

# RHQ

Rural Health Quarterly

Rural  
Emergency  
Hospital  
Designation

Medical Prescription Form

\_\_\_\_\_  
Patient name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age

*Inside:  
REH Designation:  
Safety Valve or  
Problem Child?*

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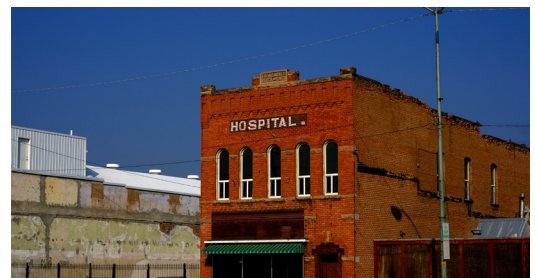
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*Rural Health Quarterly* (ISSN 2475-5044) is published by the F. Marie Hall Institute for Rural and Community Health, 5307 West Loop 289, Lubbock, TX 79414, and Texas Tech University Health Sciences Center.

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*Rural Health Quarterly* is a free publication of the F. Marie Hall Institute for Rural and Community Health at Texas Tech University Health Sciences Center.





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# THE RURAL EMERGENCY HOSPITAL - NEW FUNDING MODEL OR CALL 911?



It is a catastrophe when a rural hospital closes in a community. The community loses much more than just access to health care. Employers often move elsewhere and jobs are lost, people move away, small businesses close, and taxes diminish leaving fewer city services, and homes are sold or sit vacant and the town slowly begins to die. Often, after the community's school district, the hospital offers more higher paying jobs and is usually a community resource beyond health care services. The rural hospital serves as the champion for community wellness and economic development.

Since 2010, 85 rural hospitals have closed in rural America, with 24 of those here in Texas. But there is much more to this story. Nationwide, slightly more than half of all rural hospitals are operating in the red, and 254 are operating on such thin budget margins that they are vulnerable to closure. When these important pieces of health care infrastructure are in this type of financial peril, the system grows steadily weaker with deferred maintenance, deferred equipment replacement, and, most importantly, wage and salary structures that become factors in the looming staff shortages.

It is common knowledge that much of rural Texas is designated as Health Professional Shortage Areas (HPSA). The number of open bedside nursing positions is a major challenge, with 56% of hospitals having one to five openings, and 16% having six to 10. Most West Texas facilities need as many as 300-1,200 nurses to operate in the next five years. Patient admissions suffer from staff shortages. 36% of hospitals report that staffing issues prevented patients from being admitted in the last 60 days of 2022, and here in West Texas, that meant less access to OB services (labor and delivery), less chemotherapy (deferred care for diseases that continue to grow and become intractable), and, during COVID, severe shortages in ICU capacity. Even specialty services such as diagnostic imaging, screening procedures like endoscopy, and monitored conditions like diabetes and heart failure went lacking.

If there were ever a 911 moment in rural health care, all of these forces would produce it. Consequently, a group of U.S. legislators from rural districts have recognized these looming threats and crafted legislation that yielded the first Centers for Medicare and Medicaid Services (CMS) new funding model in 25 years, called the Rural Emergency Hospital (REH) Designation. To qualify for this new

designation, a rural hospital must be designated as a Critical Access Hospital (CAH) or a rural Prospective Payment System (PPS) hospital, with fewer than 50 beds.

Because of the nature of this designation, the hospital must have transfer agreements with a Level 1 or 2 trauma center and accept Medicare. Once a hospital transitions to an REH, it may only provide emergency and observation services 24/7/365. The average length of stay requirements for REH services cannot exceed 24 hours, and because there are no acute care provisions, participation in the 340b drug discount program can no longer happen. Rural health clinics and diagnostic laboratory functions can continue off-site, as can ambulance services. There are other provisions, but you get the idea this is not a way to increase capacity in rural areas. Some fear that if this does not keep vulnerable hospitals afloat and make them more viable, it will be very difficult to transition back to the original classification.

In Texas, a handful of hospitals have transitioned to the REH designation, with two in West Texas. In each case the facility had good reasons for the change, but each was a unique situation that led to the decision. Generally, those reasons can include operating for years in the red or negative margins, low patient census, or proximity to metro areas where tertiary and quaternary care is available. Some predict that these rural communities will have less access to care, while, in two towns, being an REH is better than closing off all access or closing the hospital. With the growth of digital health technology and remote patient monitoring, the possibilities are promising. The fact is this is all too new to know exactly how we might know if this is a brilliant fix or a time to call 911. I remain positive about the possibilities and hope you do as well. ●



# COVER STORY



## REH Designation: Safety Valve or Problem Child?



**JOHN HENDERSON**

**CEO**

John Henderson is the president/CEO of the Texas Organization of Rural & Community Hospitals (TORCH).

Rural hospitals face a host of operational and financial challenges that are well documented, and there's no state with more rural health vulnerability than Texas. In response, legislation was included in the 2021 federal omnibus appropriations package to create the first new federal hospital designation in more than 20 years.

The Rural Emergency Hospital (REH) designation became available in January 2023 to critical access and rural acute care hospitals with 50 or fewer beds open on December 27, 2020. Under the new designation, REHs must provide 24-hour emergency and observation services and can elect to furnish other outpatient services at 105% of the Medicare fee schedule. The appeal of the designation is the cash flow that comes with it. In Texas, there are at least four (4) newly designated REHs that will receive fixed payments of about \$270,000.00 per month, two (2) of which have already begun receiving payments.

The REH drivers are clear: although pandemic relief eased the closure rate, rural health disparities increased through the pandemic, with 40% of rural Texas hospitals reporting negative operating margins, and half of rural Texas hospitals vulnerable to closure (according to Chartis). Access to care is also threatened through a combination of inflationary pressures, workforce/staffing shortages, and a suspension of critical services like obstetrics. That's why Michael Topchik of Chartis calls the REH designation a "safety valve."

