RURAL AND FRONTIER HEALTH DIVISION (2009)

Accomplishments:

(Office of Rural Health)

- Conducted analysis, built report, and won HRSA approval of Governor's HPSA designation; opens door for more RHC applicants, improved access to primary care, and increased reimbursement
- Developed report on "Wyoming's Primary Care Provider Workforce" for WDH Director
- Analyzed WHRN provider placements in regard to HPSAs and rural/frontier counties
- Developed staff expertise on Rural Health Clinics (RHC) and began providing technical assistance to current RHCs and those interested in applying for RHC designation
 - o Organized workshop on "Maximizing Reimbursement"
 - o Built mailing/email lists for getting information to Wyoming's RHCs to include training opportunities and newsletters of WYPCA and Colorado RHC Association
- Assisted South Lincoln Medical Center in converting to Critical Access Hospital status
- Participated with HRSA and others states in defining "frontier, rural, and remote" areas
- Hosted National Organization for State Offices of Rural Health (NOSORH) Region E conference and Workforce Summit in Laramie, WY
- Gave presentation on Wyoming ORH programs to NOSORH Region E Conference
- Provided technical assistance to Magnet grantees (CRMC and WMC)
- Collaborated with Wyoming Critical Access Hospital Network (WCAHN) members in project design for the Flex grant—transparency and field input key to solid grant proposal
- Completed training and successful transition to on-line application for HPSA designations and updates
- Hosted Rural Health Works training for partner agencies (WHRN, WHA, WMS, WYPCA, UW) and other health care organizations; topics included analysis of economic impact health policies have on rural America; community health engagement process; and health service profitability studies
- Used Rural Health Works methodology to assess primary care staffing needs by county
- Made presentation on "Access and Manpower" at Oral Health Summit in Cheyenne
- Collaborated with Mental Health and Substance Abuse Division to incorporate WDH campaigns into ORH grants/partnerships
- Built first-ever Office of Rural Health annual report
- Developed and merged comprehensive on-line database of loan repayment data from all previous grant cycles—will facilitate ready access to loan information and reports
- Provided information to Wyoming's congressional representatives on the Health Professional State Loan Repayment Tax Relief Act of 2009

- Began tracking Wyoming Healthcare Provider Loan Repayment Program (LRP) success by number of patient visits conducted by LRP awardees
- Conducted survey of 15 other states with state loan repayment programs regarding methodology, measuring success, etc.
- Collaborated with the National Rural Health Association's Grassroots project to enlist Senator Enzi's support for rural issues in federal health reform
- Formalized meeting structure with Wyoming Health Resources Network, Office of Rural Health, and Wyoming Primary Care Association (monthly meetings) to enhance collaboration/coordination on recruitment efforts
- Made presentation on Wyoming's ORH programs at NOSORH Annual Meeting and NOSORH Leadership Institute
- Began marketing and branding activities; have logo, LRP brochure completed, and working on several other documents
- Developed Wyoming's first-ever Underserved Areas Report (to include HPSA, MUA, MUP)
- Applied for and received Primary Care Office ARRA funds (\$31,000) to enhance National Health Service Corps activities state-wide
- Assisted Platte Valley Medical Clinic and Dr. Bartholomew in resolving application issues with CMS so critical Medicare reimbursement could begin
- Developed five year contract for federal Small Rural Hospital Improvement Program (SHIP)—reduces # of contracts from 75 to 15 and speeds up payment process
- Jeff Hopkins accepted to highly competitive Rural Voices Leadership and Policy Workshop sponsored by HRSA
- Sharla Allen graduated with inaugural class of NOSORH Leadership Institute
- Wyoming ORH nominated for NOSORH Award of Merit

(Community Services Programs)

