

STATE OFFICES OF RURAL HEALTH (SORH) GRANT PROGRAM

Funding Announcement HRSA-5-H95-17-001

FY 2017 Noncompeting Continuation (NCC) Progress Report

Minnesota State Office of Rural Health

Award 2 H95RH00114-26-00; Grant H95RH00114

PERFORMANCE NARRATIVE

1. Current (FY 2016) Progress and Future (FY 2017) Plan

OBJECTIVE 1: COLLECT AND DISSEMINATE INFORMATION

Activity 1.1: Disseminate information provided by FORHP and other sources on grant opportunities, research findings, policy updates, best practices and other rural health issues to statewide rural partners and stakeholders.

FY 2016. Staff from ORHPC communications, Rural Health Advisory Committee and the health workforce analysis program, as well as many others in the office, collected, developed and created communications for our readers and partners. Many health care and rural health resources are monitored continuously to gather appropriate materials for distribution. All ORHPC staff send links and articles to the communications coordinator for inclusion in ORHPC publications, listserv blasts and Twitter postings.

So far in FY 2016, the Minnesota SORH provided current and relevant information through 7 issues of its monthly and quarterly newsletters (described more fully in Activity 1.4 below), email communications, Twitter, and resources published and linked on ORHPC's extensive website. Other key vehicles included the annual Minnesota Rural Health Conference, committee meetings and community forums. In addition, the ORHPC website was continually updated with a wide range of relevant and useful information, including grant and loan opportunities, research findings, policy updates and best practices.

FY 2017. ORHPC will continue this ongoing dissemination of information from FORHP and other sources on grant opportunities, research findings, policy updates, best practices and other rural health issues to statewide rural partners and stakeholders, via the office's monthly and quarterly newsletters, social media, email blasts, one-on-one technical assistance, and at the many local, regional and statewide meetings attended by ORHPC staff.

Activity 1.2: Respond to inquiries for information and/or assistance via various methods (i.e. phone, email, social media, website, mail) in a timely manner.

FY 2016. As in prior years, ORHPC staff across all program areas fielded a wide range of inquiries for information and assistance, including numerous emails and calls regarding the office's expanding loan and grant programs, technical expertise on rural hospitals, clinics and trauma capabilities, and the rural health care workforce. Specific examples include questions and assistance related to ORHPC's loan forgiveness programs, the new International Medical Graduate (IMG) Assistance program, and

how to become a critical access dental provider or Rural Health Clinic. The office also received media requests for interviews and information regarding Minnesota's health care workforce, trauma system and rural hospitals, as well as several media inquiries (and corresponding coverage on local TV and newspapers) in response to a [press release](#) about the early success of the IMG Assistance program.

FY 2017. As in the case of the information dissemination, staff from nearly every unit of ORHPC field and respond to inquiries for information and assistance, and this is ongoing. Much of this is done through phone and email communication, but ORHPC also operates a dynamic website to make that information as accessible as possible to as many as possible. The office also operates a Twitter account, both to disseminate information and to respond to inquiries received through that channel. And ORHPC staff are very active in in-person meetings and site visits, often at the request of external organizations, agencies and legislators, who ask that ORHPC staff be present to answer questions and serve as a resource. The communications coordinator also works with the SORH director and other ORHPC and MDH staff to respond to media inquiries, providing data, interviews or referrals as appropriate. ORHPC is often a first stop for reporters, from both statewide and local media outlets, and is seen as a well-informed, well-connected source for rural health information and expertise.

Activity 1.3: Promote utilization of RAC and Rural Health Research Gateway websites.

FY 2016. ORHPC continued to promote, both externally and internally, use of the RAC/Rural Health Information Hub (RHlhub) and the Rural Health Research Gateway websites, as well as the materials and events developed by the associated entities. The main vehicles for this promotion were the ORHPC website and monthly newsletters, which often highlighted specific resources available on those sites as well as the general availability and quality of the sites. In addition, ORHPC staff referred individuals, organizations and health department staff to those websites, typically in meetings with external partners, at the Minnesota Rural Health conference and similar events, or when technical assistance was being provided. ORHPC staff who conduct research and literature searches also used and cited these resources extensively, particularly in publications produced for the Rural Health Advisory Committee, the Flex program, and the health workforce unit.

FY 2017. This is an ongoing activity; ORHPC will continue to promote the Rural Health Information Hub (RHlhub) and Rural Health Research Gateway materials throughout the grant period.

