FORHP Announcements

January 31, 2019

What's New

**New Mobile Tool for Medicare Beneficiaries.** This week, the Centers for Medicare & Medicaid Services (CMS) announced a new tool, to be used on mobile phones and devices, intended to help Medicare beneficiaries and their caregivers understand what’s covered under their plan. For those enrolled in Original Medicare (Part A and Part B), the new “What’s Covered” app will allow users to quickly see whether Medicare covers a specific medical item or service. Medicare is public health insurance provided to Americans aged 65 and older, a population CMS expects to increase by almost 50 percent in the next decade – from 54 million beneficiaries in 2015 to more than 80 million beneficiaries in 2030. Medicare has a significant role in rural health care. In addition to support for an older and sicker population living in rural areas, Medicare provides payment to physicians in Health Professional Shortage Areas, reimburses services at Rural Health Clinics and supports the financial stability of Critical Access Hospitals.

**National Agricultural Workers Survey.** The report commissioned by the U.S. Department of Labor provides a look at the demographics and employment profile of farmworkers in the United States. More than 5,000 crop workers were interviewed during 2015-2016 to learn more about their origins, families, and the quality of their work, life and health. Topics covered in the survey include education attainment, exposure to occupational risk and access to health care. The survey shows that the majority of the agricultural workforce is foreign-born, live in families with children, and average $17,500 to $19,999 per year in wages. Though agriculture is one of the most hazardous industries in the United States, less than half (47 percent) of the workers surveyed reported that they have health insurance. A separate report, released in December 2018, details health care challenges for agricultural workers in rural communities, and shares lessons learned from HRSA-supported community health centers.

**AHRQ: Opioid-Related Hospitalization for Women.** Data in this report from the Agency for Healthcare Research and Quality (AHRQ) indicate that the opioid crisis may be having a greater impact on women, especially in rural areas where the health care infrastructure is limited. For example, compared with men, women are more likely to be prescribed painkillers, are likely to be prescribed higher doses, and to become dependent on them more quickly. And the percentage of opioid-related stays with a co-occurring pregnancy/childbirth increased with rurality of patient residence location, from 6.8 percent in large metropolitan areas to 10.1 percent in micropolitan/noncore areas. The report looks at opioid use and hospitalization trends for demographic subdivisions among
women including age, race, public and private health insurance, and metropolitan-rural geography.

**Funding Opportunities**

**Research to Accelerate Colorectal Cancer Screening – February 11.** The National Institutes of Health and the National Cancer Institute will provide research grants to promote research in colorectal cancer (CRC) screening, follow-up, and referral-to-care among target populations for whom screening rates are below national standards. Traditionally, these populations include those living in rural areas, racial and ethnic minority populations, and low-income populations. In 2017, the Centers for Disease Control and Prevention released data showing that rural areas had lower incidence of cancer than metropolitan areas but **higher rates of death for cancers that can be detected by screening and treated with follow-up care.**

**DOJ Grants for Children Experiencing Domestic Violence – Letters of Intent February 13.** Tribes, local governments and nonprofit entities with demonstrated community service to child abuse and/or sexual assault may be eligible for these grants from the Department of Justice (DOJ). The DOJ’s Office on Violence Against Women will invest total funding of $8 million for child- and youth-centered prevention and intervention programs that address domestic violence, dating violence, sexual assault, sex trafficking, and stalking. In rural parts of the country, **the effects of violence and abuse are often exacerbated** by limited access to support services for victims, concerns for privacy in a small community, distance, transportation barriers, stigma, and other challenges. **The application Deadline is March 6.**

**RWJF Interdisciplinary Research Leaders – March 13.** The Robert Wood Johnson Foundation seeks applicants to engage in a three-year course of mentoring, training and project development toward systemic health equity. Each team member will receive $25,000 per year to support time in the program (approximately one day per week). Applicants must apply as part of a team of three, consisting of two researchers and one community partner. As a whole, teams must incorporate a wide range of disciplines, such as public policy, design, health, transportation, social work, education, urban planning and many others. In one project from the 2018 cohort, researchers teamed with a community organizer to understand the impacts of pollution on rural communities and develop an innovative citizen science protocol that will give residents tools to measure toxic metals in yards and play areas.

