



# NOSORH Weekly Call Update

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# Weekly calls results

Since 3/16/2020

Thursdays at 3 PM  
eastern

Average  
attendance 60-75  
people

[Posted](#) on website

**THANK YOU !**

## Regular agenda:

- Updates on resources & policy changes – CARES Act, CMS... Rural Challenges and Concerns
- Identified Rural Strategies
- Needed Rural Resources
- Concerns regarding federally-funded programs
- Partner questions

# Topics covered

- Workforce capacity
- Financial conditions
- Contact tracing
- Tribal communities
- Behavioral health
- Needs of primary care providers
- Community support
- State initiatives
- Collaboration
- Data – Death certificates
- Emergency Medical Services (EMS)
- Personal Protective Equipment (PPE), testing, national stockpile etc...
- Policy concerns



# Collaboration, Communication, Innovation

## Strategies

- Foundations leveraging partners to raise funds & make grants to community organizations focusing on health, food, supply distribution, housing, financial assistance etc...
- Coordination with Forest Service & state command centers
- Weekly webinars after hours for providers & facilities
- Briefings for governor, rural town hall meeting, public health official briefs on rural, targeted newsletter & epidemiologist blog
- Social media has helped groups coordinate at the community/regional level & leverage local health departments.
- Major mining company providing support to regional businesses
- Faith based organizations food pantries
- State Offices of Rural Health (SORH) engagement with faith community, posters, drive up buggy testing
- School buses furnished with wi-fi and used for food distribution
- Hospitals, SORH, states and others using humorous encouraging messaging
- Online tool to match volunteers with needs – transportation, translation

Resources needed: need more for EMS, first responders, and other essential health and social service workers, statewide coordination is needed



# Primary care provider needs

## Strategies

- Specific outreach to rural health clinics (RHCs) especially those with no critical access hospital (CAH), federally qualified health center (FQHC) connection
- Billing and coding virtual training
- Survey of RHC: PPE, collection & testing work with systems to bring in more resources
- SORH named focal point to increase rural testing
- Some concern by clinics on providing care from community testing
- Relief funding is not enough for RHC

Resources needed: clear communication, guidance and programs targeted to include primary care providers



# Financial viability

## Strategies

- Monitoring facility data to determine impact of changes - will continue to monitor after the emergency to help service lines & advocacy efforts.
- Monitoring the advance payment program applications; hosting weekly calls with chief financial officers (CFOs) to focus on telehealth or other billable services.
- Letter to CFOs with an abbreviated version of allowable and unallowable expenses.
- Identified a gap between the state/university lab and the rural hospital labs, seeking Rural Utilities Service (RUS) Distance Learning and Telemedicine (DLT) funds to upgrade system communication & speed.

Resources needed: Electronic Medical Records (EMRs) able to handle advance payments & codes, tracking tool for all funding to ensure appropriate use & documentation of various funding , matching funds for United States Department of Agriculture (USDA) & other programs



# Meeting workforce needs

## Strategies

- Tracking of workforce (testing, quarantine countdown for EMS & Fire)
- Training community health workers for testing
- Fast tracking of licensure applications (especially if previously certified i.e.: retired)
- Use of retired physicians
- Use of students at phone banks, distribution centers, tracing
- Deploying public health professionals to rural & tribal areas
- Temporary licensing and license fee waivers
- Residents doing pop-up and drive-through testing

Resources needed: could use tracking tool for hospital staff, staffing plans and guidelines for dealing with the surge



# Behavioral health needs

## Strategies

- Zero Suicide and other suicide training efforts
- Resiliency training, building a culture of suicide prevention for agriculture, para-professionals, hospital and Certified Health Center (CHC) staff and patients
- Students monitoring data on rural overdose (up) and needle exchange (up) look for “silver lining”

**NOSORH will Co-Host webinar on Rural Primary Care Tools and Resources for Managing Suicidal Ideation during COVID-19 on **Tuesday, June 2<sup>nd</sup> at 3pm ET****

Resources needed: more tracking and data of trends, build awareness of staff trauma & divisions among staff (front line and furloughed)



# Contact tracking and public health

## Strategies

- Student volunteers, state employees are being asked to volunteer for contact tracking
- Levering social media and conducting online trainings on conducting contact tracing
- Checklists for volunteers, Association on of State and Territorial Health Officials (ASTHO) training and Massachusetts model are helpful resources for contact tracking

NOSORH hosting a Data Resources for Responding to the COVID-19 Pandemic in Rural Communities listening session on **Wednesday, May 20 at 3pm ET**

Resources needed: data, support for social determinant of health work which public health departments are not able to address at this time



# Tribal and other populations

## Strategies

- Town hall meetings with tribal liaisons and reservation communities, physicians engaged
- SORH program oriented to tribal elders
- University and major health system collaborating to bring resources to tribal communities

Resources needed: strategies for addressing propaganda and backlash towards tribal members and others

