



## Announcements from the Federal Office of Rural Health Policy

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May 2, 2019

### What's New

**[Secretary Azar Statement on Measles Outbreaks.](#)** Secretary of the U.S. Department of Health & Human Services Alex Azar issued a statement this week about the outbreak of measles, [now diagnosed in more than 700 cases across the country.](#) The Centers for Disease Control and Prevention (CDC) has confirmed outbreaks in 22 states. [Symptoms of measles generally appear about seven to 14 days](#) after a person is infected and typically include high fever, cough, runny nose, and a rash of flat, red spots. Available data do not indicate that rural areas are more or less affected, but the CDC's national surveys that monitor vaccination coverage have identified that [unvaccinated children are more likely to be uninsured, live below the poverty level, and live in rural areas.](#) Many may not know about [the CDC's Vaccines for Children Program](#) that serves children up to age 18 who are uninsured or underinsured, or who receive care through Federally Qualified Health Centers or Rural Health Clinics. [Adults who are unsure of their measles vaccination status](#) should consider getting the updated Measles Mumps Rubella (MMR) vaccine.

**[USDA Makes a Case for Rural Broadband.](#)** The U.S. Department of Agriculture (USDA) released an extensive report on the role that broadband can play in boosting economic development and quality of life in rural areas. Most of the report is dedicated to innovations in agricultural technology, but it identifies broadband as essential to improving health and education in rural areas. The Federal Communications Commission reports that [nearly one-quarter of people living in rural areas do not have access](#) to a fixed terrestrial (nonmobile or satellite) broadband provider.

**[ERS Atlas of Rural and Small Town America.](#)** The rural atlas, maintained and updated each year by the Economic Research Service (ERS) at the U.S. Department of Agriculture, features an interactive map with county-level data. The report provides statistics on three broad categories of socioeconomic factors: demographics, including migration and immigration, education, and characteristics of veteran population; jobs, with employment trends, industrial composition, and household income; and county classifications that include the rural-urban continuum, economic dependence, persistent poverty, and other characteristics.

**[AAMC Report on Physician Shortage.](#)** The American Association of Medical Colleges (AAMC) released its annual report on workforce shortages for health care across the nation. This year's report addresses unmet behavioral health needs and identifies primary care providers as essential, particularly in rural areas, because primary care is the main point of entry into the health care system.

**[NIH Challenges High Schoolers to be Frank About Mental Health.](#)** The National Institutes of Health (NIH) is encouraging entries from high school students in all communities to its nationwide essay contest. Titled "Speaking Up About Mental Health!" the contest invites students aged 16 to 18 years old to describe their understanding of a mental health issue along with ideas for addressing stigma and improving communication with peers, parents, school leaders, policy makers, and health professionals. The challenge cites data from the National Center for Health Statistics showing that suicide was the second leading cause of death in 2016 for individuals aged 15 to 24. The Centers for Disease Control and Prevention has reported that suicide rates by sex, race/ethnicity, age group, and mechanism of death are [higher in rural communities than in urban areas.](#)

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## **Funding Opportunities**

**[USDA Community Food Projects Competitive Grants Program](#) – June 3.** The U.S. Department of Agriculture (USDA) will make awards ranging from \$35,000 to \$125,000 for projects that meet the food needs of low-income individuals through food distribution and community outreach, and that promote local access to farm-produced food. Eligible applicants are public food program service providers, tribal organizations, and private nonprofit entities, including those that collect or harvest surplus food.

**[Rural Communities Opioid Response Program-Medication-Assisted Treatment Expansion \(RCORP-MAT Expansion\)](#)– June 10.** The Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) will be making approximately 11 awards of up to \$725,000 each to eligible rural health clinics, Critical Access Hospitals, health center look-alikes, other small rural hospitals with 49 available staffed beds or less, and tribal organizations to establish and/or expand medication-assisted treatment (MAT) in high-risk rural communities over a three-year period of performance. All applicants must be located, and all services must be provided, in HRSA-designated rural areas (as defined by the [Rural Health Grants Eligibility Analyzer](#)). For additional eligibility information, please reference pp. 4-5 of the [notice of funding opportunity](#) (NOFO). Award recipients are strongly encouraged to leverage workforce recruitment and retention programs like the [National Health Service Corps \(NHSC\)](#). FORHP will hold a webinar for applicants on **Thursday, May 16 from 12-1:30 p.m. ET**. A recording will be made available for those who cannot attend. Please reference page ii in the NOFO for the dial-in and playback information for the webinar and contact [ruralopioidresponse@hrsa.gov](mailto:ruralopioidresponse@hrsa.gov) with questions.

