



Best Practice Guide for Engagement with SORH and CDC-funded State Programs



The *Best Practice Guide for Engagement with State Offices of Rural Health (SORH) and Centers for Disease Control and Prevention (CDC)-funded State Programs* is designed to assist SORH and state CDC-funded initiatives to identify opportunities to collaborate across programs at the state level.

This fact sheet includes three short success stories of SORH engagement with CDC partners in their state and documents how to integrate these programs. Success stories and resources were identified during a SORH listening session on social determinants of health and follow up interviews and a joint SORH, Federal Office of Rural Health Policy, and CDC meeting held during the 2019 National Rural Health Association annual meeting.

1 | North Dakota: Leveraging CHNA Efforts to Collaborate

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The North Dakota SORH (ND-SORH) has long been engaged in the community benefit efforts of [critical access hospitals \(CAH\)](#)

throughout their state. Like many SORH, community benefit efforts were sparked by the work of the state's [Medicare Rural Hospital Flexibility \(Flex\) grant program](#). These efforts culminated in a [rural-specific model of community health needs assessments](#) (CHNA) that links community need to multi-sector resources. The peer-reviewed rural community group model (RCGM) offers a [10-step guide](#) for implementation and an [interactive online dashboard](#) for communities to easily access CHNA results.

The ND-SORH provides a resource of [Innovative Ideas](#) for rural communities to address the community needs and existing gaps. In searching for available resources, the ND-SORH was introduced to existing CDC-funded activities in their state. The teams met to discuss the highest needs of rural communities across the state and identify existing resources. These resources were incorporated into the Innovative Ideas section of the website.

These joint efforts to ensure the allocation of existing resources to local community need translated beyond the CHNA process. Leadership from the ND-SORH was invited to sit on the state's Preventive Health and Health Services (PHHS) Block Grant advisory committee. Each state has a PHHS advisory committee, required by the authorizing legislation and chaired by the state's Public Health Officer or their designee. The advisory committee is designed to assist in targeting state CDC resources to areas of highest need, which should incorporate a rural perspective that the SORH can offer.

Opportunity: SORH share their knowledge and expertise of rural communities with state agencies and [PHHS Block Grant](#) advisory committees in their state!

Rural-Relevant National CDC Resources

[MMWR Rural Health Series](#)

[Rural Health Series Policy Briefs](#) (POLARIS)

[National Center for Health Statistics Data Briefs](#)

[NCHS Data Visualization Gallery](#)

[Rapid Review of Rural Health Research](#)

(CDC, FORHP, NNPHI, GHPC)

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New Hampshire: Mining Data to Grow Local Resources



Like many other states, the New Hampshire SORH (NH-SORH) tried to encourage the collaboration between local health departments (LHD) and CAHs when completing their community-based health needs

assessments. However, the [two year difference](#) in reporting timelines for rural hospitals and local health departments hampered integrated efforts.

When analyzing the results of the various CHNAs, the NH-SORH noticed a common leading issue of hypertension across multiple regions of the state, and they set out to identify [chronic disease resources](#) in their state to link to rural communities. The NH-SORH met with the chronic disease management team to identify existing resources and strategize areas of collaboration. The collaborative identified the need for diabetes self-management education and developed a learning collaborative for rural safety-net providers. The learning collaborative has since seen exponential growth and involvement, particularly from the state's independent rural health clinics (RHC).

Opportunity: SORH can use their knowledge of state-level rural health data to collaborate with CDC programs to build resources for even the most isolated rural primary care practices!

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Louisiana: Formalizing Collaboration to Integrate the Rural Health Landscape



In 2018, the Louisiana Office of Rural Health and Primary Care was faced with the retirement of their long-time Director and were examining their office structure to ensure the

most efficient use of resources. Around the same time, the Louisiana SORH (LA-SORH) was one of many Southeastern SORH leaders invited to the Rural Health Disparities Workshop hosted by the CDC. They learned of available resources, explored data and innovative approaches for rural public health, and other initiatives at the state and national level. Armed with this information, the LA-SORH and their CDC-funded chronic disease management and health promotion branch worked

to consider the fact that the CDC-funded programs were more often focused on large-scale projects, while the SORH focused on individual community customization. They recognized that a large scale approach was needed to fully integrate programs. A strengths-based focus was envisioned and after determining how their strengths could support one another, the offices merged into a new “Rural Health and Health System Intervention” division called [Well Ahead LA](#).

As a new joint office, applications for the [CDC 1815](#) (Prevention and Management of Diabetes, Heart Disease and Stroke) and [1817](#) (Innovation in Prevention and Management of Diabetes) programs were submitted, ensuring that rural-specific strategies were incorporated into activities and incorporating rural stakeholders. The effort has resulted in an expanded rural footprint for the SORH, the growth of technical assistance, coaching and community wellness resources.

Opportunity: Communicate with the state's [Chronic Disease Management and Health Promotion](#) teams to offer insight on effective rural strategies and partnerships.

Top 5 Opportunities for Collaboration

1. Educate SORH staff and key rural stakeholders on the **Public Health Associates Program**, connecting currently funded associates with existing resources.
2. Conduct regular joint meetings with CDC-funded programs within the state to share rural needs, activities, and identify collaborative opportunities.
3. Use an intern to analyze CHNA data, identify common needs of rural communities, and review available resources.
4. Ensure SORH representation on the state's **PHHS Block Grant** advisory committee.
5. Identify transformation efforts and funding resources from CDC, such as the [1815](#) and [1817](#) state programs, to ensure rural communities are educated and engaged in these efforts.

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