**Strengthening Care for HIV and Opioid Use Disorder – April 16.** The Health Resources and Services Administration (HRSA) will invest $3.5 million to support care for people living with HIV and opioid use disorder (OUD). The HIV/AIDS Bureau at HRSA will
administer this program, through which one to three funded entities will coordinate existing resources at federal, state and local levels and also identify new resources for treatment and ongoing care. While the intent of this initiative is to strengthen systems of care to address OUD, it is likely that increased collaboration may also enhance the system of care for other conditions related to living with HIV, such as hepatitis C virus (HCV) infection, sexually transmitted infections, and other behavioral health disorders. In recent years, the Centers for Disease Control and Prevention has identified a higher risk for spread of HIV and HCV in rural areas with a high prevalence of injection drug use.

**Mary Kay Foundation Domestic Violence Shelter Grants – April 30.** The program awards funds to at least one emergency domestic violence program in each state, and many recipients are rural. In 2018, the Foundation awarded $20,000 grants to more than 150 women’s domestic violence shelters across the nation for a total of $3,000,000.

**Research for Smoking Cessation in Disadvantaged Populations – June 13.** The National Institutes of Health and the National Cancer Institute are funding research grant projects to develop smoking cessation interventions for socioeconomically disadvantaged populations. These include populations at or below the poverty level, uninsured or underinsured, low levels of education, living in rural areas, and other disadvantaged groups with high rates of smoking. The projects are featured in the National Cancer Institute’s list of funding opportunities relevant to rural cancer control.

**NIH: Research for Disparities Among Minority/Underserved Children – Cycles thru May 2020.** This funding from the National Institutes of Health (NIH) seeks research to reduce health disparities for racial and ethnic minority children as well as those who are rural and low-income, geographically isolated, and children of immigrant and refugee families, among other groups. Specific targeted areas of research include bio-behavioral studies that incorporate multiple factors influencing child health disparities such as biological (e.g., genetics, cellular, organ systems), lifestyle factors, environmental (e.g., physical and family environments) social (e.g., peers), economic, institutional, and cultural and family influences.

**Policy Updates**

Visit the FORHP Policy page to see all recent updates and send questions to ruralpolicy@hrsa.gov

**Comments Requested: Measures for Rural Health Quality and Performance – February 13.** The Federal Office of Rural Health Policy has been partnering with Centers for Medicare & Medicaid Services (CMS) and the National Quality Forum (NQF) on the Measures Application Partnership (MAP) Rural Health Workgroup. The group was formed
by CMS in 2017 to include the perspectives of rural providers and patients as those most knowledgeable about the challenges to measure quality and performance in rural areas where the volume of data is low. The workgroup has identified rural relevant gaps in measurement and potential solutions (PDF) to address these challenges. Those wishing to comment on these draft recommendations can create an NQF account and submit online.

**Learning Events and Technical Assistance**

**Reducing Pregnancy Risks for Agricultural Producers** – Tuesday, February 5 at 1:00 pm ET. The AgriSafe Network hosts this hour-long webinar to identify the risks to pregnancy and fertility that are associated with farm tasks and ways to reduce harm. Research is limited, but it has indicated an association between certain agricultural tasks and adverse health outcomes in women and infants.

**Southwest TRC: Regulatory Landscape for Telehealth** – Thursday, February 7 at 2:00 pm ET. The HRSA/FORHP-supported Southwest Telehealth Resource Center (TRC) will join the Arizona Telemedicine Program to highlight the changing telehealth legislative and regulatory landscape. Though telehealth offers promise to rural communities, patchwork regulation and reimbursement policy remain a challenge.

**VA: Discontinuing Long-Term Opioid Therapy** – Tuesday, February 12 at 1:00 pm ET. The Veterans Administration (VA) will host this one-hour webinar to discuss historical trends in outcomes for patients who taper or discontinue their opioid prescriptions. Almost a quarter of all U.S. veterans (4.7 million) live in rural communities.

**NAM: Action Collaborative on Opioid Epidemic** – Wednesday, February 13 at 4:00 pm ET. The National Academy of Medicine (NAM) will introduce its Action Collaborative on Countering the U.S. Opioid Epidemic during this hour-long webinar. A public-private partnership of more than 50 organizations, this two-year project aims to discover and share evidence-based best practices in policy and health care. Last week, the Centers for Disease Control and Prevention released data indicating that prescribing for opioids is 87% more likely in rural areas.

**Save the Dates: Virtual Job Fairs for SUD Clinicians and Employers** – through March 7. HRSA’s Bureau of Health Workforce will hold a series of virtual job fairs to match employers and clinicians treating substance use disorder (SUD). Virtual job fairs are free, interactive events held online allowing sites approved by the National Health Service Corps and/or NURSE Corps a chance to discuss their site, the populations they serve, and currently available positions. Clinicians and trainees in medical, nursing, dental, and
mental/behavioral health can learn about hundreds of opportunities in rural and medically underserved communities.