The Texas Organization of Rural and Community Hospitals (TORCH) contends the financial forecasting around REH is relatively straightforward. Most low-volume (inpatient census < 3), low-revenue (traditional Medicare net revenue < \$4m annually), non-340b drug discount hospitals with sustained operational losses would benefit financially – and survive – by converting to an REH. But the REH path to survival requires a significant



recalibration of services, and operational considerations are trickier.

REH hospitals are required to surrender inpatient services, leaving ER, observation, and clinic services. New REHs must wrestle with implications around local patients who need a three-to-four-day stay, bed availability at the receiving hospital site, and EMS equipment/staffing/volume changes related to the conversion.

The REH Designation may also result in savings related to staffing the inpatient medical unit, but decisions around how to redeploy staff and what to do with that space remain.

Additionally, vulnerable rural hospitals must communicate changes to their community and explain the new limitations. It will be important to convey broader healthcare trends that point to diminishing inpatient volume, despite the pandemic experience where every single hospital bed was in use. As a natural consequence of the above limitations, the REH designation will reduce statewide bed capacity.

According to Brandon Durbin, founder of Discovery Healthcare Group, there is a small subset of rural hospitals in shrinking communities where the REH designation is viable. He reminded leaders at a recent conference “it really is a community choice.”

He added his opinion that CMS will likely see who adopts before adding additional incentives and enhancements to encourage broader participation.

“I think they are going to change some things in the future with REH, I think the program can get better, and I think they are going to be surprised how few hospitals can go REH,” he said. “I don’t think REH will be cancelled like CHART.”

There are clear opportunities for improvement and enhancement to the value of REH – hospitals operating under the new designation should be eligible to hold on to swing bed services, participate in the 340b drug discount program, and qualify for the National Health Service Corps physician loan repayment program, but these enhancements will take time and sustained advocacy.

There is one clear commonality among the early REH adopters. It’s about survival – having something is better than having nothing in terms of access and services in rural communities.

It is anticipated the next wave of REH conversions will be more about long-range planning and implications of inpatient admission trends, Medicare advantage penetration rates, and regional collaboration efforts.

So, there is a tenuous balance being struck across rural Texas as it relates to REH in anticipation of what comes next.

The early adopters are rare and faced with accepting the designation’s limitations in the face of extraordinary pressure. There is a bigger group of rural hospitals that are monitoring the success of the designation, knowing their

hospital and community might soon be faced with a similar decision.

The huge question that presently remains unanswered – will REH work? ●



# HEALTH *RESOURCE*



Jacob Stukenberg, MPH

**RURAL HEALTH  
SPECIALIST, NORTH  
REGION COORDINATOR**

Jacob Stukenberg is the Rural Health Specialist, North Region Coordinator of the Texas Department of Agriculture.

## **Conversions and Conversations: Experiences of Converting to a Rural Emergency Hospital and How the Texas State Office of Rural Health Is Here to Support**

St. Luke's Health Memorial is not unfamiliar with the struggles that came with the post-COVID world. The San Augustine, Texas, hospital is actively working to regain normalcy after the pandemic, but their daily inpatient census never rebounded. After the pandemic became more manageable, St. Luke's began focusing on priority services, such as outpatient and emergency services. Amid this reprioritization, a new Medicare designation, Rural Emergency Hospital (REH), was made available to allow rural hospitals to shift the focus of their services the same way St. Luke's San Augustine has.

Residents of rural Texas are more likely to be uninsured, have higher rates of chronic disease, and have lower access to healthcare services than their urban counterparts (TSHCC, 2022). These issues can strain a rural healthcare system, leading to the closure of smaller hospitals in rural areas that face financial hardships, leading to rural Texans having to travel farther for care. The Centers for Medicare and Medicaid Services (CMS) released the Rural Emergency Hospital (REH) designation in January 2023 in response to these disparities and the more than 140 rural hospitals that closed between January 2010 and September 2022 (RHIhub, 2023). These closures were attributable to the facilities' inability to overcome the obstacles their urban counterparts do not experience, such as low inpatient admissions and high levels of uninsured patients. This new designation would allow rural hospitals to shed underutilized, federally required services that drain resources, so they may continue to provide the vital emergent care their communities need.

To learn more about how the first hospitals that converted are adapting their services, I spoke with Monte Bostwick, CEO/President of St. Luke's Health Memorial, who led the charge in Texas by having St. Luke's in San Augustine be one of the first hospitals in the nation to convert to the REH designation. Over the last year, he worked with his administrative team to prepare for this conversion when it became available, expressing a positive outlook on this new change. He discussed how their new designation essentially changed nothing about the services they were already providing.

“Most of our revenue was from outpatient services as it was, so the designation change didn’t affect our operations much,” according to Bostwick, “and the numbers also showed that inpatient services did not have the same returns as other services, with only around 12 inpatient admissions across January and February”.

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***“Is it better to have something or nothing at all?”***

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While there are many net positives, Bostwick understands that losing inpatient services does impact the community; however, he added, “Is it better to have something or nothing at all?”.

To provide access to more advanced levels of care, St. Luke’s has a solid emergency medical services (EMS) transfer agreement structure with their other facilities in nearby Lufkin and Livingston. Transfer agreements will ensure care can be accessible if someone’s ailments need further, specialized attention. Bostwick also sees this conversion as an opportunity to dedicate resources towards innovations in rural healthcare, such as telemedicine services and physician recruitment programs.

Bostwick also mentioned how valuable different state organizations were in planning and evaluating the need

for the conversion, such as the Texas Organization of Rural Community Hospitals (TORCH) and the licensing office at the Texas Health and Human Services Commission (HHSC). He was “very pleased with the support I received from [TORCH] and another hospital in the state that was converting at the same time.” He also noted that he values the continued technical assistance and financing mechanisms that the State Office of Rural Health (SORH) at the Texas Department of Agriculture (TDA) has provided and how well they work in tandem with TORCH to support rural hospitals in his region.

