

Instructions:
 For help on this page, please click the FORHP Instructions link under Support at the top right of the page.

H95RH00001: ELEVEN DISTRIBUTERS SERVICES Review Status: Not Started

Grant Number: H95RH00001 Grantee: ELEVEN DISTRIBUTERS SERVICES
 Current Report Period: 7/1/2018 - 6/30/2019 Report Due Date: 12/15/2019 Submitted Date: N/A

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0322. Public reporting burden for this collection of information is estimated to average 12.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

State Offices of Rural Health

[Collect and Disseminate Information](#) | [Coordinate rural health care activities in the state in order to avoid redundancy](#) | [Technical assistance \(TA\) to public and non-profit private entities](#)

Collect and Disseminate Information

Information Disseminated
Input N/A if no data is to be reported.

Number of people on listserv
 Number of people receiving newsletter (via mail or electronic)
 How many newsletter issues per year (if known)?
 How many listserv posts distributed per year (if known)?
 Number of website hits— Specify most popular sections of websites (if known)

Audience/Membership for listserv

Is the audience/membership for the listserv the same as for the newsletter? Yes No
 Is the listserv one-way information or interactive? One-Way Interactive

Information Created or Developed Measures:
Select NA/None if no data is to be reported.

Articles
 Conferences (hosted or co-hosted)
 Fact Sheets
 Maps
 Newsletter
 Toolkits
 Webinars
 Websites

Tool to address a problem in your state
 Describe one tool that you created to address a problem in your state.

Coordinate rural health care activities in the state in order to avoid redundancy

Topic Area Collaborations

Select NA/None if no data is to be reported.

Behavioral Health	Convened
Community Development	Attended
Grant Writing	NA/None
Needs Assessment	Convened
Older Adults/Aging	Attended
Opioids	NA/None
Oral Health	Convened
Population Health	Attended
Rural Health Network	NA/None
Telehealth	Attended
Transportation	Convened
Tribal	NA/None
Veterans	NA/None
Workforce	Convened
Other- Please Specify: <input type="text"/>	NA/None

Type of Audience Collaborated With

- Advisory Boards/Committees/Workgroups
- Critical Access Hospitals
- Educational Institutions
- Federally Qualified Health Centers
- National Organizations
- Networks
- Other HRSA grantees
- Other state agencies
- Policymakers
- Rural Health Clinics
- Small Rural Hospitals
- Workforce Programs
- Other- Please Specify:

Collaborative effort in your state

Describe one collaborative effort in your state that resulted in increased engagement on issues and/or strengthened partnerships that helped further the goals of the SORH? Include information on who the [\[more\]](#)

Collaborative effort in your state

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Technical assistance (TA) to public and non-profit private entities

Types of TA Provided

<input checked="" type="checkbox"/> Face to Face <input type="text" value="I am testing the description to see I"/>	1
<input checked="" type="checkbox"/> In-Depth Telephone and email interactions <input type="text" value="I am testing the description to see I"/>	1
<input checked="" type="checkbox"/> Thru Teleconference <input type="text" value="I am testing the description to see I"/>	1
<input checked="" type="checkbox"/> Webinar Technology <input type="text" value="I am testing the description to see I"/>	1
<input checked="" type="checkbox"/> Other <input type="text" value="I am testing the description to see I"/>	1
Total	5

Types of Clients that Received TA

- Academic Institutions
- Agencies
- Associations
- Communities
- Emergency Medical Service
- Clinics
- Government Officials
- Hospitals
- Networks
- Providers
- Other

-
-
-
-
-
-
-
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-
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-

Total

43

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Any Comments About this Form or the Data You Entered

Is this Form Complete?

If selected "No", you're not required to fill in all fields before you save.

- No
- Yes

File Attachments

File to Upload: [Attach File](#)

OMB Number: 0915-0322
Expiration Date: 01/31/2020