The Rural Health Workforce Development Program was authorized under Section 330A(f) of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254(c)). The CFDA number for this program is 93.912. The President's 2010 Budget created the new “Improving Rural Health Care Initiative,” which will re-organize the way rural programs are currently administered to focus on building an evidence base for ways to improve health care in rural communities. Workforce and rural recruitment and retention are a critical component of the 2010 President's Rural Initiative. As part of the Initiative, the Office of Rural Health Policy (ORHP) created the Rural Health Workforce Development Program.

The purpose of the Rural Health Workforce Development Program is to support the development of rural health networks that focus on activities relating to the recruitment and retention of primary and allied health care providers in rural communities. This Program will provide support to established and sustainable rural health networks that can develop innovative community-based educational and clinical health training programs to encourage the recruitment and retention of emerging health professionals (students and residents) in rural communities to train and eventually practice.

As such, it is vital to develop these rural health networks so they and their programs may continue to thrive and increase the number of rural providers after Federal funding ceases. This can be accomplished by having networks develop from ongoing collaborative relationships between health care organizations and accredited health care workforce training organizations (institutions). These networks can emphasize using community-based training opportunities to interest students and/or residents in rural health practice. This can, in turn, help reduce recruitment costs, creating a potential revenue stream for continuing the network after Federal funding. Achieving the above will fundamentally lead to strengthening the rural health care delivery system. The program’s goals are the following:

1) Providing students and residents training opportunities and experiences within culturally competent, community focused rural settings, which will build and reinforce ties within these rural communities;

2) Improving the viability of the network partners by enhancing recruitment and retention of needed health care professionals within their rural communities;

3) Identifying innovative approaches for using a network model to train health care professionals in rural community-based clinical settings;

4) Providing an opportunity for students/residents to become involved in community activities so that they become engaged in the community; and/or

5) Establishing viable rural health networks within the community that can serve as an ongoing vehicle for addressing workforce challenges.

The program seeks to support a range of different approaches to community-based training and can include a focus either singularly or collectively on professions such as medicine, nursing, pharmacy and other allied health professions. Networks funded by this program can focus on a variety of different training activities including the development of a training program, providing stipends to support student/resident housing and transportation and the payment of a preceptor.
Alaska:
Kodiak Community Health Center

Colorado:
Plains Medical Center

Georgia:
Georgia Mountains Health Services, Inc.

Hawaii:
Bay Clinic, Inc.

Illinois:
Illinois Critical Access Hospital Network (ICAHN)

Kansas:
Hays Medical Center

Maine:
Stephens Memorial Hospital

Maryland:
Western Maryland AHEC

Minnesota:
Northeast Minnesota Area Health Education Center

Montana:
Montana Area Health Education Center/Montana State University
St. Lukes Community Hospital

Nebraska:
Rural Comprehensive Care Network

New Hampshire:

New Mexico:
Hidalgo Medical Services

Oklahoma:
Rural Health Projects, Inc.

South Dakota:
Yankton Rural Area Health Education Center

Tennessee:
Hickman Community Health Care Services, Inc.

Tennessee:
The Rural Partnership

Virginia:
St. Charles Health Council, Inc.

Washington:
Columbia Basin Health Association
### Rural Family Medicine CHC Clerkship
Kodiak Community Health Center
1911 East Rezanof Drive, Kodiak, Alaska 99615
Phone number: 907-481-5000
Fax number: 907-481-5030
www.Kodiakchc.com