The SORH is working to assist hospitals in learning more about the REH designation and how this conversion could benefit their facilities. To do this, they have teamed up with Texas Tech University Health Sciences Center and Texas A&M University Health Science Center to bring education and information on the designation to rural Texas hospitals. Hospitals interested in converting to this new designation should strategize how this will affect the efficacy of the facility, what organizations can assist with this transition, and how the change aligns with the facility’s mission for how they serve their community. Also, the SORH’s support for rural hospitals does not stop at assisting with REH conversions. They take on the challenge of sustaining and increasing access to healthcare in rural Texas head-on by providing

technical assistance programs such as:

1. The Rural Communities Healthcare Investment Program
2. The Rural Hospital Board Education Program
3. The Rural Health Clinic Technical Assistance Program

The Rural Communities Health Care Investment Program assists rural communities in recruiting healthcare providers, other than physicians, to practice in their community by providing partial loan reimbursements or stipend payments to non-physicians (nurses, nurse practitioners, physician assistants, etc.). The Rural Hospital Board Education Program is a series of annual webinars to train board members about responsibilities, healthcare finance, healthcare terminology, and strategies to serve their hospitals and communities effectively. The Rural Health Clinic (RHC) Technical Assistance Program focuses on providing in-depth technical assistance and program planning with a direct focus on finance, operations, and quality improvement for the 333 rural health clinics across the state. The RHC program also boasts an incredible data program providing Rural Health Clinics in Texas with on-demand data sets which can be used for strategic planning and robust information collection.

Along with technical assistance programs, SORH provides financial programs to improve

existing operations and establish new services. The programs provided include the Rural Health Facility Capital Improvement Program, the Small Rural Hospital Improvement Program, and the Medicare Rural Hospital Flexibility Program. The Rural Health Facility Capital Improvement Program or CIP grant program provides a maximum of \$75,000 with a minimum of 25% matched funds from the applicant for eligible public and non-profit hospitals in rural counties (population of 150,000 or less). Historically these funds have been used to make capital improvements to existing facilities, construct new health facilities, or purchase equipment such as ambulances, x-ray machines, or mammography equipment. These improvements to facilities or equipment that are typically out of reach financially can help hospitals provide better service to their communities.

The Small Rural Hospital Improvement Grant (SHIP) is available for eligible hospitals if they have 49 available beds or less. This grant is available for non-profit and for-profit hospitals, including faith-based institutions. This grant program provides eligible hospitals with funding for the following:

1. To purchase hardware, software, or training to help hospitals attain value-based purchasing provisions in the Patient Protection and Affordable Care Act (ACA)
2. To aid small rural hospitals in joining or becoming accountable care organizations or

3. To purchase health information technology equipment or training to comply with meaningful use, ICD-11 standards, payment bundling, and care transitions

The Medicare Rural Hospital Flexibility Program (Flex) is a federal program administered by SORH to collect quality improvement data such as inpatient length of stay, staff flu vaccination rates, and antibiotic stewardship. Participation in reporting these measures allows hospitals to access quality improvement (QI) and financial/operational improvement activities hosted by the SORH. In collaboration with the Texas Hospital Association, SORH staff host QI boot camps to provide opportunities for new and existing hospital QI staff to receive training on data collection, root cause analysis, and debriefing hospital leadership on findings from quality reporting.

While some eligibility requirements for these programs would make the newly minted REHs ineligible for application, SORH staff are looking into ways these programs and others can be accessible to all rural hospital types. The SORH provides many services for rural healthcare facilities across Texas. If you are interested in any of these programs and what the SORH might be able to do for you, reach out to the SORH by emailing [RuralHealth@TexasAgriculture.gov](mailto:RuralHealth@TexasAgriculture.gov) or by visiting the SORH website at <https://www.texasagriculture.gov/Grants-Services/Rural-Economic-Development/State-Office-of-Rural-Health>. ●

## CITATIONS

1. RHIhub. (n.d.). *Rural Emergency Hospitals Overview*. Rural Health Information Hub. <https://www.ruralhealthinfo.org/topics/rural-emergency-hospitals>
2. Texas Statewide Health Coordinating Council. (2022, November). *2023-2028 Texas State Health Plan*. DSHS Health Professions Resource Center. <https://www.dshs.texas.gov/sites/default/files/legislative/2022-Reports/Statewide-Health-Coordinating-Council-2023-2028-Texas-State-Health-Plan.pdf>



# HEALTH *RESEARCH*



**Sarah Jane Tribble**

**Senior Correspondent**

Sarah Jane Tribble is a Senior Correspondent at KFF Health News.

## Struggling to Survive, the First Rural Hospitals Line Up for New Federal Lifeline

*Published originally by KFF Health News March 6, 2023*

*Also ran in Daily Yonder*

Just off the historic U.S. Route 66 in eastern New Mexico, a 10-bed hospital has for decades provided emergency care for a steady flow of people injured in car crashes and ranching accidents.

It also has served as a close-to-home option for the occasional overnight patient, usually older residents with pneumonia or heart trouble. It's the only hospital for the more than 4,500 people living on a swath of 3,000 square miles of high plains and lakes east of Albuquerque.

"We want to be the facility that saves lives," said Christina Campos, administrator of Guadalupe County Hospital in Santa Rosa. Its leaders have no desire to grow or be a big, profitable business, she said.

But even with a tax levy to help support the medical outpost, the facility lost more than \$1 million in the past six months, Campos said: "For years, we've been anticipating kind of our own demise, praying that a program would come along and make us sustainable."

Guadalupe is one of the nation's first to start the process of converting into a Rural Emergency Hospital. The designation was created as part of the first new federal payment program launched by the Centers for Medicare & Medicaid Services for rural providers in 25 years. And though it is not expected to be a permanent solution to pressures facing rural America, policymakers and hospital operators alike hope it will slow the financial hemorrhage that continues to shutter those communities' hospitals.