**[RCORP - Rural Centers of Excellence on Substance Use Disorders](#) – June 10.** The Health Resources and Services Administration (HRSA) recently released [the next funding opportunity in the Rural Communities Opioid Response Program \(RCORP\)](#), the multi-year effort to reduce opioid-related morbidity and mortality in high-risk rural communities. HRSA will provide up to \$6.7 million in cooperative agreements to establish three Rural Centers of Excellence. Each Center will adopt a distinct Focus Area addressing a specific element of the rural opioid crisis that will inform its dissemination of and technical assistance for rural-relevant evidence-based interventions. FORHP will host a technical assistance webinar for applicants on May 7. For questions about this program, contact [ruralopioidresponse@hrsa.gov](mailto:ruralopioidresponse@hrsa.gov).

**[DOJ School Violence Technology and Threat Assessment](#) – June 11.** The Department of Justice (DOJ) will make 64 awards ranging from \$100,000 to \$1 million to prevent and reduce school violence. Eligible applicants are state and local governments, independent school districts, and federally-recognized Native American tribal governments. The program will support training for school personnel and students, development of crisis intervention teams at schools, and the development of mobile telephone applications, hotlines, and websites for anonymous reporting.

**[NIH Research to Address Opioid Epidemic and Minority Health Disparities](#) – June 14.** The National Institutes of Health (NIH) will make awards of up to \$200,000 per year for research projects focused on determining the mechanisms driving higher prevalence of opioid use disorder in certain populations, and for understanding and reducing disparities in opioid care. Socioeconomically disadvantaged populations and underserved rural populations are included with this focus, as well as sexual and gender minorities and ethnic minorities.

**[Federal Investment in Rural Transportation](#) – July 15.** The U.S. Department of Transportation (DOT) will provide total funding of \$900 million for transportation infrastructure projects that spur local economies. For this round, DOT specifies that no more than 50 percent of funding may go to urbanized areas with populations of 200,000 or more; rural areas are defined as 200,000 or less and will also get a cap of 50 percent of the total funds. The minimum grant for rural areas is \$1 million. To ensure geographic distribution, no more than 10 percent of funds may be awarded to a single state. [In 2018, the](#)

[majority of the grants awarded went to rural areas](#), with projects that improved residents' access to health and education, creating jobs, and improving quality of life.

**[AHA Rural Hospital Leadership Team Award – August 30.](#)** The American Hospital Association (AHA) gives this award to the hospital leadership team – including a member from the hospital board, chief executive officer, president, or administrator, and at least one other member of hospital leadership – that has guided their hospital and community through successful change toward health care reform. The team will have displayed outstanding responsiveness to the community's health needs and demonstrated a collaborative community process that has led to measureable outcomes.

**[RWJF Investigator-Initiated Research to Build a Culture – Ongoing.](#)** Through its Evidence for Action program, the Robert Wood Johnson Foundation is requesting applications for research funding that expands the evidence needed to build a culture of health. A Culture of Health is broadly defined as one in which good health and well-being flourish across geographic, demographic, and social sectors; public and private decision-making is guided by the goal of fostering equitable communities; and everyone has the opportunity to make choices that lead to healthy lifestyles.

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## **Rural Health Research**

**[Trends and Geographic Variation of Hospitals at Risk of Financial Distress.](#)** This week, the Rural Health Research Gateway released three policy briefs with the most up-to-date data on factors contributing to rural hospital closures. The producer of these briefs, the North Carolina Rural Health Research Center, [keeps track of rural hospital closures](#) and counts 104 since January 2010.

**[Preventive Health Service Use Among Rural Women.](#)** This study from the Maine Rural Health Research Center examined receipt of preventive health services (cholesterol check, fasting blood sugar test, mammogram, pap smear, and [vaccination for the human papillomavirus](#), also known as HPV) by rural and urban women over the age of 18. Findings indicate that rural women were less likely than their urban peers to receive preventive health services.

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## **Policy Updates**

Visit the [FORHP Policy page](#) to see all recent updates and send questions to [ruralpolicy@hrsa.gov](mailto:ruralpolicy@hrsa.gov).