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<tr>
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<tr>
<td>Program Type:</td>
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</table>
| Project Director: | Name: Brenda Friend  
Title: Health Center Director  
Email address: bfriend@kodiakchc.com |
| Project Period: | 2010-2013 |
| Expected funding level for each budget period: | Sept 2010 to Aug 2011: $131,859  
Sept 2011 to Aug 2012: $197,541  
Sept 2012 to Aug 2013: $199,613 |
| Grantee organization’s consortium/Network partners: | 1. Providence Kodiak Island Medical Center  
2. A.T. Still SOMA/NWPCA Regional Campus  
3. Iliuliuk Family Health Services  
4. Brother Francis Shelter  
5. Kodiak Senior Center |
| The communities/counties that the Workforce project serves: | Kodiak Island and Unalaska (Iliuliuk), Alaska |
| The target population served (type of trainees/students, residents) and disciplines: | Medical Students - Doctor of Osteopathic Medicine |
| Description of the Workforce project (to include types of trainings/community engagement projects/activities for students): | The Rural Family Medicine CHC Clerkship program seeks to increase access to primary health care and disease prevention in two rural, underserved areas through training, recruitment and retention of highly qualified healthcare providers.  
Clerkship rotations will be coordinated between two rural sites: Kodiak Community Health Center (Kodiak Island, AK) and Iliuliuk Family Health Center (Unalaska, AK).  
Medical Students will be assigned a variety of patients as determined by Dr. William Arnold, MD, KCHC Clerkship Lead. Through their clerkship experience, students will: |
| ORHP Contact: Title: | |

- gain an appreciation of the rural osteopathic family physician’s role;  
- gain an understanding of family system concepts;  
- gain skills and knowledge in performing procedures commonly done in the office of a rural osteopathic physician;  
- learn to effectively communicate with patients;  
- learn to better respond to moral/ethical aspects of patient care;  
- learn skills of self evaluation and self-directed learning  
- improve osteopathic manipulation skills;
Rural Family Medicine CHC Clerkship
Kodiak Community Health Center
1911 East Rezanof Drive, Kodiak, Alaska 99615
Phone number: 907-481-5000
Fax number: 907-481-5030
www.Kodiakchc.com

- become proficient in presenting patients in verbal and written formats;
- effectively utilize community resources in developing medical care plans;
- describe barriers to patient compliance;
- and utilize videoconferencing for distance learning and telemedicine techniques.

Among participating students, community outreach will provide an opportunity for students to:

- participate with KCHC staff in outreach activities at the Brother Francis Shelter, Kodiak Senior Center, local canneries, local health fairs, and staff in-services.
- create a public health message through the radio and newspaper where the uninsured and underserved can learn where to find and access health care services.

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<tr>
<th>Technical Assistance Provider:</th>
<th>John Butts</th>
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<tr>
<td><strong>Address:</strong> Georgia Health Policy Center</td>
<td>14 Marietta Street, NW, Suite 221</td>
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<tr>
<td>Atlanta, GA 30303</td>
<td>404-413-0314</td>
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<tr>
<td><strong>Telephone:</strong></td>
<td>Email: <a href="mailto:JButts@gsu.edu">JButts@gsu.edu</a></td>
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Plains Medical Center  
820 1st Street, Limon, CO 80828  
Phone number: 719-775-2367  
Fax number: 719-775-8626  
www.plainsmedicalcenter.org

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<tr>
<th>Grant Number:</th>
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<tr>
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</tbody>
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| Project Director: | Name: Bill Lyons  
Title: Development Director/Interim Network Director  
Email address: blyons@pmchc.org |
| Project Period: | 2010-2013 |
| Expected funding level for each budget period: | Sept 2010 to Aug 2011: $200,000  
Sept 2011 to Aug 2012: $200,000  
Sept 2012 to Aug 2013: $200,000 |
| Grantee organization's consortium/Network partners: | 1. Central AHEC  
2. Centennial AHEC  
3. Lincoln Community Hospital  
4. Morgan Community Hospital |
| The communities/counties that the Workforce project serves: | Elbert, Adams, Arapahoe, Lincoln, Kit Carson |
| The target population served (type of trainees [students, residents] and disciplines): | Medical Assistants, Dental Assistants, LPNs/RNs |
| Description of the Workforce project (to include types of trainings/community engagement projects/activities for students): | The initial focus of Eastern Colorado Health Occupations (ECHO) is to create a sustainable network to advance workforce development efforts over an expansive rural/frontier region. Coordination of didactic and clinical training for Medical Assistants is being developed between PMC, the community hospital, local nursing homes and Morgan Community College. Curriculum development for a Dental Assistant program is being explored as well. Community engagement opportunities are being identified with the local high schools and offices of economic development. Two AHECs are network members and assist with coordination of ECHO activities and other healthcare workforce initiatives in the region. ECHO also works closely with Colorado Rural Health Center – the State Office of Rural Health to identify training and engagement opportunities. Clinical training site will include four clinics operated by PMC, Lincoln Community Hospital and Nursing Home. ECHO is also exploring opportunities to partner with Rural Health Centers in the region. |
| ORHP Contact: | |
| Technical Assistance Provider: | Catherine Liemohn  
Address: Georgia Health Policy Center  
14 Marietta Street, NW, Suite 221  
Atlanta, GA 30303  
Telephone: 770-641-9940  
Email: liemohn@bellsouth.net |
**North Georgia Rural Health Workforce Development Network**