Activity 1.4: Publish monthly and quarterly newsletters.

FY 2016. ORHPC produced 7 [monthly newsletters](#) and a [quarterly publication](#) distributed to over 3,300 listserv members. The monthly update includes: MDH & ORHPC news, a workforce snapshot, grants and loans (ORHPC and external), opportunities (trainings, events and resources), partner news (state and local), links to relevant articles, staff news (e.g., site visits, presentations), save the date for conferences, webinars and other events. The more in-depth quarterly profiled a grant from the Leona M. and Harry B. Helmsley Charitable Trust, through which ORHPC is distributing LUCAS 2 automated cardiopulmonary resuscitation (CPR) devices to rural licensed ambulance services and hospital emergency departments throughout the state. It also included an article about the 2015 Minnesota telemedicine law and another about rural health students who are emerging as leaders in the state.

FY 2017. ORHPC will continue to produce a monthly newsletter and quarterly publications to its growing listserv, expected to reach over 3,500 listserv members in FY2017. In addition to distributing the newsletters via the email listserv, the newsletters will continue to be available on the ORHPC website and will be promoted through Twitter and at the annual Minnesota Rural Health Conference. Content from these ORHPC publications will continue to be further distributed through other organizations’ communication vehicles as well.

Activity 1.5: Produce and disseminate rural health policy analyses.

FY 2016. The main vehicle for this activity is the Rural Health Advisory Committee, a statewide forum for rural health interests with a diverse membership appointed by the Governor to advise the commissioner of health and other state agencies.¹

Table 1. RHAC rural health policy priority issues, 2016-2017

| MAJOR PROJECTS (6-mo to 2-yr efforts) | MID-LEVEL PROJECT (2-6 mo efforts) | TRACK-AND-ADVISE AS NECESSARY/REQUESTED |
|------------------------------------------|-----------------------------------------------|--------------------------------------------|
| 1. Provider shortage overall | 1. Primary care and other workforce shortages | 1. Rural child poverty |
| 2. Mental health access | 2. Access to training sites | 2. Hospital redesign |
| 3. Rural health access overall | 3. Transportation | 3. Health information exchange |
| 4. Oral health access and innovations | 5. EMS sustainability | 4. Trauma-informed care (ACEs) |
| | 6. Mental health innovations | 5. OB access |
| | | 6. Health Care Homes |

So far in the FY2016 grant period, the major project has been a 20-member Rural Oral Health Workgroup - including members of dental associations, dental educators, safety net providers and others – that has been meeting since May 2016 to assess the state’s rural oral health needs and make policy recommendations. ORHPC developed the following materials to kick off the workgroup in mid-2016, and will issue the group’s final report and recommendations in April 2017.

Briefing book #1: The current landscape of rural dentistry in Minnesota

- Summary: <https://www.health.state.mn.us/divs/orhpc/dentistry/bb1summ.pdf>
- Full briefing book: <https://www.health.state.mn.us/divs/orhpc/dentistry/bbook1.pdf>
- Maps: <https://www.health.state.mn.us/divs/orhpc/dentistry/goldenmap.pdf>

Other rural health policy analyses in 2016 included an evaluation rural insurance coverage pre- and post-ACA implementation, development of a Minnesota Rural Health Status report (due to be published in March 2017), and a series of briefs on rural health access developed in partnership with the Health Economics Program and the Minnesota Health Access Survey (also due out in April).

¹ Minnesota Statutes section 144.1481

Outside of RHAC, ORHPC's director led two additional major policy initiatives: a project on Scope of Practice policies sponsored by National Governor's Association (NGA) and National Conference of State Legislatures (NCSL) project on Scope of Practice project sponsored by the [National Governors Association \(NGA\)](#). ORHPC staff convened a project core team which developed two tools to assist policymakers: [Framework for describing and evaluating scope of practice and/or new licensure proposals for policymakers](#) and [Barriers assessment form for scope of practice changes](#). These tools have already been put to use at the Minnesota Legislature, with ORHPC's workforce unit manager presenting them at a hearing of the House Health and Human Services Reform Committee in January: [New tool could help evaluate regulation of health professions](#).

The office director also served as lead staff for the Legislative Health Care Workforce Commission, which issued its [Final Report and Recommendations on Strengthening Minnesota's Health Care Workforce](#) in late 2016. Bills to extend this commission's work (which otherwise ended in December) and implement its 2016 recommendations are currently being considered at the Legislature.