- Established two new CSBG Tripartite Boards--local county boards that recommend activities, distribute funds, and oversee funded community programs
- Established one new ESG program--Park County's CSBG Tripartite Board has developed a program to assist homeless families
- Initiated CSBG ARRA Program; brought an additional \$5 million to local CSBG programs in the state
- Participated in Organ Donor promotional activities; took active roles in Cheyenne's "Day of Giving," Casper's "Casper Ghosts Donate Life Night" and Governor Freudenthal's "Donate Life Proclamation" events
- Rewrote rules for End-Stage Renal Disease program
- Conducted on-site visits to state-wide Dialysis Centers and organ donor partners; visited County Treasurers, Motor Vehicle Division personnel, and Dialysis Center workers in

- Casper, Gillette, and Sheridan to enhance partnerships for ESRD and Wyoming Cares/Wyoming Shares programs
- Monitored local CSBG and ESG programs in 12 counties and Wind River Reservation; conducted on-site visits to CSBG Tripartite Boards and federally funded service providers in Natrona, Campbell, Sheridan, Big Horn, Washakie, Hot Springs, Fremont, Converse, Platte, Carbon, Albany, and Laramie counties and Wind River Indian Reservation
- Developed and enhanced Community Services Programs website as part of Rural and Frontier Health Division website; initiated program information for Community Services Block Grant (CSBG), Emergency Shelter Grant (ESG), End State Renal Disease (ESRD), and Wyoming Cares/Wyoming Shares (WCWS) programs
- Designed and implemented CSBG information reporting system for improved reporting from tripartite boards--simplifies and enhances reporting from local boards on expenditures and activities of over 100 local service providers
- Provided "Bridges Out of Poverty" seminars in six Wyoming communities--2-day workshops provided information to local service providers on how to better serve the low-income community
- Participated in two legislative hearings to discuss CSBG program—initially to meet federal requirement and later at request of legislative interim committee

(Multicultural Health)

- Planned and executed four meetings of Multicultural Health Advisory Council to strengthen community and state relationships and promote linkages for shared resource and utilization
- Completed guidelines for State Partnership Grant mini-grants and membership/responsibilities of the Multicultural Health Advisory Committee
- Completed second year implementation of State Partnership Grant and year-end report to federal Office of Minority Health
- Completed requirements and was awarded third year funding of State Partnership Grant
- Participated in State and Community Task Forces and Advisory Committees to raise awareness of health disparities in Wyoming and promote collaborations in services delivery
- Provided culturally appropriate speaker for Comprehensive Cancer Control Conference to address cancer in Native American populations
- Collaborated with Lander Community and state organizations for Holistic Approaches to Wellness Conference
- Collaborated with Cheyenne PEAK Wellness for Trauma Informed System of Care Conference in Cheyenne
- Participated in Koman Community Mapping Project to identify underserved and underutilized communities to develop project for outreach to these populations

- Provided funding for Wyoming Indian Needs Determination Survey of 1998 (WINDS 3) to obtain accurate picture Wind River Indian Reservation people and their needs (e.g. public transportation, health, job training, child care, social services, etc.
- Provided funding for Wyoming Institute for Disabilities (WIND), and Connect Wyoming Pathways Plus Project which serves as resource guide for providers and consumers
- Supported SBRIT training for Wind River Reservation and sponsored program developed by World Health Organization. This is a public health approach to deliver early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.
- Provided SPG mini-grant funding to Wyoming Migrant Health Program for health fairs in Powell and Worland, to identify and educate at-risk migrants and families and provide initial screening and referrals for preventive health care and nutrition services.
- Revised WOMH web page to expand web-links to include state and national resources and grant information for members and general public
- Organized MHAC Outreach and Education Committee task force to partner with Maternal and Child Health and Substance Abuse Division to strategize on how to prevent tobacco use during pregnancy.