*Georgia Mountains Health Services, Inc.*  
P.O. Box 540 Morganton, Georgia 30560  
Phone number: 706-374-3100  
Fax number: 706-374-7628

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<tr>
<td>Program Type:</td>
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<tr>
<td>Project Director:</td>
<td>Name: Steven Miracle</td>
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<tr>
<td></td>
<td>Title: CEO</td>
</tr>
<tr>
<td></td>
<td>Email address: <a href="mailto:SMiracle@gamtnhealth.org">SMiracle@gamtnhealth.org</a></td>
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<tr>
<td>Project Period:</td>
<td>2010-2013</td>
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<tr>
<td>Expected funding level for each budget period:</td>
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  Sept 2010 to Aug 2011: $200,000  
  Sept 2011 to Aug 2012: $200,000  
  Sept 2012 to Aug 2013: $200,000 |
| Grantee organization’s consortium/Network partners: |  
  1. Primary Health Care Center  
  2. Georgia Association for Primary Care  
  3. Philadelphia College of Osteopathy  
  4. Georgia Mountains Health |
| The communities/counties that the Workforce project serves: | Chattooga, Dade, Walker, Fannin, Murray, Gilmer Counties in Georgia |
| The target population served (type of trainees [students, residents] and disciplines): | Medical and Nurse Practitioner Students |
| Description of the Workforce project (to include types of trainings/community engagement projects/activities for students): | Georgia Mountains Health Services, Inc. (GMHS), in cooperation with Primary Health Care Center, Inc. (PHCC), the Georgia Association for Primary Health Care (GAPHC), and the Philadelphia College of Osteopathic Medicine, is developing a sustainable rural health network in the Appalachian Region of Northern Georgia. The primary function of the network will be to develop (and sustain) an innovative community-based educational and clinical training program that will encourage the recruitment and retention of emerging health professionals (i.e., Primary Care Medical Students and Nurse Practitioner students) in Chattooga, Dade, Walker, Murray, Fannin, and Gilmer County, GA. |
| ORHP Contact:          | Chattooga, Dade, Fannin, and Gilmer Counties, Georgia are Federally Designated Rural Counties and significantly underserved (with a multitude of HPSA/MUA designations). Chattooga County has a Low Income Population Group Primary Care HPSA (14), a Low Income Population Group Dental HPSA (8), a Geographical Area Mental Health HPSA (12), and a Single County MUA (59.70). Dade County has a CHC Primary Care HPSA (7), a CHC Dental HPSA (14), a Geographical Area Mental Health HPSA (12), a CHC Mental Health HPSA (8), and a Single County MUA (62.00). Fannin County has a CHC Primary Care HPSA (4), a CHC Dental HPSA (9), a Geographical Area Mental Health HPSA (12), a CHC Mental Health HPSA (11), and |
a Single County MUA (53.20). Gilmer County has a Geographical Mental Health HPSA (12) and a Single County MUA (47.50). In addition to HPSA/MUA status, the service area has a large low-income population, a significant uninsured population, rising unemployment, low educational attainment, and poor health status indicators. There are many barriers affecting the ability of organizations in rural areas to recruit and, subsequently, retain quality health care providers. Recruiting, from an organizational standpoint, is very expensive. Organizations serving the rural, low-income are remarkably under-funded. These same organizations, operating with limited funds, offer limited services, limited educational opportunities (for staff/providers), and few opportunities for peer interaction and exchange (for health care providers). Studies, however, suggest that individuals with ties to rural areas (i.e., through birth and/or educational experiences) are more likely to live (and work) in rural areas.

