

NOSORH Update



Region D May 18-20, 2015

Teryl Eisinger, Executive Director
Matt Strycker, Special Projects Coordinator
Kassie Clarke, Comm. & Development Coordinator
Scott Daniels, President Elect

National Organization of **State Offices of Rural Health**

Objectives:

- Learn about the role of NOSORH Regional Reps.
- Understand NOSORH resources and how NOSORH measures impact & accomplishments
- Identify ways you can engage in NOSORH activities
- Provide feedback on plans for upcoming year

Thanks to Region D Leadership:

Scott Daniels - President Elect

Corie Kaiser - Secretary

Joyce Hospodar – Regional Rep.

John Packham - Regional Rep., Flex Committee Co-chair

A word from
NOSORH President Elect,
Scott Daniels

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Role of the Regional Representatives

Joyce Hospodar
John Packham

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Regional Representative Roles

- Serves as the primary contact with their region when communicating to respective State Offices of Rural Health on NOSORH activities.
- Provides at least monthly communication with their region regarding NOSORH activities via e-mail and ORHP conference calls, and reports to the Board at least bi-annually on this communication.
- Serves as a member of the NOSORH Policy Committee as a representative from their region.
- Serves on the planning committee for his or her regional meeting
- Takes role in welcoming new State Office staff within his or her Region to NOSORH and in introducing them to the organization and its Educational Exchange Program, and may serve as a mentor to new directors in his or her respective region.

2014 -2016 Strategic Priorities & Future Plans

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Strategic Priorities

HIGH PRIORITY:

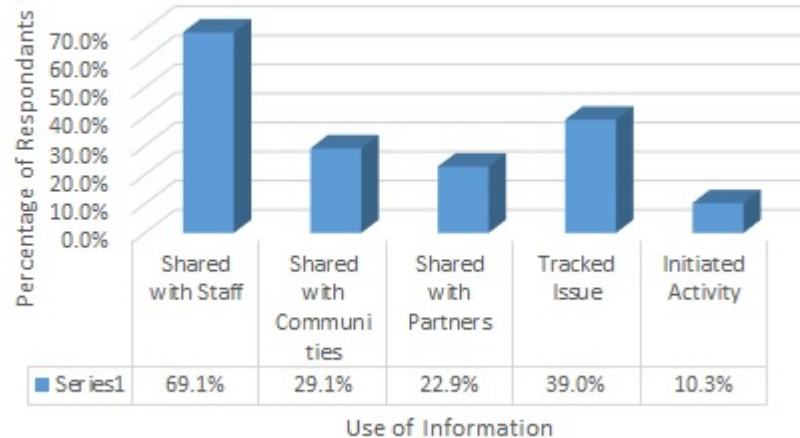
Create and offer webinars, learning communities and fact sheets to SORHs and other constituents to improve access to care, quality of care, and health of rural Americans and the rural health infrastructure nationwide.

- *Supports federal efforts to achieve the objectives of the ACA*
- *Ensures SORH are informed and able to position rural needs in any state-based reform activities.*
- *Supports improvement of meaningful SORH work on “core activities of a SORH*

Overall Evaluation for Webinars to Date



Use of Information for Webinars to Date



Participants	2013-2014
Webinars	814
Travel Scholarships	1
Learning Communities	206
Meetings (all)	318
Grant Writing 2013-14	66
Grant Writing BTB	58
<i>Total</i>	1463

Educational Exchange Committee

Led by Natalie Claiborne (MT) and Scott Ekblad (OR)

