Donna

Pfaendtner, [donnap@nosorh.org](mailto:donnap@nosorh.org). Volunteers also are needed to help us staff the booth—please contact Donna to help.

While there, also look for the North Dakota Center for Rural Health TruServe booth at the meeting. Mark Barclay will be available to answer questions about this important web-based tracking system.

## Be a Sponsor! Support NOSORH's Work and Receive Recognition!



NOSORH invites non-profit organizations and corporate partners that share our [mission](#) to attend, exhibit and be recognized at the 2013 NOSORH Annual Meeting (Asheville, N.C., October 28-30). Sponsors and exhibitors will have ample opportunity to meet SORH staff and other meeting participants during breaks, social activities and at our reception on Monday. Each organization's participation and support will be recognized throughout the meeting.

In addition, sponsors will receive recognition for demonstrating their commitment to rural communities on National Rural Health Day, on November 21. They will have the opportunity to connect to the communities they care about by working directly with SORHs and rural health facilities in their states in planning and carrying out events. Sponsorships help support the NOSORH Community Leaders Program, which develops and nurtures creative, committed rural community leaders who are essential for building and improving health and healthcare systems for the future.

Levels of support are: Gold, Silver, Bronze, General and Non-Profit. All levels of support include an exhibitor table display, and recognition in all NOSORH Annual Meeting materials. Deadline for submissions is September 27, 2013. For more information about sponsorships and recognition, [click here](#).

## Policy Update: Federal Budget, Sequestration and Hill Happenings

During the April NOSORH Policy Committee meeting, Bill Finerfrock, NOSORH Legislative Liaison, provided a summary of the President's budget, which proposes to cut the Rural Hospital Flex Program by \$14.8 million and the Rural AED program by \$1.1 million. The \$14.8 million proposed cut from Flex could result in discontinuation of new grants in FY 2014 for the Small Hospital Improvement Program (SHIP). The President's budget maintains essential support for the Flex program and its focus on working with CAHs to improve quality.

The President also proposed further cuts to Critical Access Hospitals (CAHs)—these would eliminate the CAH designation for any CAH within

10 miles of another medical facility; reduce reimbursement to 100 percent; and cut bad debt recoupment further, to 25 percent. Otherwise, the President is proposing to fund all other Office of Rural Health Policy (ORHP) funding lines at the 2012 level, which would mean an annual appropriation of \$10.036 million for the SORH line in ORHP's budget.

According to Finerfrock, "Although the President's budget submission is an important statement, it is not clear what, if any, credence this will have on Congress since the two houses have already adopted their budgets. The budget process this year will be complicated."

Finerfrock also shared information on the sequestration order, which went into effect March 1, reporting that he has seen no effort from the Administration to avoid sequestration and that domestic and non-domestic defense spending cuts and Medicare cuts were delayed until April 1. There has been some indication recently that agencies may have flexibility to reprogram funds to meet the budget reductions. The impact of sequestration on ORHP programs will not be known until there is more information on the HRS budget from the Department of Health and Human Services.

## Register for the TeamSTEPPS Conference

There's still time to register for the 2013 TeamSTEPPS Conference, which will take place June 12-13 in Dallas, TX. This free conference will highlight program models, practical solutions, knowledge, skills, tools and connections to help participants improve teamwork and communications in their organizations using the TeamSTEPPS model. To view the agenda, click [here](#). To register, click [here](#).

## National Rural Health Day 2013

What should the key messages for NRHD 2013 be? Please send your ideas to Bill Hessert, [billh@nosorh.org](mailto:billh@nosorh.org). We will discuss them during the May 22nd Learning Community call. (For a downloadable list of last year's key messages, click [here](#)).

## Steal This!

Get your May Steal Sheet—items from this month's Branch in a downloadable Word file that you can "steal" for use in your newsletters, emails, etc. Get it from the NOSORH Steal Sheets section on the [Toolkits](#) page.

## Contact Information

**Teryl Eisinger**  
Executive Director  
(586) 739-9940  
[teryle@nosorh.org](mailto:teryle@nosorh.org)

**Stephanie Hansen**  
Education & Services Director  
(208) 375-0407  
[steph@nosorh.org](mailto:steph@nosorh.org)

**Donna Pfaendtner**  
Administrator  
(586) 336-4627  
[donnap@nosorh.org](mailto:donnap@nosorh.org)

**Paige Law**  
Information Assistant  
(586) 745-7458  
[paigel@nosorh.org](mailto:paigel@nosorh.org)

For questions, comments or ideas for Branch articles, please contact Beth Blevins, Branch editor at [bethb@nosorh.org](mailto:bethb@nosorh.org). For questions about Branch distribution, please contact Paige Law at [paigel@nosorh.org](mailto:paigel@nosorh.org).