Through this project, Primary Care Medical Students (in years 2 & 3) and Nurse Practitioner students (in year 3) will have an opportunity to work with a preceptor/mentor in a rural setting (at a GMHS and/or PHCC service delivery location). Students will be introduced, through the experience, to the challenges and fulfillment/satisfaction of working in a rural community.

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<td>Telephone:</td>
<td>404-413-0314</td>
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<td>Email:</td>
<td><a href="mailto:SWillocks@gsu.edu">SWillocks@gsu.edu</a></td>
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### Rural Hawaii Health Care Workforce Development Network

**Bay Clinic Inc.**

224 Haili St Hilo, HI 96720  
Phone number: 808-961-4080  
Fax number: 808-961-5678  
[www.bayclinic.org](http://www.bayclinic.org)

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<tr>
<th>Grant Number:</th>
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<tbody>
<tr>
<td>Program Type:</td>
<td>Workforce Development</td>
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</tbody>
</table>
| Project Director: | Name: Monica Adams  
Title: Network Director  
Email address: madams@bayclinic.org |
| Project Period: | 2010-2013 |
| Expected funding level for each budget period: | Sept 2010 to Aug 2011: $200,000.00  
Sept 2011 to Aug 2012: $200,000.00  
Sept 2012 to Aug 2013: $200,000.00 |
| Grantee organization’s consortium/Network partners: | 1. Hilo Medical Center  
2. University of Hawaii, Hilo, College of Pharmacy |
| The communities/counties that the Workforce project serves: | East Hawaii Island community – Including but not limited to Hilo, Kea’au, and Pahoa |
| The target population served (type of trainees [students, residents] and disciplines): | Pharmacy students – (first year through fourth year) |
| Focus areas of grant program: | Improve patient access to comprehensive, high quality health care services.  
Increase professional schools of medicine in the community.  
Reduce the disease and economic burden of chronic conditions (diabetes and hypertension)  
Improve the health and quality of life for patients with chronic diseases (diabetes and hypertension).  
Increase patient adherence and participation in ongoing care. |
| Description of the Workforce project (to include types of trainings/community engagement projects/activities for students): | By incorporating college of pharmacy students into community clinics and the community hospital we will be able to improve community health and improve the professional education of each student by exposing them to the following activities, projects, and trainings:  
- Student participation in the provider/patient office encounter  
- Student participation in immunizations, blood pressure screening, blood glucose screening, and patients counseling  
- Student exposure to the profession relationship and communication between providers of different scopes of practice  
- Student presentations to professional staff and at community events  
By exposing these students to community health we hope to improve the students understanding of what it means to be a community health care provider in an
Rural Hawaii Health Care Workforce Development Network
Bay Clinic Inc.
224 Haili St Hilo, HI 96720
Phone number: 808-961-4080
Fax number: 808-961-5678
www.bayclinic.org

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<th>Technical Assistance Provider:</th>
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<td>Telephone:</td>
<td>404-413-0314</td>
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<tr>
<td>Email:</td>
<td><a href="mailto:BTyler@gsu.edu">BTyler@gsu.edu</a></td>
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underserved area. Students will have a firsthand opportunity to discover the magnitude of the impact that can be made in patients of the underserved area.
### Southeastern Illinois Rural Health Workforce Development Network

**Illinois Critical Access Hospital Network (ICAHN)**  
245 Backbone Road East Princeton, IL 61342-1447  
Phone number: 815 875-8652  
Fax number: 815 875-2990  

