What’s New

**Comments Requested: Strategic Plan for HHS** – October 27. Every four years, the U.S. Department of Health and Human Services (HHS) updates its strategic plan, which describes the objectives and strategies the Department will employ to enhance the health and well-being of Americans. The draft strategic plan for 2018-2022 highlights five goals, two of which include objectives that specifically improve rural health: reducing provider shortages (objective 1.4) and leveraging telehealth to improving access to mental health and substance use disorder services (objective 2.3). HHS seeks comments on the plan. Interested commenters may consider topics addressed by the National Advisory Committee on Rural Health and Human Services or other areas where HHS can explicitly target improvements in rural health and human services.

**USDA Childhood Obesity Study.** The U.S. Department of Health and Human Services (HHS) named reducing childhood obesity one of three clinical priorities, and several HHS agencies have taken the lead on funding, guidance and standards. The Economic Research Service at the U.S. Department of Agriculture (USDA) studies economic and policy issues in rural America and finds that obese children tend to live in a disadvantaged household with limited or no access within a 15-mile radius to supermarkets that carry healthful foods (p. 12). This finding suggests improving access to nearby grocery stores may help reduce rates of rural childhood obesity. The HHS Administration for Children & Families Healthy Food Financing Initiative helps bring grocery stores to underserved rural and urban communities. Rural health care providers may also consider additional strategies and efforts to help increase access to healthful foods in their communities.

**Assessment for Preventing Medical Errors** – December 15. The Institute for Safe Medication Practices (ISMP) launched a medication safety self-assessment that may help rural providers in both inpatient and outpatient settings assess and compare their performance to health providers with similar populations as a way to reduce adverse drug events related to high-alert medications. This tool is funded via a contract with the Food and Drug Administration (FDA), and “focuses on best practices for eleven medication categories,” including insulin, opioids, and chemotherapy. Information submitted by providers to ISMP will be anonymous. Adverse drug events (ADEs) include medication errors and allergic reactions and overdoses, and can be a challenge to identify in small rural hospitals where there is limited pharmacist support.

**Funding Opportunities**

**USDA Delta Health Care Services Program** – October 10. The U.S. Department of Agriculture (USDA) Delta Health Care Services (DHCS) Program provides financial assistance to address continuing unmet health needs in the Delta region. USDA extended the application deadline for 2018 funding from July 24 to October 10. Further, USDA clarified that all members of applicant consortia must have a physical address or headquarters located in one of the eight states served by the Delta Regional Authority. Applicants may revise and resubmit applications by the new deadline. ALERT: DHCS
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may be an opportunity to extend the impact of organizations in the FORHP Delta States Rural Development Network Grant Program, which supports rural communities in the eight Delta states implement preventive or clinical services for chronic diseases.

**Improve Tribal Road Safety** – December 11. The U.S. Department of Transportation Federal Highway Administration requests grant applications for Tribal Transportation Safety Funds for projects to prevent and reduce serious injuries and deaths in transportation-related crashes on tribal lands. Eligible projects can develop transportation safety plans; assess, improve, or analyze crash reporting data; or complete infrastructure improvements. On average, two American Indians die every day in motor vehicle crashes, predominantly in large, rural states. Staff responsible for roadway safety can find [tools to improve safety on rural and tribal roads](https://www.fhwa.dot.gov/rural/roadwaysafety/rural_tribal/road_safety_tools) and [guidance for effective tribal crash reporting](https://www.fhwa.dot.gov/rural/roadwaysafety/rural_tribal/road_safety_guidance). Health care providers serving rural and tribal communities can help by implementing proven [prevention strategies](https://www.fhwa.dot.gov/rural/roadwaysafety/rural_tribal/road_safety_prevention) to help reduce transit injuries and deaths.

**Rural Health Research**

**Opportunity to Publish Rural Health Equity Research** – November 1. The CMS Office of Minority Health is sponsoring a special issue of Health Services Research (HSR) to highlight original studies, evaluations, and policy analyses that use rigorous, scientific research methods to promote health equity and reduce health disparities. HSR strongly encourages cutting-edge research from various disciplines that explores the intersection of two or more social factors, including residence in a rural area. Materials from recent meetings on [achieving rural health equity](https://www.cms.gov/Newsroom/Messages/Letters-Announcements/Medicare-Press-Releases/2018-Medicare-Press-Releases.html) and [tackling rural poverty](https://www.cms.gov/Newsroom/Messages/Letters-Announcements/Medicare-Press-Releases/2018-Medicare-Press-Releases.html) may suggest compelling potential research questions. Abstracts no more than 250 words are due by email by November 1.