Resource of the Week

**Calculating Needs for Opioid Response.** Using federal funding and resources, researchers at the Johns Hopkins Bloomberg School of Public Health created a toolkit designed to help rural communities collect and analyze data for a tailored response to the opioid epidemic. The strategy is based on research conducted during the summer of 2018 in Cabell County, West Virginia, and helps public health officials know the number of residents who use injection drugs, their demographics, the types of substances they use, their attempts to quit using drugs and access services, and other problems they face, such as homelessness and hunger. The toolkit provides the step-by-step process for collecting this data and an online tool for calculating local services needed to respond.

Approaching Deadlines

- **AAP Community Access to Child Health (CATCH)** – January 31
- **USDA Rural Energy for America Program** – January 31
- **Environmental Cleanup Through Brownfields Grants** – January 31
- **Seventh Generation Fund for Indigenous Peoples** – February 1
- **NIH High-Priority Research on Aging** – February 1
- **Funding for Patient-Centered Outcomes Research** – Letters of Intent February 1
- **Tribal College Extension Special Emphasis** – February 1
- **Comments Requested: Screening for Hepatitis B in Pregnant Women** – February 4
- **NIH Researching HIT for Health Disparities** – Letters of Intent February 4
- **Geriatrics Workforce Enhancement Program** – February 6
- **DOJ Grants for Culturally-Specific Sexual Assault Services** – February 7
- **Research Fellowships for American Voices Project** – Second Round February 7
- **RWJF: Health and Climate Solutions** – February 8
- **Research to Accelerate Colorectal Cancer Screening** – February 11
Comments Requested: Changing Privacy Regulations in HIPAA – February 12

Rural Veterans Health Access Program – February 12

Grants for Patient-Centered Outcomes Research Institute (PCORI) – February 12

Comments Requested: Measures for Rural Health Quality and Performance – February 13

DOJ Grants for Children Experiencing Domestic Violence – Letters of Intent February 13

USDA Healthy Food Financing Initiative – February 14

Rural Sexual Assault, Domestic Violence and Stalking Program – February 14

Environmental Justice Small Grants Program – February 15

NIH/NIDA: Mobile Technologies for Substance-Use Treatment – Letters of Intent February 19

Comments Requested: Proposed Changes to the 2020 Health Insurance Marketplace – February 19

Comments Requested: Accrediting Organizations Conflict of Interest and Consulting Services in Medicare – February 19

Comments Requested: Proposed Changes to the Medicare Advantage Risk Adjustment Model – February 19

Two Loan Repayment Programs for National Health Service Corps – February 21

Youth Health Equity Fellowship – February 22

Rural Health Innovation and Transformation Technical Assistance – February 22

Public Safety and Victim Services in Tribal Communities – February 26

NIH: Small Business Innovations for Health Disparities – Letters of Intent March 1

NIH Researching HIT for Health Disparities – March 4

Advanced Nursing Education Nurse Practitioner Residency Program – March 4

Rural Residency Planning and Development Program – March 4

DOJ Grants for Children Experiencing Domestic Violence – March 6

AMAF Community Health Grants for Diabetes/Hypertension – March 8

Veteran Nurses in Primary Care Training Program – March 8
Pediatric Mental Health Care Access Program – March 11
Licensure Portability Program for Telehealth – March 11
New Access Points for Health Centers – March 12
RWJF Interdisciplinary Research Leaders – March 13
NIH/NIDA: Mobile Technologies for Substance-Use Treatment – March 19
Increasing Access to HIV Primary Health Care Services – March 22
Rural Health and Economic Development Analysis – March 27
Rural Primary Care SBIRT for Maternal Opioid Use – March 29
National Indian Health Board Health Policy Fellowships – March 30
NIH: Small Business Innovations for Health Disparities – April 1
Strengthening Care for HIV and Opioid Use Disorder – April 16
Mary Kay Foundation Domestic Violence Shelter Grants – April 30
Research for Smoking Cessation in Disadvantaged Populations – June 13
Indian Health Service Loan Repayment Program – Ongoing through August 2019
NIH: Research for Disparities Among Minority/Underserved Children – Cycles thru May 2020
Guaranteed Loans for Rural Rental Housing – Ongoing through 2021
Telecommunications Infrastructure Loans – Ongoing
Funding for Rural Water and Waste Disposal Projects – Ongoing
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