More than 140 rural hospitals have closed nationwide since 2010, and health policy watchers aren't sure how many of the more than 1,700 rural facilities eligible for the new designation will apply. CMS officials said late last month that seven have already filed applications. Dr. Lee Fleisher, director of the Center for Clinical Standards and Quality at CMS, said how long it will take to review the applications will vary. The agency declined to provide the names or locations of hospitals seeking the designation.

Facilities that convert will get a 5% increase in Medicare payments as well as an average annual facility fee payment of about \$3.2 million in exchange for giving up their expensive inpatient beds and focusing solely on emergency and outpatient care. Rural hospitals with no more than 50 beds that closed after the law passed on Dec. 27, 2020, are eligible to apply for the new payment model if they reopen.

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***"Outpatient and emergency visits already make up about 66% of Medicare payments for rural hospitals that are eligible to convert."***

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The new program “strikes me as the first time we are saying, you know, maybe we can just take the beds away,” said Dr. Paula Chatterjee, an assistant professor at the University of Pennsylvania’s Perelman School of Medicine. Outpatient and emergency visits already make up about 66% of Medicare payments for rural hospitals that are eligible to convert, according to Chatterjee’s recent research.

Still, she found that many would likely need to scale up some outpatient services, such as telehealth and substance use care. Even then the payment model might not be able to shift the “foundational pressures”

of declining, aging, and sicker populations that are making it hard to deliver care in rural America, she said.

“This feels like rearranging deck chairs on the Titanic,” Chatterjee said.

More than 50 hospitals and other organizations have expressed interest in the rural emergency designation, said Janice Walters, chief operating officer of programs for the Rural Health Redesign Center, which has a federal grant to provide technical assistance to facilities interested in converting.

Most hospitals “are still trying to figure out, ‘Is the math going to work?’” Walters said.

Those showing immediate interest are very small, with three or fewer patients staying overnight any given day, and, generally, they long ago gave up maternity care to save on expenses. “The federal law will need to be amended to help larger rural hospitals with more overnight stays,” said Brock Slabach, chief operations officer for the National Rural Health Association.

“It’s enough for now,” Slabach said. “But is it going to be enough for the long term? I don’t think so.” Top priorities for the group include adding the ability for hospitals to participate in a federal drug discount program and allowing for longer patient stays.

At Stillwater Medical in

Oklahoma, Chief Administrative Officer Steven Taylor said the switch already makes sense for two of the system’s smaller hospitals that “have struggled financially.” The small regional health system’s outpost in Perry, which rarely has more than two inpatients a day, has already filed an application, and its facility in Blackwell will likely do so soon, he said.

Keeping emergency services “is the most important thing” for the small communities, he said. The new model requires a 24-hour emergency department and a clinician on call. It also caps the average length of patient stays at 24 hours — which Taylor said is not a problem. One patient may need to be watched for 12 hours for chest pain while another, with pneumonia, may need to stay for 36 hours, but that will average out to less than 24 hours for the year, he said.

Plus, he said, anybody who needs more intense care can be transferred to their regional hospital in Stillwater. Oklahoma, like other states, is working to update state laws for licensing or regulations to ensure hospitals can be credentialed with the rural emergency designation quickly.

John Henderson, president and chief executive of the Texas Organization of Rural & Community Hospitals, agreed with other speakers at the National Rural Health Association’s February policy conference in Washington, D.C.

The new rule “could be a relief valve” for very small rural hospitals, he said. A two-bed facility in Crosbyton confirmed for Henderson earlier that day that it was the first in Texas to be approved for the new payment mechanism.

Henderson said he knew of several more of the state’s 158 rural hospitals that are applying or have already applied, and others are considering it: “These are the folks that are just hanging on.” Dr. Denise Brown, CEO of virtual care provider Fident, spoke up from the front row during Henderson’s presentation. Her company uses telehealth so doctors and other clinicians can work virtually with multiple hospitals in different states. Brown said she was concerned that hospitals that convert won’t have enough ambulances

available to transport or a place to send sicker patients, especially if they aren’t part of a larger health system.

Heads began to nod throughout the crowded room. Many rural hospitals needed every bed they had during the worst of the COVID-19 pandemic, and to give up those beds now seems counterintuitive. Those same rural hospitals often find that larger facilities refuse to take their patients who need specialized care, Brown said.

“How do I know that I can guarantee somebody a bed?” Brown said, adding that she prefers rural hospitals keep patients longer. How would she explain to concerned family members that their loved one was “two or three hours from home”? ●

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*"The new model requires a 24-hour emergency department and a clinician on call."*

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# RURAL *REPORTS*

RURAL HEALTH REPORTING

FROM ACROSS THE NATION

## ALABAMA //

**A new law in Alabama aims to ease the physician shortage in the state.** The Physician Workforce Act, passed in May, is designed to cut the red tape to make it easier for doctors to start working in Alabama. It removes an out-of-state testing requirement for doctors who move to Alabama and it allows international med school grads to apply for a medical license in two years instead of three. The new law also creates an apprentice-like program for medical school graduates who don't match into a residency program. The program will help the participants to improve their clinical skills and knowledge while working with licensed physicians while they wait to reapply for a residency program.

**apr.org | February 8, 2023**

## ALASKA //

**Efforts to address Alaska's lack of broadband access continue with federal funding** from the 2021 infrastructure bill and other federal programs. The legislation provides \$65 billion in funding to improve broadband access throughout the U.S. Part of this funding goes to the Tribal Broadband Connectivity Program, which has awarded \$386 million in grants for 21 projects throughout the state. The program has also awarded \$125 million in grants for two broadband infrastructure projects in Southwest Alaska.

Right now, about 60,000 Alaskans lack broadband access, while another 200,000 have limited access to broadband. With greater access to high-speed internet, services like telehealth could improve care in rural regions.

**High Country News  
May 24, 2023**

## ARKANSAS //

**Arkansas seniors with a chronic health condition** can now get help making sure they have healthy food to eat. The Arkansas Rural Health Partnership, with funding from the U.S. Department of Agriculture, has started the Good Food Rx, based in Lake Village.