(Vital Statistics)

- Completed development of death and divorce modules of VSS re-write; pilot testing of marriage and birth modules ongoing
- Advanced use of new VSS modules via group presentations, development of education/training materials, and video tutorials
- Issued certified copies of 52,981 certificates (births, deaths, marriages, divorces, and fetal deaths) for 11-month period (January November 2009)
- Collected total revenue of \$625,828 as of November 2009; \$264,905 for Wyoming's Children Trust Fund, and \$360,923 to General Fund
- Increased staff knowledge of fraud and identity theft prevention, workplace violence, and HIPAA privacy/security requirements
- Made operational adjustments to offset loss of two AWEC employees
 - o Increased turn-around times for certification and data requests
 - o Eliminated one-day emergency fax service
 - o Arranged necessary access to VSS data for agencies needing certain information
- Collaborated, researched, and provided data/reports to other departments/agencies; for example:
 - Medicaid SURS, swine flue epi surveillance, cancer surveillance, DFS, prescription drug abuse, pandemic emergency supplemental funding, occupational fatality rates, etc.
- Boosted staff morale via attendance at WDH events, spirit vest competition, and display of employee crafting talents at annual WDH picnic

- Completed policy instruction for background checks of new employees
- Collaborated with Epidemiology Working Group on improving data of epi significance
- Participated with WDH Common Client Index (CCI) committee on release/use of VSS data
- Provided occupational fatality data for joint study by Gov Office and NIOSH
- Built Vital Disaster Plan input for management of death recording under distressed conditions, limited field capabilities, or internet incapacitated

Ongoing Issues:

(Office of Rural Health)

- Promote benefits of Rural Health Clinic designation and increase applications
- Conduct survey for Wyoming Loan Repayment Program to gauge importance/influence on providers practicing in Wyoming; results will also help improve the program
- Complete application for State Office of Rural Health (SORH) grant
- Complete competitive application for Medicare Flexibility grant

(Community Services Programs)

- Develop and distribute web-based "Self Sufficiency Calculator" tool to help CSBG and ESG providers meet needs of low-income and homeless clients
- Update/improve marketing materials for organ donation and promote via local faith-based organizations, Day of Giving, and Casper Ghosts Donate Life activities
- Provide training for Tripartite Boards and service providers to improve operations, data collection, and state's report to Congress
- Increase state-wide use of Homeless Management Information System (HMIS) and Integrated Disbursement and Information System (IDIS) to improve ESG reporting
- Encourage counties without Tripartite Boards to establish them to increase local visibility, decisions, and control...versus the regional NOWCAP structure

(Multicultural Health)

- Increase staffing for Multicultural Health through AWEC contract in order to sustain minimum participation in project development, outreach, and health education for minority and underserved populations
- Overcome negative effects of staff reduction and turnover in Multicultural Health Advisory Council members to maintain federal program/funding support via State Partnership Grant

(Vital Statistics)

- Complete development/deployment of VSS system re-write
- Continue development of data system and collaboration with users; work with IT programmers for continued design, tests, pilots, documentation and training
- Prepare for implementation of Electronic Verification of Vital Events (EVVE)
- Build educational program for expectant females of School District No. 1; topics include completion of the Mother's Worksheet and the Paternity Affidavit to ensure parental rights and responsibilities are maintained in the event parents of newborn are unmarried

Sensitive Areas (Concerns):

(Office of Rural Health)

- Increased media interest in Loan Repayment Program and Physician Recruitment Grant funding (e.g. increased public interest, shortage/mal-distribution of providers)
- Unstable funding for Loan Repayment Program hampers consistent marketing efforts and recruitment of health care professionals

(Multicultural Health)

 Continued disapproval of federally funded AWEC limits staff ability to conduct and/or advance activities critical to reducing/eliminating health disparities among minority and underserved populations

(Community Services Programs)

- Need to maintain continuity in management of End-Stage Renal Disease (ESRD) and organ donation programs by extending AWEC contract expiring in June 2010
- Need for financial assistance for ESRD low-income clients will likely increase if benefits/funding are reduced for Medicare and Medicaid programs

(Vital Statistics)

- Need to maintain continuity by extending AWEC contract for statistician to provide technical expertise to meet federal reporting/metrics requirements for grants and contracts
- Security and fire protection deficiencies remain unresolved due to lack of funding
- Potential Legislature discussion of abortion data collection/reporting