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<tr>
<th>Grant Number:</th>
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<tr>
<td>Program Type:</td>
<td>Workforce Development</td>
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</table>
| Project Director: | Name: Pat Schou  
Email address: pscou@icahn.org |
| Project Period: | 2010-2013 |
| Expected funding level for each budget period: | Sept 2010 to Aug 2011: $200,000  
Sept 2011 to Aug 2012: $200,000  
Sept 2012 to Aug 2013: $200,000 |
| Grantee organization’s consortium/Network partners: |  
1. Illinois Critical Access Hospital Network (ICAHN) - Princeton, Illinois  
2. Hamilton Memorial Hospital - McLeansboro, Illinois  
3. Fairfield Memorial Hospital - Fairfield, Illinois  
4. Lawrence County Public Health Department - Lawrenceville, Illinois  
6. Frontier Community College - Fairfield, Illinois  
7. National Center for Rural Health Professions, University of Illinois Health Sciences Campus - Rockford, Illinois  
8. Northern Illinois University, College of Health and Human Sciences - DeKalb, Illinois (consultant)  
| The communities/counties that the Workforce project serves: | Clark, Crawford, Cumberland, Edwards, Gallatin, Hamilton, Jasper, Lawrence, Richland, Saline, Wabash, Wayne, White |
| The target population served (type of trainees [students, residents] and disciplines): | Rural youth (elementary, middle school and high school level) and health professions students at the bachelor, master and professional level |
| Description of the Workforce project (to include types of trainings/community engagement projects/activities for students): | Vision Statement of the Southeastern Illinois Rural Health Workforce Development Network:  
To sustain a network that creates, facilitates and evaluates health career awareness and opportunities to grow and retain a workforce to meet the health care needs of southeast Illinois.  

The purpose of the program is to support the development of rural health networks that focus on activities relating to recruitment and retention of primary and allied healthcare providers in rural communities. Through this grant, rural communities will take a regional approach and have the opportunity to create a model to increase awareness, identify, train, and retain ‘homegrown’ health professionals that will help ease the shortage of health professionals in southeastern Illinois.  

The Network will focus on the development of community-based training and learning |
Southeastern Illinois Rural Health Workforce Development Network

Illinois Critical Access Hospital Network (ICAHN)
245 Backbone Road East Princeton, IL 61342-1447
Phone number: 815 875-8652
Fax number: 815 875-2990
http://www.icahn.org/correct.php?category=index

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<td><a href="mailto:SWillocks@gsu.edu">SWillocks@gsu.edu</a></td>
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experiences, emphasizing local needs and taking a grassroots approach to creating sustainable resources for meeting the health professions needs in the region. Specific activities will include 4-H Health Jams, health careers camps, health professions clubs at the college level, health careers fairs, and interdisciplinary education. A unique feature of the program will be setting up extended training experiences for University of Illinois medical and pharmacy students in the region.
Grant Number: G98RH19705-01
Program Type: Workforce Development
Project Director:
Name: Terry Siek
Title: Chief Nursing Officer
Email address: terry.siek@haysmed.com
Project Period: 2010-2013
Expected funding level for each budget period:
- Sept 2010 to Aug 2011: $200,000
- Sept 2011 to Aug 2012: $200,000
- Sept 2012 to Aug 2013: $200,000
Grantee organization’s consortium/Network partners:
1. Hays Medical Center
2. Northwest Kansas Health Alliance
The communities/counties that the Workforce project serves:
Atwood, Colby, Dighton, Hill City, Hoisington, Hoxie, Kinsley, LaCrosse, Ness City, Norton, Oakley, Plainville, Ransom, Russell, Smith Center, St. Francis, WaKeeney, Larned
The target population served (type of trainees [students, residents] and disciplines):
RN Nurse Residents
Description of the Workforce project (to include types of trainings/community engagement projects/activities for students):
Hays Medical Center (HMC) is the supporting hospital for one of the largest Rural Health Networks in the United States, the Northwest Kansas Health Alliance. HMC is applying on behalf of the network, which serves twenty-three Critical Access Hospitals in Kansas. The purpose of the Rural Health Workforce Development Program is to create a Rural Northwest Kansas RN Residency Program, tailored to the specific needs of Critical Access Hospitals. As a result of the project, RNs will be recruited and retained at Critical Access Hospitals, and the quality of patient care will improve.

The rural service area encompasses 23 Kansas counties, 20,518 square miles, and 133,997 people. This equates to 6.5 persons per square mile, which is fewer than Kansas (32.9) and the United States (79.6). The Critical Access Hospitals in the region face many challenges and barriers to training, recruiting, and retaining health care professionals: distance to traditional health care training centers, a limited workforce pool from which to recruit, clinical managers with multiple areas of responsibility, and limited time to focus upon new employee orientation, mentoring and training. With small staffs and a single Director of Nursing, they continue to face all the same obstacles of larger health care facilities but with significantly fewer resources.