The project's mission is to address food insecurity among older residents in the Arkansas Delta. Every week, a team delivers enough food to feed a family of four. So far, the project has delivered 956 meals to seniors and their families. The Arkansas Rural Health Partnership is also developing a cookbook with recipes for people dealing with health issues like diabetes, high cholesterol, and high blood pressure.

**Magnolia Banner News  
May 5, 2023**





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## CALIFORNIA //

**Not-for-profit hospitals and public hospitals in significant financial distress** now have a lifeline thanks to the California Legislature. Governor Gavin Newsom recently signed legislation creating the Distressed Hospital Loan Program, which provides loans to cash-strapped health facilities to keep the doors open. It also helps facilitate the reopening of closed hospitals.

A hospital in rural Madera County will be one of the first to receive funding from the program. Madera Community Hospital closed in December 2022, forcing the closure of three rural clinics, and leaving more than 700 people without a job.

**The Center Square May 16, 2023**

## CONNECTICUT //

**Connecticut lawmakers approve legislation that is aimed at bringing help to people living in food deserts.** About a half a million people live in neighborhoods without easy access to a grocery store, including 3,800 people in the rural parts of the state.

Supporters had pushed for a state Office of the Food Access Advocate, but that legislation was added to the state's budget bill. The provisions will provide tax breaks for certain grocery stores opening in underserved areas, and it will fund the hiring of a statewide food and nutrition analyst. The analyst would be responsible for raising awareness of food insecurity in the state.

**CT Mirror June 8, 2023**

## ARIZONA //

**More than 3.3 million Arizonans live in Health Professionals Shortage Areas.** But University of Arizona's Area Health Education Center Program and six Regional Centers are working to improve access to quality health care in the state.

One of the newest Regional Centers, the American Indian Health AHEC Regional Center, works with the 22 federally recognized tribes in the state. The program works to improve access to quality health care, with an emphasis on primary and preventative care, by increasing the number of health professionals who want to serve rural underserved populations.

[healthsciences.arizona.edu](http://healthsciences.arizona.edu)  
May 25, 2023



DELAWARE //

**Delaware farmers now have a place to turn to help manage their stress.** Delaware Farm Bureau is offering mental health support thanks to a \$5,000 grant from the American Farm Bureau Federation. The outreach program will offer support for mental and physical health as part of the “Healthy Farmers Grow Healthy Crops” campaign.

Agriculture is the top industry in Delaware, contributing nearly \$8 billion to the state’s economy. The National Rural Health Association says the rate of suicide among farmers nationwide is three-and-a-half times higher than the general population.

why.org May 5, 2023



FLORIDA //

**At the University of Florida, annual dental checkups are essential to overall health.** In Florida, about six million people live in what’s called a dental desert, an area without enough dentists to care for the population. Among Florida’s 67 counties, only one has enough dentists to treat all patients, nine counties have less than three dentists, and one, Lafayette County, doesn’t have any dentists.

The Florida Dental Association says recruiting dentists to rural communities is a challenge. The organization is now lobbying state lawmakers for programs to encourage dentists to care for underserved communities, including an offer of \$50,000 a year in student loan relief in exchange for working in areas without enough dentist care.

Tampa Bay Times May 1, 2023

## GEORGIA //

**A partnership between the University of Georgia (UGA) and rural churches** is helping bring health care resources to communities in need. Thanks to a USDA grant in 2020, the Fishers of Men project started. It's a partnership that includes more than 20 different churches and a team from UGA.

The group has teamed up with several rural churches to create telehealth hubs with the support from the UGA Archway Partnership. These hubs will have devices such as scales and computers to facilitate medical appointments and educational seminars on health and managing chronic conditions. Thanks to a grant of nearly \$400,000 from the Georgia Department of Public Health, the program is now launching the CDC's Diabetes Prevention Program.

**UGA Today May 25, 2023**

## ILLINOIS //

**First year medical school students at one Illinois school are getting a taste of rural life** through a program called "FarmDocs", which is a collaboration between the Carle Illinois School of Medicine in Urbana and the Champaign County Farm Bureau.

For the last two years, students have taking field trips to check out area livestock and grain farms and to learn about the issues facing farmers and ranchers. Students choose among certain topics including farm safety, farm health, delivery of health care in a rural setting where the emergency room or primary care doctor's office are miles away, and specific stresses in the farming community and how to deal with them. At the end of five weeks, they were asked to present their discussions and solutions.

**myjournalcourier.com  
April 23, 2023**

## IOWA //

**The suicide rate among farmers is 3.5 times higher than that of the general population.** New legislation introduced in May by U.S. Senators Tammy Baldwin (D-WI) and Joni Ernst (R-IA) aims to address the mental health crisis by expanding critical mental health support and resources.

The bill would reauthorize the Farm and Ranch Stress Assistance Network (FRSAN), which helps connect farmers, ranchers, and other agriculture workers to assistance programs and resources. Through funding from the program, state departments of agriculture, state extension services, and non-profits could establish helplines, provide suicide prevention training for farm advocates, and create support groups.

**www.baldwin.senate.gov  
May 18, 2023**

## IDAHO //

**Expectant mothers in two Idaho towns will have to travel at least 50 miles for labor and delivery care** after their local hospital eliminated its obstetrics department.

Bonner General Hospital in Sandpoint and Valor Health in Emmett blamed the state's political climate as a major reason for the closures. The climate is also forcing OB-GYNs in other Idaho cities to leave the state as well.

**modernhealthcare.com  
May 4, 2023**

## INDIANA //

**Mobile integrated health programs are growing in rural Indiana. A new program in Monticello recently launched thanks to \$250,000** grant from the Indiana Department of Health. It aims to reduce hospital readmissions by checking in on patients to assess their needs and connecting them to other resources.

More than half of the state has some kind of mobile integrated health, which is a patient-centered model of care which caters to the patient in their own home with a travelling unit or by telehealth.