**[Comments Requested: Proposed Updates for FY2020 Medicare Inpatient and Long-term Care Hospital Payments – June 24.](#)** On April 23, the Centers for Medicare & Medicaid Services (CMS) released [proposed policies and payment updates for acute care and long-term care hospitals](#) for the 2020 Federal fiscal year. Advancing the priority to “Rethink Rural” is highlighted among other proposals, with CMS proposing adjustments to the hospital wage index calculation that would result in increases for certain low wage index hospitals and change how the statutory rural floor wage index values are calculated. These adjustments would also result in decreases for certain high wage index hospitals, so CMS proposes a transition for these hospitals to mitigate the impact. The goal of these proposals is to reduce the payment disparities between low and high wage index hospitals as reported by stakeholders.

**[New Opportunities to Integrate Care for Medicare and Medicaid Beneficiaries –](#)** Last week, the Centers for Medicare & Medicaid Services (CMS) sent a letter to State Medicaid Directors offering new opportunities to create innovative models to serve beneficiaries dually-eligible for Medicare and Medicaid. States not currently participating in the [Financial Alignment Initiative](#) (FAI) can work with CMS to implement integrated care models similar to those being used in the FAI, or States may propose something completely new. CMS encourages States to consider approaches that are broadly applicable to all dually eligible individuals or that focus on certain segments of the population, such as people living

in rural areas. Contact [Lindsay.Barnette@cms.hhs.gov](mailto:Lindsay.Barnette@cms.hhs.gov) at the CMS Medicare Medicaid Coordination Office (MMCO) for more information.

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## Learning Events and Technical Assistance

**[HRSA Telehealth Learning Series: Teledentistry](#) - Thursday, May 2 at 1:00 pm ET.** The Health Resources and Services Administration (HRSA) will host this 60-minute webinar on the Use of Telehealth to Increase Access to Dental Care. Speakers from Children's Dental Services and the University of the Pacific will discuss best practices in reducing oral health disparities in rural communities through dental therapy and telehealth innovations as well as the methodology and results of the Virtual Dental Home system developed in California and now deployed in multiple states. Contact Nancy Rios at [NRios@hrsa.gov](mailto:NRios@hrsa.gov) for more information about the session. [Archived sessions of the HRSA Telehealth Learning Series can be found online.](#)

**[Community Health Workers in HIV Care](#) – Thursday, May 2 at 2:00 pm ET.** The role of Community Health Workers (CHWs) is [critically important in rural areas where health services are limited](#), particularly services that offer culturally competent care. In this hour-long webinar, two CHWs working with people in their communities who are living with HIV/AIDS will share what they are learning through their work. This webinar is hosted by Boston University, with support from the Health Resources and Services Administration's (HRSA) [Ryan White HIV/AIDS Program](#), one of the leading federal programs [in the national effort to End the HIV Epidemic](#).

**[HRSA on Maternal Mortality](#) – Wednesday, May 15 at 1:00 pm ET.** The Health Resources and Services Administration (HRSA) will host this 90 minute webinar to discuss federal projects, research, and funding to address maternal mortality. See the Approaching Deadlines section below for a HRSA funding opportunity related to this issue, the [Rural Maternity and Obstetrics Management Strategies Program](#).

**[HRSA Virtual Job Fair for the Health Workforce](#) – Wednesday, May 22 at 6:45 pm ET.** Practicing clinicians and those in training can register for this online job fair to learn about job opportunities in underserved communities. Connect to the 3.5-hour event using any device with access to the internet and interact with employers in real time.

**[Northeast Telehealth Resource Center Regional Conference](#) – June 17-18.** This two-day conference in Portland, Maine features a keynote presentation by Chris Gibbons, MD, MPH - Chief Health Innovation Adviser, FCC and the Future for Digital Health, a special panel on Federal and Regional Telehealth Policy Perspectives, and other key topics from national and regional telehealth leaders. There are more than fifteen breakout sessions on a wide variety of areas including: strategies for planning and sustaining telehealth programs, telehealth use cases across various environments, models for serving vulnerable populations through telehealth, and more. This year's event also includes a Pre-Conference Telebehavioral Health Workshop: "A Provider's Guide to TeleMental Health: Key Concepts and Use Cases", and two hands-on technology labs with the National Telehealth Technology Assessment Resource Center