Compounding the issue of recruitment and retention for the Critical Access Hospitals is a shortage of RNs in the service area. Thirteen of the twenty-three counties have an
RN FTE per 100,000 population that is lower than the average for the state of Kansas. Additionally, the Kansas Department of Labor reports that RNs are the number one job vacancy across the state, showing 1,141 vacancies in the second quarter of 2009. During that same time period, Local Workforce Area I (the area where the majority of network counties are located) reported 231 RN vacancies.

The Rural Northwest Kansas Residency Program is a collaborative effort among Hays Medical Center, twenty-three Critical Access Hospitals, and the North Central Kansas Technical College, to address the shortage of RNs in the service area. The proposed twelve-week RN residency program focuses on the recruitment/retention of RNs in the medical field at rural Critical Access Hospitals. The region will benefit from the Rural RN Residency Program by improving the recruitment/retention efforts of the Critical Access Hospitals’ new graduate RNs; improving competencies and confidence of RN residents and improving overall quality of patient care; improving new graduate RN organizational commitment, so they (RNs) will be more likely to stay at the Critical Access Hospitals, which results in less turnover, a better continuum of care, and increased stability at the Critical Access Hospitals in the network.

Trainings include RN Rural Residency Program structure and Coach (Preceptor) training. Community involvement began with initial announcement of awarded grant and introduction of the RN Rural Residency Program Coordinator. RN Resident activities include, but are not limited to, didactic, psychomotor skills and simulation opportunities.

| Technical Assistance Provider: | Catherine Liemohn |
| Address: | Georgia Health Policy Center |
| 14 Marietta Street, NW, Suite 221 |
| Atlanta, GA 30303 |
| Telephone: | 770-641-9940 |
| Email: | liemohn@bellsouth.net |
Rural Longitudinal Integration Clerkship Network Implementation Project
Stephens Memorial Hospital
80 Main Street, Norway, ME 04268-5579
Phone number: 207-662-7060
Fax number: 207-662-7066

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<tr>
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<tr>
<td>Project Director:</td>
<td>Catharine M. Cadigan MD FACP</td>
</tr>
<tr>
<td>Name:</td>
<td>Catharine M. Cadigan MD FACP</td>
</tr>
<tr>
<td>Title:</td>
<td>Director of Longitudinal Integrated Curriculum</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:ccadigan@gmail.com">ccadigan@gmail.com</a></td>
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<tr>
<td>Project Period:</td>
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<tr>
<td>Expected funding level for each budget period:</td>
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<td>Sept 2012 to Aug 2013: $199,802.00</td>
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<tr>
<td>Grantee organization’s consortium/Network partners:</td>
<td>1. Midcoast Hospital, Brunswick</td>
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<td>2. St. Mary’s Hospital, Lewiston</td>
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<td>3. Franklin Memorial, Farmington</td>
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<tr>
<td>The communities/counties that the Workforce project serves:</td>
<td>Androscoggin, Franklin, Lincoln, Oxford, Sagadahoc Counties</td>
</tr>
<tr>
<td>The target population served (type of trainees [students, residents] and disciplines):</td>
<td>Maine Medical Center - Tufts University School of Medicine (MMC-TUSM) Maine Track Longitudinal Integrated Curriculum Students (3rd year students)</td>
</tr>
<tr>
<td>Description of the Workforce project (to include types of trainings/community engagement projects/activities for students):</td>
<td>The curriculum proposed for the MMC-TUSM 3rd year Rural Maine Track is a unique and innovative one, with oversight from the MMC-TUSM Department of Medical Education. Previously, the model has been a traditional approach with sequential block, team-based inpatient clerkships in core areas, with end of clerkship testing. National (and international) trends have been to make the third year more student, patient-, and community-centered, hence the Longitudinal Integrated Curriculum proposed for the incoming MMC-TUSM medical school program students. Third-year immersion in a health care rural, or community area, and completion of Core Competencies over the 9 months will be accomplished. In their 3rd year, these students live in a rural community for 9 months, have a primary preceptor at a local hospital, and follow their own panel of patients throughout the rotation. Contact with primary preceptors, specialty preceptors, subspecialists and teams of care, is creatively interwoven throughout their typical weeks. Patient contact occurs at multiple junctures of patient care: routine office visits, subspecialty evaluations, office- or hospital-based procedures, emergency care, etc. The learning is typically one-on-one, student and attending, and patient based. Students follow their patients to appointments, participate in procedures, engage in case conferences (tumor board), and participate in committees, medical staff meetings, and quality improvement programs. Assessment is parallel with the MMC-TUSM Block Students.</td>
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<tr>
<td>Technical Assistance Provider:</td>
<td>Beverly Tyler</td>
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Rural Longitudinal Integration Clerkship Network Implementation Project