**indianacapitalchronicle.com  
June 6, 2023**





## KANSAS //

**The Center for Clinical Research (CCR) at the University of Kansas School of Medicine-Wichita is working to bring more research projects to rural Kansans.**

Researchers are looking for new ways to include more rural residents in clinical trials. This includes telehealth, telephone, and even the U.S. mail.

The CCR is conducting studies on a number of topics including Alzheimer's disease, treatment-resistant depression, and COVID prevention and treatment. Researchers say environmental factors are different for folks living in rural areas compared to those in urban and suburban areas.

**University of Kansas Medical Center News May 4, 2023**

## KENTUCKY //

**People living in Eastern Kentucky in need of prenatal care, help with a substance abuse problem, or other health issues now have a new place to turn.**

"Beacons of Hope" is a new facility that offers temporary housing for women who are struggling to kick substance use. The program is an extension of Primary Care Centers of Eastern Kentucky (PCCEK), which is a rural health clinic.

While PCCEK offers primary and preventative care, it also provides a range of other services not usually found at rural health clinics, including dentistry, behavioral health services, a pharmacy, and hospice care. As for fees, patients pay for services on a slide scale.

**dailyonder.com May 17, 2023**

## MAINE //

**Newly introduced federal legislation would make sure all communities have access to adequate emergency medical services.** U.S. Senators Susan Collins (R-ME) and Catherine Cortez-Masto (D-NV) introduced The Protecting Access to Ground Ambulance Medical Services Act. The bill, if passed, would require Medicare to properly reimburse all EMS providers for the costs of providing emergency services, while also making sure existing EMT services, particularly in more rural locations, remain operational, with sufficient staff and supplies

**[www.collins.senate.gov](http://www.collins.senate.gov)  
May 19, 2023**

## MICHIGAN //

**Central Michigan University wants to make sure rural Michigan residents have quality health services.** In June, CMU announced it's creating the CMU Rural Health Equity Institute. The Institute will work with rural communities to improve access to services, telehealth, and promote well-being and quality of life.

Just like most of the U.S., people in Michigan's 57 rural counties cannot access care in their communities because there's not enough providers and the hospitals are closed.

**Central Michigan University  
May 30, 2023**

## MINNESOTA //

**A hospital in St. Paul is teaming up with the University of Minnesota to train rural nurses on how to help sexual assault victims.** The new residency program, which is federally funded, gives sexual assault nurse examiners or SANES more practical skills and more chances to experience screening assault victims. They learn the questions to ask to get more information from the traumatized victim.

The program at Regions Hospital started the program last year after it dawned on her urban trauma hospitals treat many more sexual assault victims than rural hospitals. One participant says she may treat a dozen victims in her rural ER, but saw four in just a week in St. Paul.

**Star Tribune April 28, 2023**

## MISSISSIPPI //

**Mississippi's rural hospitals are in at risk of closure,** including 20 hospitals at risk for immediate closure. In total, a quarter of all rural hospitals in the state could close within three years. That's the findings of the latest report from the Center for Healthcare Quality and Payment Reform.

The Center says more than half of the state's rural hospitals are losing money serving patients, with low payments from health insurance companies are to blame for much of the situation.

**mississippitoday.org  
April 25, 2023**

## MISSOURI //

**The state is easing the training requirements for nursing aides in an effort to ease the nursing shortage** in Missouri hospitals. Unlicensed aides now have 180 days to complete a training program. That's up from the previous 90-day requirement. The new rule will run through the end of this year.

The rule change could have an impact on the state's rural areas, where a recent report found that there are 80 nurses per 10,000 residents in rural counties, compared with 166 nurses per 10,000 residents in metropolitan counties.

**St. Louis Post-Dispatch  
May 24, 2023**

## MONTANA //

**Montana State University's Mark and Robyn Jones College of Nursing is teaming with nursing schools** in several Western states to help create a clinical nursing faculty and preceptor academy (CFPA). MSU and the school's Montana Office of Rural Health/AHEC will oversee the \$4 million federal grant for the project.

The Nurse Education, Practice, Quality and Retention Program - Clinical Faculty and Preceptor Academies project covers HSS Region 8, Montana, Colorado, North Dakota, South Dakota, Utah and Wyoming. A team of representatives from each school will create and implement curriculum to train current nursing professionals to be preceptors. They will be trained in clinical education methods for nursing students, with the aim of improving the nursing shortage in the area.

**University of Colorado College of Nursing  
June 1, 2023**



NEBRASKA //

**People in Nebraska are seeing more signs of just what makes rural health care** in the state so important. It's all part of a new campaign from the Nebraska Hospital Association and Nebraska Rural Health Association called "I Love Rural Health."

The campaign is spotlighting rural Nebraskans' personal stories that feature hospitals, clinics, healthcare providers, and other patients. So far, 40 communities and 13 rural-focused partnerships have benefited through the campaign.

**KSNB-TV May 24, 2023**

NEVADA //

**A health care clinic in rural Nevada is ending its rural family medicine training program** in July, making a provider shortage even worse for the people. Financial struggles, lack of support, and a lack of health care investment in the area are among the reasons the leaders of Northeastern Nevada Regional Hospital give for their decision.

It's not just Nevada. A recent study shows that nearly one-third of the nation has trouble accessing primary care, and the physician shortage is even worse in rural areas. Researchers say the lack of physicians is one reason people in rural communities have worse health outcomes than people in urban areas.

**kffhealthnews.org April 11, 2023**

TEXAS //

**Diabetes is a top reason why many people in rural Texas don't live as long previous generations.** In fact, 37 million Americans (11%) have diabetes, and it's even a bigger problem in rural parts of the country. While about six percent have Type 1 diabetes, the vast majority have type 2 diabetes, which is linked to poor diet and lack of activity.

Many of the barriers that keep folks from seeing a health care professional range from transportation, costs, and immigration status. To help with the transportation in rural South Texas, visiting nurses come to the patients thanks to a mobile unit from UTHealth Rio Grande Valley.