## Promising Practices

### New Mexico Hosts Provider Retention Summit

A Health Professional Workforce Summit, held on April 12 in Albuquerque, NM, gave participants an opportunity to meet in person and develop strategies for retention of clinicians in the state. The one-day event sparked discussions based upon real data, as opposed to supposition and/or anecdote, according to Britt Catron, Director of the New Mexico Office of Primary Care and Rural Health (NM SORH). Summit participants included non-profit employers, health care providers, members of the NM legislature, Residency Program Directors, and representatives from institutions of higher education and other state government agencies.

New workforce data from the [Findings of the First Year Retention Survey of the Multi-State/NHSC Retention Collaborative](#), conducted by the Cecil B. Sheps Center for Workforce Research of the University of North Carolina, was presented by Jerry Harrison and Kim Kinsley from New Mexico Health Resources (NMHR), and Harvey Licht from Varela Consulting, who was the meeting facilitator. The survey polled National Health Service Corps loan repayers and scholars, in addition to those obligated through the New Mexico Higher Education Loan Repayment Program. [Some of the survey findings also will be presented in a session at the NRHA Annual Meeting this month.] Summit participants reviewed survey results, and made comments and recommendations for future action. Catron said that the Summit additionally included a review of the literature on health professional retention, bringing information up-to-

date in light of generational, discipline, and health system delivery system changes (since much of the earlier literature was published in the 1990s). "I think everyone added to the development of strategies for the retention of health care professionals, and provided very rich discussions about the issue of retaining health care providers in our rural, frontier and underserved communities throughout the state," Catron said. "After the event there were discussions about holding another Summit so that the work does not stop."

"The Summit was a great example of SORH coordination and leveraging of resources by the NM SORH," said Stephanie Hansen, NOSORH Education and Services Director, who attended the meeting. "It provided an opportunity for all of the partners to get together and discuss the past, present, and future of the health care workforce in the state."

The NM SORH contracted with NMHR to coordinate health professional workforce research through the Sheps Center, in conjunction with 11 other states, and to organize the Summit. The NM SORH applied for funding through the Retention and Evaluation Activities Initiative of the American Recovery and Reinvestment Act (ARRA), which aims to coordinate activities to increase retention of health care providers and to evaluate the efficacy of specific retention models and the impact of ARRA funding on communities.

### Arizona SORH Pushing to Make Logic Model Use More Widespread

*"There should be a logic model for every program, whether it is designed to change community, organization or individual behavior."*

-- Lynda Bergsma, AZ SORH

Lynda Bergsma, SORH Program Director at the Arizona State Office of Rural Health (SORH), believes that rural programs must learn to prove their worth, especially in today's funding climate. "Many people in health and public health are starting to understand that they will no longer get money to fund programs for which they cannot show specific impacts and outcomes," Bergsma explained. "There's no way of knowing if a program is effective without evaluating it."

Yet, Bergsma said, "when people like me from academic institutions try to help these wonderful, well-meaning rural health folks understand how to do program evaluation, we often make it so complex and overwhelming that we just confuse them, and they give up before they start." She gave an example of a university researcher, who visited a county cooperative extension office to explain program evaluation, but many staffers said afterwards that they were more confused than when they started; one staffer was so overwhelmed she was in tears.

The answer, according to Bergsma, is logic models. "Folks leading health and public health programs in rural areas

do not need research skills—they need simple, basic evaluation skills," she said. "They really need a basic logic model to guide them through good program planning, implementation, and evaluation." (She points to the [Kellogg Logic Model Development Guide](#) as a good introduction the subject.) "A logic model will tell them how to measure their project outcomes and impact," she continued. "It can be applied to all situations. There should be a logic model for every program, whether it is designed to change community, organization or individual behavior."

To help in that effort, the AZ SORH hosted a webinar in March on "How to Develop Logic Models for a Strong Program Evaluation," the second in a series of webinars on project funding opportunities. The webinar was the beginning of what Bergsma hopes will be a new and continuing interest in logic models. In addition, the AZ SORH will provide some on-going technical assistance to those who have participated in the webinar. Although it has been geared for an Arizona audience, Bergsma said that anyone can view the webinar (click [here](#)) and use the takeaway for logic models.

Other SORHs who are interested in learning about how to use logic models or provide technical assistance on logic models and evaluation should contact Bergsma at 520-626-2401 or [lbergsma@email.arizona.edu](mailto:lbergsma@email.arizona.edu).

*Does your SORH have a "Promising Practice"? We're interested in the innovative, effective and valuable work that SORHs are doing. Contact Beth Blevins, Branch editor, at [bethb@nosorh.org](mailto:bethb@nosorh.org) to set up a short email or phone interview in which you can tell your story.*