Approve mentoring applications

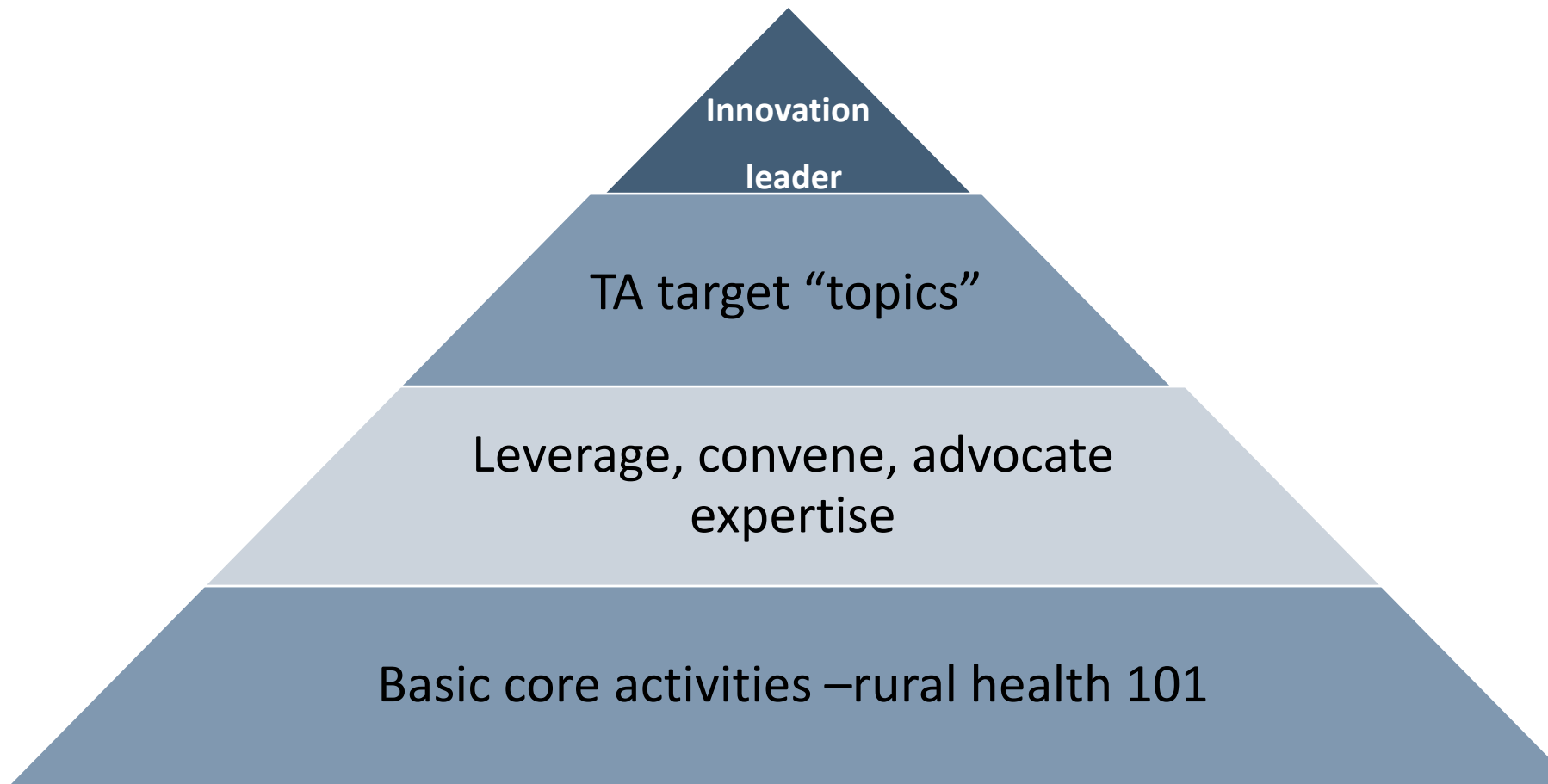
Identify learning needs of SORH – advice

Strategy

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Hierarchy of proficiencies?



Opportunities to expand or shrink

(topics, delivery methods, resources)

Micro training – 10 minute presentation recordings

Topic training – attach to regional meeting

Assigned mentors – to all new SORH

Coaching – one to one coaching from experts SORH or otherwise

Strategy – what should NOSORH education accomplish?

Institutes – SORH managers, data

Data tool – to track population health initiatives build on community needs assessment efforts

Learning community – on Innovation? Increasing access? Workforce? VHA?

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Questions to be “answered”

Should NOSORH promote “SORH proficiencies” through its educational efforts?

What should NOSORH try to accomplish with its educational efforts?

What methods should or should not be used to plan and conduct education of SORH?



2015 Rural Health Summit September 1-2, 2015
Portland, Oregon
See you all in Boston, MA in 2016!

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Strategic Priorities

HIGH PRIORITY:

Increase the Impact of National Rural Health Day to increase visibility of SORH and rural community successes.

- *Cultivates members' leadership skills at state & National level*
- *Cultivates partnerships for NOSORH and SORH*
- *Increases the impact and visibility of SORH, NOSORH, partners and constituents*
- *Increases the revenue for NOSORH, SORH and partners*

Power of Rural

Strategic Role	Victory	Baseline	Prior Report	Current	Progress
		Nov 2011	2013	2014	
Advocacy (monthly)	50% SORHs use resources & report impact	100%	98%	76%	●
Good Partner Organization	3 strategic partners show support	7 strategic partners show initial support	12 strategic partners show support	15 strategic partners show support	●

Website/Social Networks/Newsletter

Communications Coord. & Committee

Strategic Role	Victory	Baseline	Prior Report	Current	Progress
		Sept 2010	August 2014	March 2015	
Info Creation / Management (quarterly)	20% increase in unique visitors to website, fans, followers & partners	FB - 14	215	261	●
		Twitter - 34	380	507	●
		Website - 22,502	1194*	9417	●
		Branch - 258	Branch - 597	Branch - 590	●

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More measures

- #powerofrural received 681 mentions from 258 unique users on twitter and facebook, up 328.3% and 24%. (Source: keyhole.co)
- At least 29 states obtained gubernatorial proclamations, compared to at least 26 last year (up 6%).