Experts say prevention is key, so the South Texas Juvenile Diabetes Association has opened a specialized food pantry, complete with a community garden, so residents can have easier access to fresh fruits and vegetables.

**www.pbs.org/newshour April 20, 2023**

WISCONSIN //

**Removing a child from their home because of abuse or neglect is one of the most disruptive and life-altering events a child can experience.** In northeastern Wisconsin, it is happening much more to Native American children than children from other ethnic groups. New statistics show Native children account for almost 11% of kids removed from their homes, while accounting for 2% of Wisconsin's child population.

**www.postcrescent.com June 1, 2023**

WEST VIRGINIA //

**Nearly two-thirds of areas dealing with a shortage of primary care providers are in rural communities.** But 99% of medical residency programs are not in rural places and doctors are more likely to work where they trained.

At West Virginia University, the rural medicine program recruits students and trains them in rural hospitals in an attempt to address shortages.

**www.pbs.org/newshour April 26, 2023**

WYOMING //

**A new digital "empowerment" center is now open in southwestern Wyoming** that offers internet services to one of the most rural parts of the country. The Empowerment Center is a free service in Torrington also allows people to learn basic digital skills. It also provides a video conferencing area so people can sign up for telehealth appointments.

Residents who meet the requirements can sign up for the Affordable Connectivity Program, a federal program that helps families afford broadband they need for work, school, or healthcare.

**Daily Yonder January 19, 2023**



# RHQ CONFERENCE CALENDAR

Check out our list of rural health conferences, and let us know if you're hosting one so we can help spread the word. Email us at [RHQ@ttuhsc.edu](mailto:RHQ@ttuhsc.edu).

## **2023 Annual 340B Coalition Summer Conference**

July 10 - 12, National Harbor, MD  
Gaylord National Hotel and Convention Center

## **2023 Annual NACCHO Conference**

July 10 - 13, Denver, CO  
Sheraton Denver Downtown Hotel

## **2023 AHA Leadership Summit**

July 16 - 18, Seattle, WA

## **48th Annual USAgging Conference & Tradeshow**

July 16 - 19, Salt Lake City, UT  
Hyatt Regency Salt Lake City

## **2023 Telehealth at the Crossroads Conference**

July 27, Lubbock, TX  
Texas Tech University Health Sciences Center

## **2023 Annual NACo Conference**

July 21 - 24, Austin, TX  
Austin Convention Center

## **2023 NTCA Summer Symposium**

July 23 - 26, Ponte Verde Beach, FL  
Sawgrass Marriott Golf Resort & Spa

## **2023 California Rural Health Conference**

July 24 - 26, Folsom, CA  
Lake Natoma Inn

## **2023 Bi-Annual International Rural Nursing Conference**

July 26 - 28, Johnson City, TN  
Carnegie Hotel

## **48th Annual National Institute for Social Work and Human Services in Rural Areas Conference**

July 27 - 28, Hays, KS  
Fort Hays State University Memorial Union

## **2023 Annual NALBOH Conference**

July 31 - August 2, Tacoma, WA  
Hotel Murano

## **2023 Annual USET Best Practices Conference**

August 1 - 3, Nashville, TN  
Sonesta Nashville Airport Hotel



## **2023 Ohio Rural Health Conference**

August 3 - 4, Ada, OH  
Raabe College of Pharmacy  
Ohio Northern University

## **2023 Missouri Rural Health Association Conference**

August 8 - 9, Camdenton, MO  
Lodge at Old Kinderhook

## **34th Annual Illinois Rural Health Association Educational Conference**

August 9 - 10, Champaign, IL  
I-Hotel

## **2023 Annual National Rural ITS Conference**

August 13 - 16, Portland, OR  
Oregon Convention Center

## **36th Annual State Health Policy Conference**

August 14 - 16, Boston, MA  
Boston Marriott Copley Place

## **2023 Rocky Mountain Tribal Leaders Council Public Health Conference**

August 15 - 16, Billings, MT  
DoubleTree by Hilton Hotel

## **2023 Annual National Prevention Network Conference**

August 15 - 17, Birmingham, AL  
Birmingham Jefferson Convention Complex

## **2023 VCOM National Rural Medicine Conference**

August 24 - 26, Nashville, TN

Grand Hyatt Nashville

## **2023 Indiana Rural Health Association Fall Forum**

Sept. 12, Indianapolis, IN  
Ivy Tech Culinary and Conference Center

## **2023 Annual 3RNET Conference**

Sept. 12 - 14, Catoosa, OK  
Hard Rock Hotel & Casino Tulsa

## **2023 MetaECHO Conference**

Sept. 18 - 21, Albuquerque, NM

## **2023 Annual EMS World Expo Conference**

Sept. 18 - 22, New Orleans, LA  
Ernest N. Morial Convention Center

## **50th Annual NARMH Conference**

Sept. 19 - 21, Pittsburgh, PA  
Sheraton Pittsburgh Hotel at Station Square

## **2023 NTCA Fall Conference**

Sept. 24 - 27, Boston, MA  
Marriott Copley Place and Sheraton Boston

## **2023 National Transportation in Indian Country Conference**

Sept. 24 - 28, Anchorage, AK  
Dena'ina Center

## **24th Biennial NICOA American Indian Elders Conference**

Sept. 25 - 29, Cherokee, NC  
Harrah's Cherokee Casino Resort



**21st Rural Health Clinic Conference**  
Sept. 26 - 27, Kansas City, MO  
Sheraton Kansas City Hotel at Crown Center

**22nd Critical Access Hospital Conference**  
Sept. 27 - 29, Kansas City, MO  
Sheraton Kansas City Hotel at Crown Center

