

## Target Area: Health Professions Workforce

5.x.x	NEEDS ASSISTANCE	COMPETENT	PROFICIENT
	Identifies an area in which the office can strategically create improvement plans to build their internal capacity	The ability to complete tasks that meet the requirements of the SORH grant in a way that is universally accepted by peers as the norm	When the expectations of completing tasks exceed the norm they are considered proficient, allowing for innovation and pace-setting strategies for the office

*Rationale:* The NOSORH Proficiencies workgroup envisions that this workforce capacity assessment will be used by SORH who are engaged with the development and/or the recruitment and retention of a strong rural health workforce in their state, through partnerships. Some SORH may have incorporated a detailed workforce strategy into their SORH, Flex, or Primary Care Office workplans. The components of this rubric acknowledge that: a) the capacity of the SORH vary widely, b) efforts to partner must be aligned with the rural needs of each state, and c) some partnerships may be a higher priority than others. These variables may fluctuate within the state over different periods of time. Throughout the components of this rubric the target level of competency varies based upon the consensus about the role of SORH and priorities provided by the peer SORH workgroup. Target competency is at a lower level for Primary Care Associations, Departments of Labor, international medical graduate programs and state workforce tax incentive programs; and a higher level for Primary Care Offices, Area Health Education Centers, loan repayment programs and other health profession training programs.

The key components of this rubric should not be construed as a requirement of the Federal Office of Rural Health Policy (FORHP) or supersede any directive provided by a Federal Project Officer. SORH may opt to only assess their office on certain components of this rubric, selecting the 'N/A' option in the self-assessment.

1. Partners			
1. Engagement with the state's Primary Care Office (PCO)	SORH has a point of contact at the PCO and disseminates relevant information on their behalf	SORH conducts regular meetings with the state PCO and disseminates relevant information on their behalf	SORH and PCO develop joint strategies to assess and address workforce needs in the state using available data from the PCO
2. Engagement with the state's network of Area Health Education Centers (AHEC)	SORH has a point of contact at the AHEC program office and with each regional office, and disseminates relevant information on their behalf	SORH and AHEC office collaborate to develop workforce programs that improve the supply and distribution of the rural health workforce	SORH operates as an AHEC program office or regional site, or has a formalized MOU with the AHEC system to improve the supply and distribution of the rural health workforce
3. Engagement with the state's Primary Care Association (PCA)	SORH does not have a point of contact and/or regularly engage with the PCA	SORH conducts regular meetings with PCA and disseminates relevant information on their behalf	SORH and PCA collaborate to strategically target facilities that would benefit from available resources
4. Engagement with the state's Department of Labor (DoL)	SORH does not have a point of contact for the state's DoL and/or doesn't disseminate relevant information on their behalf	SORH has a point of contact at the state's DoL and disseminates relevant information on their behalf	SORH partners with DoL to strategically allocate resources targeted at rural communities

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2. Programs			
1. Knowledge of the state's loan repayment programs (including NHSC, SLRP, etc.)	SORH has a point of contact for loan repayment programs within the state and disseminates relevant information to rural stakeholders	SORH provides assistance to providers and sites that currently participate, or are interested in participating, in loan repayment programs	SORH is responsible for one or more components of the state's loan repayment programs through a formalized agreement and provides staffing or other office resources in support of them.
2. Knowledge of health professions training programs in the state and their relationship to rural communities	SORH has a point of contact with health professions training programs in the state and disseminate relevant information to rural communities	SORH engages regularly with key stakeholders to strategically identify needed health professions training programs to fill rural gaps	SORH has a formal method of monitoring and tracking individuals in health training programs and reporting on their practice in rural areas
3. Engage with the state's Rural Recruitment and Retention Network (3RNet) member	SORH funds membership and/or conducts regular meetings with state 3RNet member and disseminates relevant information on their behalf	SORH serves as the 3RNet member, either independently or jointly through a formalized partnership	Through a formal needs' assessment process, 3RNet resources are strategically targeted to facilities with the greatest unmet need
4. Knowledge of the state's international medical graduate programs (including J-1, etc.)	SORH does not have a point of contact for the state's international medical graduate programs and/or disseminate relevant information	SORH has point of contact for the state's international medical graduate programs and disseminates relevant information to rural communities	SORH provides assistance to providers and facilities interested in using the state's international medical graduate programs
5. Knowledge of state's workforce incentive programs (tax incentives, etc.)	SORH does not have a point of contact for state workforce incentive programs and/or disseminate relevant information	SORH is aware of state workforce incentive programs that enhance recruitment and retention of rural healthcare providers	SORH educates individuals in the state on the available workforce incentive programs for rural providers and links them to available programs

3. Support			
1. Conducting an environmental scan of workforce activities	SORH reviews the workforce needs of rural communities as workforce issues arise	SORH conducts an informal scan of workforce activities in the state on an annual basis	SORH formally scans the workforce activities in the state on an annual basis with a process for tracking

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2. Identification of community need and linkages to available resources	SORH does not assist in identifying community workforce needs	SORH is able to identify community need and link to available workforce resources to address gaps	SORH develops, individually or through partnerships, a guide of available workforce resources for state constituents that is updated on a regular basis
3. Coordination of activities between workforce partners in the state	SORH is aware of the workforce partners in the state but does not have a regular form of communication	SORH engages regularly with workforce partners to stay abreast on their efforts and reduce duplication of efforts	SORH and partners conduct a joint workforce needs assessment and strategy, on a reoccurring basis
4. Monitoring of emerging health professions and their role in the healthcare landscape	SORH has an informal method of learning about emerging health professions, in their state or nationally	SORH monitors, individually or with partners, the landscape for emerging health professions both in their state and nationally	SORH educates others on the emerging health professions in the state or nationally
5. Knowledge of local and/or state workforce advisory committees /workgroups	SORH identifies and can articulate the purpose of the local and state-based workforce advisory committees or workgroups	SORH is a member of at least one local or state-based workforce advisory committee or workgroup	SORH coordinates at least one state-wide advisory committee or workgroup focused on rural health needs of the state