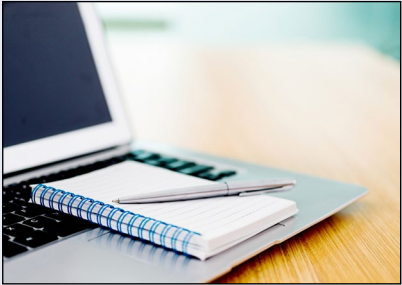# National Office of State Offices of Rural Health

NOSORH

SORH Environmental Scanning Tools and Resources

This document includes a compilation of tools and resources that State Offices of Rural Health (SORH) use in the process of environmental scanning (eScanning). SORH typically consider four steps in aligning their eScan process, including: collection, storage and analysis, dissemination options, and the target audience. The first iteration of this resource was compiled during the 2020 virtual NOSORH annual meeting. The NOSORH Educational Strategy Committee reviewed the listing and will repeat annually to ensure the most up-to-date tools and resources for SORH.

Examples of how SORH have used these tools were shared during **SORH Environmental Scanning during the COVID-19 Pandemic** at the virtual 2020 NOSORH Annual Meeting. Please review the presentation for specifics on how these tools and resources have been used by other SORH.

Collection	Storage and Analysis	Dissemination Options	Target Audiences
Methods SORH use in collecting information and data from their rural stakeholders	Tools and resources that SORH use to store and analyze their collected information	Ways in which SORH disseminate the results of their environmental scanning	Stakeholder groups that SORH most often target with environmental scanning results

Collection	Storage and Analysis	Dissemination Options	Target Audiences
■ Stakeholder calls and meetings ■ Surveys — **Survey Monkey** — **Qualtrics** ■ **Google Forms** ■ Community —Health Needs Assessment (CHNA) data ■ Community Health Improvement Plans (CHIP) ■ **County Health Rankings** data and reports ■ CDC's **PLACES: Local Data for Better Health**	■ Microsoft Office products (Word, Excel) ■ **TruServe** ■ **Quickbase** ■ **Salesforce**	■ Stakeholder presentations (PowerPoint, Prezi, etc.) ■ Dashboards — **Tableau** — **ArcGIS** ■ Written reports ■ Data repositories and associated resources ■ Needs Assessments development	■ Rural Primary Care — RHCs — HRSA Health Centers (FQHCs) ■ Rural hospitals — Critical Access Hospitals (CAH) — Rural Acute Care/PPS ■ State governmental agencies — Including incidence command during an emergency ■ State professional associations — Hospital associations, Primary Care associations, etc. ■ Rural community-based organizations ■ Federal funding agencies