**Policy Updates**

Questions about Rural Health Policy Updates? Write to [ruralpolicy@hrsa.gov](mailto:ruralpolicy@hrsa.gov)

**Comments Requested: Preventing Older Adult Falls** – October 23. The U.S. Preventive Services Task Force (USPSTF) proposes to recommend exercise to prevent falls among older adults aged 65 or older who live in community settings. Residents of rural communities are not only older than in urban areas but elderly rural residents are at greater risk of repeated falls due to higher rates of obesity, physical inactivity, food insecurity, and social isolation. Research suggests that geographic isolation, limited access to care, and other social and environmental factors may require rural-specific interventions or adaptations to encourage elders’ physical activity. Rural communities and health care providers interested in implementing the USPSTF recommendation can find [physical activity tools](https://www.ruralsite.org/health/physicalactivity/) and examples of [successful programs](https://www.ruralsite.org/health/physicalactivity/).

**Comments Requested: Telehealth for Veterans Care** – November 1. The Department of Veterans Affairs (VA) published a proposed rule that would allow any VA healthcare provider to provide telehealth services across state lines. While such policy is currently in place, many VA medical centers have not expanded telehealth services
due to conflicting state regulations for licensure, registration, certification, or other requirements. If finalized, the proposed rule would preempt state law for telehealth providers working in the scope of their VA employment. The VA views this as an opportunity to expand health care to veterans, especially those living in remote, rural, or medically underserved areas.

**Comments Requested: Revisions to 911 Grant Program** – November 6. On September 20, the National Telecommunications and Information Administration and National Highway Traffic Safety Administration proposed changes to the 911 Grant Program to support call centers’ transition from basic voice-only 911 networks to broadband-enabled Next Generation 911 services. Among other changes, the proposed rule would revise the funding allocation formula to reduce bias against rural areas by including factors such as land area in addition to population size and road miles. Commenters can suggest additional factors that may improve distribution to rural and tribal areas where 911 call centers face significant challenges due to distance and limited responder resources. Health care providers can help by considering strategies to strengthen and improve access to emergency medical services.

**Resources, Learning Events and Technical Assistance**

**Medicaid Value-Based Payment Approaches** – Thursday, October 5 at 3:00 pm ET. CMS’s Medicaid Innovation Accelerator Program (IAP) is hosting a learning webinar on Medicaid value-based payment (VBP) approaches, including pay for performance, bundled payments, shared savings/shared risk approaches, and global payments. It is an opportunity for rural providers and State Offices of Rural Health to learn more about state considerations for implementing VBP in Medicaid.

**Intro to Evidence-Based Public Health** – Wednesday, October 11 at 2:00 pm ET. Experts from the National Library of Medicine at NIH will provide discuss the essentials of an evidence-based public health program from identifying a problem to evaluating an intervention. The Rural Health Information Hub has a library of evidence-based models and toolkits developed specifically for rural areas, that is updated regularly with new innovations proven to be effective.

**Community Health Mapping During Disasters** – Thursday, October 12 at 1:30 pm ET. Geographic Information Systems (GIS) are useful tools allowing community organizations see and analyze data, trends and pattern related to health. Many data sources relevant to rural areas are available at the federal level. As part of its Community Health Maps (CHM) Initiative, the National Library of Medicine offers this free online session providing an overview of available tools that can be used at the local level during disaster response.

**Resource of the Week**

**Sliding Fee Scale Discount Guide for CAHs and RHCs.** Developed by the National Rural Health Resource Center, this guide helps Critical Access Hospitals (CAHs) and Rural Health Clinics (RHCs) gain an understanding of how sliding fee scale discount
programs relate to Internal Revenue Code Section 501(r) compliance and participation in the National Health Service Corps (NHSC). Becoming an NHSC site helps with recruitment of qualified primary care clinicians to rural areas.

Approaching Deadlines

Health Care Transit Design Challenge – October 5

Comments Requested: Cervical Cancer Screening – October 9

USDA Delta Health Care Services Program – October 10

Research to Reduce Tobacco Use – October 11

For CAHs: Pediatric Readiness Quality Improvement – October 13

Small Rural Hospital Transition Project – October 16

Federal Investment in Rural Transportation – October 16

Comments Requested: CMS Cancels Cardiac Bundles – October 16

Comments Requested: CMS Revises Joint Replacement Bundles – October 16

Students to Service (S2S) Loan Repayment Program – October 19

Comments Requested: USDA Summer Meals Program – October 23

Comments Requested: Preventing Older Adult Falls – October 23

Comments Requested: Closing Job Corps Centers – October 26

Comments Requested: Strategic Plan for HHS – October 27

Publish Rural Health Equity Research – November 1

Comments Requested: Telehealth for Veterans Care – November 1

Address Suicide Research Gaps in Rural Communities – November 2

Comments Requested: Revisions to 911 Grant Program – November 6

Comments Requested: Rural Rental Housing Loans – November 13

Loan Repayment for Health Disparities Research – November 15

Comments Requested: Improving Care for Medicare Beneficiaries – November 20

Improve Tribal Road Safety – December 11

Assessment for Preventing Medical Errors – December 15
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Drinking Water and Waste Disposal for Rural and Native Alaskan Villages – Ongoing

HIT Strategies for Patient-Reported Outcome Measures – Ongoing

HIT to Improve Health Care Quality and Outcomes – Ongoing

Community Facilities Program – Ongoing

Summer Food Service Program – Ongoing

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