Stephens Memorial Hospital
80 Main Street, Norway, ME 04268-5579
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<tr>
<th>Address:</th>
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<td>14 Marietta Street, NW, Suite 221</td>
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<td></td>
<td>Atlanta, GA  30303</td>
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<tr>
<td>Telephone:</td>
<td>404-413-0314</td>
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<tr>
<td>Email:</td>
<td><a href="mailto:BTyler@gsu.edu">BTyler@gsu.edu</a></td>
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<td>Grant Number:</td>
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<tr>
<td>Project Director:</td>
<td>Name: Susan K. Stewart</td>
</tr>
<tr>
<td></td>
<td>Title: Executive Director</td>
</tr>
<tr>
<td></td>
<td>Email address: <a href="mailto:sstewart@wmahec.com">sstewart@wmahec.com</a></td>
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<td>Project Period:</td>
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<td></td>
<td>Sept 2012 to Aug 2013: 200,000.00</td>
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<tr>
<td>Grantee organization's consortium/Network partners:</td>
<td>1. Garrett County Health Department</td>
</tr>
<tr>
<td></td>
<td>2. Garrett County Memorial Hospital</td>
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<tr>
<td></td>
<td>3. Mountain Laurel Medical Center</td>
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<td></td>
<td>4. Garrett Health Planning Council</td>
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<td>5. Tri-State Community Health Center</td>
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<td></td>
<td>6. Western Maryland Health System</td>
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<td></td>
<td>7. Allegany County Access to Care Workgroup</td>
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<td></td>
<td>8. University of Maryland School of Medicine Department of Family and Community Medicine</td>
</tr>
<tr>
<td></td>
<td>9. Maryland AHEC Program Office</td>
</tr>
<tr>
<td>The communities/counties that the Workforce project serves:</td>
<td>Garrett and Allegany Counties in Maryland</td>
</tr>
<tr>
<td>The target population served (type of trainees [students, residents] and disciplines):</td>
<td>Students and residents in Primary Care</td>
</tr>
<tr>
<td>Description of the Workforce project (to include types of trainings/community engagement projects/activities for students):</td>
<td>The Garrett-Allegany Health Workforce Development Network (GAHWDN) will benefit the community by initially increasing the number of mental health professionals, students, and medical residents in the disciplines of Family Medicine and Internal Medicine, who participate in clinical rotations and service learning projects in the region, ultimately increasing access to healthcare. The Network will design and implement innovative ideas to both enhance the recruitment of the pre-health professionals and to create community-based, engaging experiences for the students and residents during their rotations. GAHWDN supports the “Grow Your Own” model of recruitment and seeks to expand existing efforts to fill gaps in programming. Specific activities to accomplish the Network goals include three weekend workshops designed to showcase health care practice in the region. These three workshops will be similar in scope of activities, but will be targeted to three distinct groups; 1.) Medical Residents, 2.) Health professions students, and 3.) College students who are interested in health careers. Workshop participants will be paid a stipend to come to</td>
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Western Maryland for a three-day, two-night stay. During the workshop, participants and their families will meet health care providers, visit local health facilities, participate in service learning projects and learn about area amenities, schools and community resources. They will also select from outings such as golf or white water rafting to experience the exciting outdoor sports and scenery available in Western Maryland. Local physicians will join the excursions and presentations to give participants an opportunity to discuss and learn about rural practice in a casual, fun atmosphere. Community members, agencies, local business, and chambers of commerce will be invited to participate and contribute to the weekend in order to enhance the participants’ exposure to the full spectrum of the community.