5th Annual National Rural Health Day 2015

National Rural Health Day

Celebrating the Power of Rural!



NOVEMBER 19, 2015

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Communications Committee

Karen Madden (NY)

Kylie Nissen (ND)

- Meets Last Tuesday
- Monitoring readership to best utilize information dissemination through The Branch and Roots
- Keeping the NOSORH & celebratepowerofrural websites up to date and relevant

NRHD 2015 plans

- START EARLY – key messages, branding
- Webinars
- PIO toolkit
- Gaining positive media attention
- Doc Hollywood “contest”

Strategic Priorities

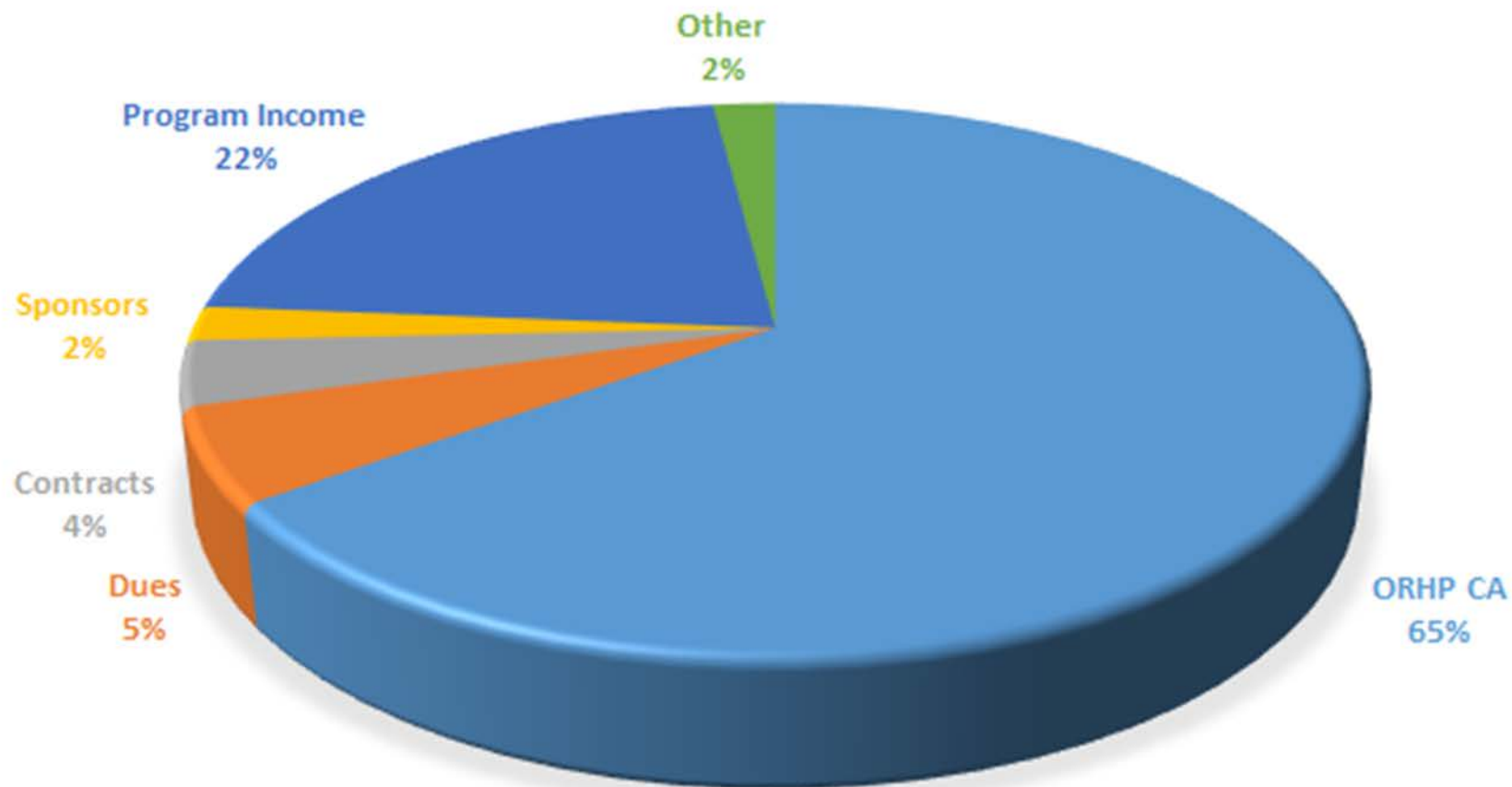
HIGH PRIORITY

Increase and diversify funding for NOSORH through contracts and special projects which increase the capacity of SORH and their partners and ensures sustainability of NOSORH.

