



# Expanding the Rural Public Health Workforce: An Advance Briefing on New Program Funding

Vision: Healthy Communities, Healthy People



# New Funding from the American Rescue Plan

## Focusing Solely on Rural Communities



“HHS will make \$52 million from the American Rescue Plan available to train a range of health care workers to fill in-demand professions affected by the pandemic. Specifically, HHS is creating rural health networks by pairing together minority-serving institutions, community colleges, technical colleges, rural hospitals, Rural Health Clinics, community health centers, nursing homes and substance abuse providers.”

<https://www.whitehouse.gov/briefing-room/statements-releases/2021/08/13/fact-sheet-biden-administration-takes-steps-to-address-covid-19-in-rural-america-and-build-rural-health-back-better/>



# Rural Public Health Workforce Grants

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- The Concept:
  - Supporting networks linking educational entities, clinical sites, key workforce stakeholders
  - Linking the training directly to potential work sites through practicums and employment
  - Ensuring that the networks are community focused and use a shared co-equal governance approach
- Four Tracks:
  - Community Health Workers with a focus on cross training in high-value areas
  - Community Paramedicine
  - Health Information Technology, Telehealth Technical Support
  - Respiratory Therapy and Case Management/Coordination



# Rural Public Health Workforce Grants

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- Expected Timing:
  - Notice of Funding Opportunity in November
  - Reviews in late Spring
  - Awards in Summer
- Expected Structure:
  - Single Awards; Multi-year project period
  - Amount
- Next Steps
  - Engaging stakeholders to begin putting together network partners; focus areas; brainstorm governance



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- Track One: Community Health Workers
  - Defined broadly (navigators, promotoras, doulas, Peer recovery support specialists, etc.)
- Emphasis on cross training
  - Benefits counseling
  - Coding and billing support/charting support/scribes
  - Patient service coordination (leaning into social determinants of health and linking to non-clinical human and or social service support)
- Concept:
  - Linking to functions that link directly to financial benefit to clinical site and or population health



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- Track Two: Community Paramedicine
  - Leveraging EMTs and paramedics to focus on population health
  - Align with value-based care by focusing on at-risk populations to avoid unnecessary emergency department visits, hospital re-admissions
  - Assist patients in better managing chronic disease
  - Community health screening and service referral
- Concept:
  - Provide the support to leverage existing training resources and support new and existing EMS staff with an interest in this model
  - Expand the use of the community paramedicine model



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- Track Three: Health Information Technology, Telehealth Technical Support
  - Look at either expanding existing staff capacity or training and hiring staff to maintain use of telehealth systems; support maintenance of electronic health records
  - Educate staff in the use of electronic health records, telehealth and other forms of health information technology (M-health, home monitoring, etc.)
- Concept:
  - Smaller rural providers may lack the capacity to support full-time health IT support but may benefit from a shared services approach



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- Track Four: Respiratory Therapy and Case Management/Coordination
  - In the short term, expand capacity to support patients with long-haul COVID symptoms
    - ✓ Expand training of respiratory therapists given respiratory impact of patients with COVID
    - ✓ Expand training of staff to assist with case management and coordination given high-level of care and services for COVID long haul patients
  - In the longer term, the infrastructure created can be expanded to focus on a broader range of chronic disease management and support for respiratory disease, heart disease, diabetes, stroke, etc.
  - Concept:
    - ✓ Identify and develop training needed to help coordinate the broader needs patients with chronic disease face and link patients with needed services (housing, food security, transportation, employment, etc.) in order to support efforts to address the social determinants of health



# Rural Public Health Workforce

## Potential Network Partners ...

- Rural and Critical Access Hospitals
- Rural Health Clinics
- Community Health Centers
- Community and Technical Colleges
- State and Local Workforce Investment Boards (from the Workforce Investment and Opportunity Act funding)
- Non-Profits and Foundations with an interest in workforce
- Area Health Education Centers
- State Offices of Rural Health
- State Rural Health Associations
- Primary Care Associations
- Human and Social Service entities:
  - Community Action Agencies
  - Head Start and other child care providers
  - Labor One-Stop Job Centers
  - TANF Programs
  - Area Agencies on Aging
  - Housing Assistance Councils
  - Food Banks



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- Some Considerations ...
  - Developing community-focused networks and a governance model that ensures that
  - Think Regionally
  - Ensuring that the training, placement and employment provides identifiable benefits to the rural clinical partners
  - Ensure that the training, placement and employment aligns with value and links to population health
  - Focus on high-need communities and develop networks with a focus on diversity and health equity