**2023 NHPCO Annual Leadership Conference**  
Oct. 2 - 4, Little Rock, AR  
Statehouse Convention Center

**2023 Colorado Rural Health Conference**  
Oct. 4 - 6, Aurora, CO

**2023 NAADAC Annual Conference**  
Oct. 6 - 11, Denver, CO  
Gaylord Rockies Resort & Convention Center

**40th Annual Oregon Rural Health Conference**  
Oct. 11 - 13, Sunriver, OR  
Sunriver Resort

**2023 Annual National Association for Home Care and Hospice Conference and Expo**  
Oct. 15 - 17, National Harbor, MD  
Gaylord National Harbor

**2023 Annual Grantmakers in Aging Conference**  
Oct. 17 - 20, Austin, TX

**2023 Maryland Rural Health Conference**  
Oct. 22 - 24, Ocean City, MD  
Princess Royale Oceanfront Resort

**2023 Annual National Association of Community Health Centers Conference & Expo**  
Oct. 24 - 25, Las Vegas, NV  
Paris Las Vegas Hotel & Casino

**2023 National HAC Rural Housing Conference**  
Oct. 24 - 27, Washington, D.C.  
Capitol Hilton

**2023 National Conference on EMS**  
Nov. 2 - 4, Atlantic City, NJ  
Harrah's Waterfront Conference Center

**2023 Annual New England Rural Health Conference**  
Nov. 8 - 9, Killington, VT  
Killington Grand Resort Hotel

**2023 Annual Rural Health Association of Utah Conference**  
Nov. 9, St. George, UT  
Dixie Convention Center

**2023 Annual Rural Health Voice Conference**  
Nov. 15 - 16, Blacksburg, VA  
The Inn at Virginia Tech & Skelton Conference Center

**26th Annual South Carolina Rural Health Conference**  
Nov. 15 - 17, Hilton Head Island, SC

**2023 Annual Tennessee Rural Health Association Conference**  
Nov. 15 - 17, Knoxville, TN  
Marriott-Downtown Knoxville

**2023 Annual West Virginia Rural Health Conference**  
Nov. 15 - 17, Wheeling, WV  
Oglebay Resort

**2023 Annual National Healthcare Coalition Preparedness Conference**  
Nov. 28 - 30, Las Vegas, NV  
Paris Las Vegas Hotel & Casino

**2023 Annual Conference on Advancing School Mental Health**  
Dec. 5 - 7, New Orleans, LA  
Marriott ●

## Rural Conference Highlight



TELEHEALTH AT THE  
**CROSSROADS**  
CONFERENCE  
2023 • LUBBOCK, TX

**2023 Telehealth at the Crossroads Conference**  
July 27, Lubbock, TX  
Texas Tech University Health Sciences Center  
[texlatrc.org](http://texlatrc.org)

# TELEHEALTH BROADBAND PILOT PROJECT

The **Telehealth Broadband Pilot Program** is a grant-funded initiative to measure broadband performance and Internet availability in Texas, with an emphasis on evaluating how connectivity affects telemedicine access.

**96 PODs**  
have been deployed in 6 counties

**392,697**  
speed tests completed in Texas

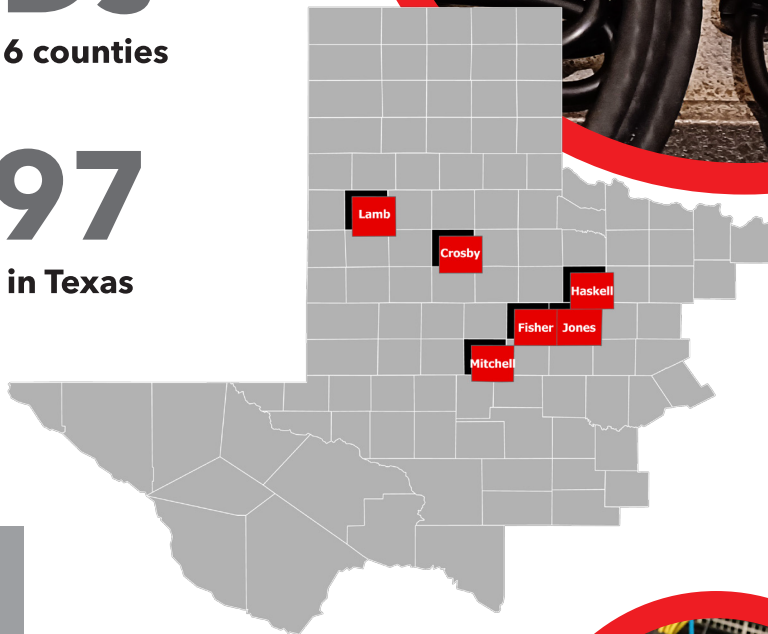
The goal of the project is to collect accurate data to support future broadband deployment efforts.

Scan for more information or to learn how you can help.



Visit online:  
[www.ttuhscc.edu/rural-health/tbp.aspx](http://www.ttuhscc.edu/rural-health/tbp.aspx)

This project is funded through Health Resources and Services Administration grant number GA5RH40183, awarded to the Alaska Native Tribal Health Consortium. Texas Tech University Health Sciences Center is one of three sub-awardees supporting this grant.



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™

F. Marie Hall Institute for  
Rural and Community Health



Become a  
**COMMUNITY  
HEALTH WORKER**

Now enrolling for the  
**2023/2024 School Year**  
Online Course



## Bridge to Excellence CHW Workforce Development

## Register Now for FALL 2023!

Program is certified by the Texas Department of State Health Services (DSHS) and provides **160 contact hours towards certification.**



Participants will learn the basic **eight core competencies of a community health worker** and applications of these competencies in a community and healthcare Environment.



CHW's will acquire skills in outreach, patient navigation, follow-up services, community health education, informal counseling, social support, advocacy, and participation in clinical research.



## Who can become a Community Health Worker?

- Someone who wants to make a difference in their community
- Must be at least 18 years old
- Texas resident

### REGISTRATION INFORMATION

- To register, visit: [tinyurl.com/yj4mm2d5](https://tinyurl.com/yj4mm2d5)
- \$500 per Participant
  - Discounts available to employers training multiple employees
  - **Applications will open July 8, 2023**



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