Allows NOSORH to be flexible and support initiatives for SORH which may not be federally funded.

- Secure CA funds for working with PCO
- Seek non-federal funding for NRHD
- Negotiate new contract with VHA
- Solicit sponsors to continue support of NOSORH

THANKS TO ORHP 2013-2014 BUDGET



Grant Writing Institute



Institutes		Ed Coordinator			
Strategic Role	Victory	Baseline	Prior Report	Current	Progress
		2011	2014	2015	
Support SORH (monthly)	85% rate institute "excellent"	57%	59%	63%*	●
	85% complete	83%	84%	76%*	●
	100% enrollment goal met	37%	128%	122%**	●
*This was for the institute that completed Jan 2015 ** This is GWI15					

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Future plans

Development committee

Meet second Tuesdays,

Led by Charles Owens, Graham Adams

Activities proposed for 2015-16

- foundation approaches to support NRHD
- database for population health
- promoting enhanced dues level
- data and/or management institute

Strategic Priorities

HIGH PRIORITY:

Increase SORH capacity to support, strengthen and sustain Rural Health Clinics

- *Fills an unmet need of at key rural health safety net providers*
- *Supports NOSORH work to grow the capacity of SORH with currently available expertise from other SORH and long standing partner*
- *Fits with NOSORH advocacy strategy to increase appropriation of SORH*

RHC committee plans

- Crystal Barter (MI) and Tammy Norville (NC)
- Meets every other month on third Monday
- Modules – Quality, Behavioral Health integration, engagement
- RHC Institute
- Resources from National Association of Rural Health Clinics

Strategic Priorities

HIGH PRIORITY:

Increase and diversify funding for SORHs in order to ensure continued sustainability and growth.

- *SORH program needs reauthorization to fix issues with matching funds and indirect costs and ensure ongoing appropriation for SORH*
- *SORH need additional funding to meet the ever increasing demand for TA and expertise to improve rural health*

Policy Committee Plans

Led by Lisa Davis (PA) and Mark Schoenbaum (MN)

Meets third Tuesdays

Re-bid work of the Legislative Liaison

Focus on increased appropriation

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STATE OFFICES of Rural Health



Role of SORH

State Offices of Rural Health (SORHs) are **neutral conveners** of state partners, health care providers and communities. They **lead coordination** of efforts in workforce, economic development, and **innovation** in rural hospitals, **emergency services** and rural health care delivery systems.

SORHs collect and disseminate data which inform public policy decisions that impact rural providers. The **technical assistance** provided by SORHs improves health care provider recruitment, builds effective **networks** and expands health care services for rural people.

SORHs are the **connection to State and Federal resources** for over 1300 Critical Access Hospitals, thousands of rural health partners and millions of rural people across the United States.

5 Reasons Why Congress Must Increase Funding by \$5.5 Million to:

1. Build capacity to support small town hospitals and clinics working to keep rural people healthy and care for the sick in your district.
2. Meet the increased and growing demands for education and technical assistance from rural providers.
3. Adequately fund a responsible rural health safety net resource.
4. Support value — every dollar received by SORH is matched with 3 non-federal dollars.
5. Ensure innovation in rural communities and health care facilities.



Time To Increase Capacity

The demands on SORH resources have increased over the years; yet funding for their vital work has not. SORH have not asked for nor received an increase in appropriations in more than 5 years.



Rural health providers and populations need SORHs to be more, and this means SORHs need more funding. It is time for a reasonable and responsible increase of \$5.5 Million

With additional funding, SORHs can develop alternative services which meet the unique needs of their state's rural communities and health care providers.

Examples include:

- Supporting state level quality improvement and data submission initiatives
- Provider recruitment and retention efforts
- Integration of primary and behavioral care

RURAL MATTERS

POPULATION:

57 million Americans

60% of the nations counties are rural

There are **2,157** Health Professions Shortage Areas in rural areas compared to 910 in urban areas.

1330 Critical Access Hospitals make up **30%** of acute care hospitals but receive **5%** of Medicare payments



Impact

SORH TA Activities 5 Year Comparison



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Region D Meeting - 2016

Oklahoma City, OK

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Thank you!!!

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