FY 2017. ORHPC will continue to conduct analyses and produce publications on remaining items on RHAC's priority issues for 2016-2017, including a Rural Senior Health Workgroup now being launched, and in-depth analyses and recommendations regarding the health workforce and mental health access and innovations in rural Minnesota.

Activity 1.6: Collect and analyze state-level workforce data.

FY 2016. ORHPC's Health Workforce Analysis & Planning Program continued to gather workforce information, analyze trends and distribute findings to policymakers, educators, professionals and employers. It coordinated with Minnesota's licensing boards, collecting data from and surveying the following health professions at the time of the licensure or registration renewal: Dentists, Dental Assistants, Dental Hygienists, Dental Therapists and Advanced Dental Therapists, Licensed Practical Nurses, Marriage and Family Therapists, Physical Therapists, Physical Therapist Assistants, Physician Assistants, Physicians, Psychologists, Registered Nurses, Respiratory Therapists and Social Workers.

ORHPC uses data from these surveys and other sources to inform and enable stakeholders to respond to emerging health care workforce issues, such as the current supply of health care personnel, geographic distribution of professions, occupation-wide shortages, age and race distribution, educational training and types of practice settings.

In FY2016, the workforce unit's publications included the following:

- [Minnesota's Alcohol and Drug Counselor Workforce, 2014-2016](#)
- [Minnesota's Marriage & Family Therapist \(MFT\) Workforce, 2015](#)
- [Minnesota's Mental Health Counselor Workforce, 2014-2016](#)
- [Minnesota's Psychology Workforce 2016: Highlights from the 2016 Psychology Workforce Survey](#)
- [Minnesota's Advanced Practice Registered Nurse Workforce 2014](#)
- [Minnesota's Registered Nurse Workforce 2013-2014](#)
- [Minnesota's Dental Therapist Workforce, 2015](#)

The ORHPC webpage also hosted a [Health Workforce Data Reporting Tool](#) using licensing board data to create their own data query of a health care profession by age, sex or first year of licensure.

FY 2017. ORHPC will continue to gather, analyze and disseminate workforce data, and is also working to expand data collection and surveying to additional professions, including emerging professions and professions never before analyzed, including pharmacy technicians. The workforce unit is also assisting with a HRSA-funded project exploring innovations in collaborative dental hygiene practice as a way of expanding oral health access in rural and underserved urban areas of the state, and will be collaborating with RHAC on a rural-specific analysis of the state's workforce by region and specialty.

OBJECTIVE 2: COORDINATE RURAL HEALTH ACTIVITIES

With so many issues needing attention, helping to streamline and organize activities and areas needing coordination requires both time and certain skills. ORHPC has staff committed to this coordination to promote efficient utilization of limited resources, including customer time.

Activity 2.1: Participate in or attend select community, regional or statewide committees, boards, councils, meetings, webinars, conference calls and other venues whose purpose is to engage in issues and activities that impact health in rural communities.

FY 2016. Advisory committees staffed by ORHPC continued to provide a foundation for state coordination and collaboration. These include RHAC (described above), Rural Hospital Flexibility Program Advisory Committee, State Trauma Advisory Council and Regional Trauma Advisory Committees, the advisory committee to the Medical Education and Research Costs program, and the newest addition, the International Medical Graduate (IMG) Advisory Committee.

The ORHPC director, deputy director, supervisors and other staff also participated with a number of state associations addressing issues for EMS, health information technology, health reform and health workforce planning partnerships. Some of these roles, committees and activities included:

- Supported the Minnesota Rural Health Association through participation and leadership.
- Served on the Emergency Medical Services Regulatory Board (EMSRB).
- Contributed healthcare workforce data to statewide workforce planning and health care curriculum planning.
- Participated on the Health Education and Industry Partnership Council.
- Monitored and provided input to health care reform legislative and executive work groups, including the Governor's Mental Health Task Force.
- Supported and participated in the annual Many Faces of Community Health conference.
- Served as lead staff on state legislative task forces as requested, including the Legislative Commission on Health Workforce (2014-2016) and a Scope of Practice workgroup sponsored by the National Governor's Association (2016).

FY 2017. ORHPC will continue its participation on a variety of committees and other stakeholder gatherings, including those led by staff (including RHAC and other advisory committees) and those led by partners (such as a Collaborative Dental Hygiene Practice workgroup and a statewide Rural EMS Sustainability Committee).