In addition to these workshops, GAHWDN will work with regional universities to develop an internship for master’s level counseling and social work students at the Garrett County Health Department. All of these activities are being integrated, where possible, into existing partner programming to strengthen sustainability.

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<tr>
<th>Technical Assistance Provider:</th>
<th>Stacey Willocks</th>
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<td>Address:</td>
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<td>Atlanta, GA 30303</td>
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<td>Telephone:</td>
<td>404-413-0314</td>
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<tr>
<td>Email:</td>
<td><a href="mailto:SWillocks@gsu.edu">SWillocks@gsu.edu</a></td>
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</table>
Pall CI
Northeast Minnesota Area Health Education Center
750 E. 34th St., Hibbing, MN 55746
Phone number: 218-312-3009
Fax number: 218-312-3011
http://www.mnahec.umn.edu/NE_AHEC/

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<tr>
<td>Project Director:</td>
<td>Name: Brendan L. Ashby, MBA, MPH, CHES, FACHE</td>
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<tr>
<td></td>
<td>Title: Executive Director</td>
</tr>
<tr>
<td></td>
<td>Email address: <a href="mailto:bashby1@range.fairview.org">bashby1@range.fairview.org</a></td>
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<td>Grantee organization's consortium/Network partners:</td>
<td>1. Fairview Range Regional Health Services, Hibbing, MN</td>
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<td>2. Mercy Hospital, Moose Lake, MN</td>
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<td>3. Kanabec Hospital, Mora, MN</td>
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<td>4. Lakewood Health System, Staples, MN</td>
</tr>
<tr>
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<td>5. University of Minnesota Academic Health Center, Minneapolis, MN</td>
</tr>
<tr>
<td>The communities/counties that the Workforce project serves:</td>
<td>Eight rural counties: Aitkin, Carlton, Itasca, Kanabec, Koochiching, Pine, St. Louis, and Todd</td>
</tr>
<tr>
<td>The target population served (type of trainees [students, residents] and disciplines):</td>
<td>Primary and allied health professions students</td>
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<tr>
<td>Description of the Workforce project (to include types of trainings/community engagement projects/activities for students):</td>
<td>The Northeast Minnesota Interprofessional Rural Health Network (Network) is a program of the Northeast Minnesota Area Health Education Center (NE MN AHEC) and serves as a collaborative network of health care, community and academic partners committed to supporting community organizations in developing chronic care education and training resources to improve health in rural and underserved communities. Building upon existing relationships and investments, NE MN AHEC is serving as the applicant institution for the Network's palliative care initiative (Pall CI). The goal of the Northeast Minnesota Interprofessional Rural Health Network's Palliative Care Initiative (Pall CI) is to train, support, recruit, and retain primary care and allied health care professionals who have a commitment to providing palliative care in the Northeast MN Interprofessional Health Network. Objectives supporting this goal include: 1. Strengthening the ability of the Northeast MN Interprofessional Health Network to facilitate knowledge sharing and educational training, as well as support the recruitment and retention of health professionals in medically underserved areas, with an increasingly aging population.</td>
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## Pall CI

**Northeast Minnesota Area Health Education Center**

750 E. 34th St., Hibbing, MN 55746  
Phone number: 218-312-3009  
Fax number: 218-312-3011  
[http://www.mnahec.umn.edu/NE_AHEC/](http://www.mnahec.umn.edu/NE_AHEC/)

| 2. Creating opportunities for community-based faculty and other health professionals in medically underserved areas through education and other services that enhance their continued professional growth, particularly focused on new models of care and interprofessional practice. | 3. Supporting disciplinary, interprofessional, community-based education for health professions students in exemplary educational settings in medically underserved areas. |

**Technical Assistance Provider:** Catherine Liemohn  
**Address:** Georgia Health Policy Center  
14 Marietta Street, NW, Suite 221  
Atlanta, GA 30303  
**Telephone:** 770-641-9940  
**Email:** liemohn@bellsouth.net
### Montana Rural Health Workforce Development Network

**Montana State University**  
Room 302 Culbertson Hall, Bozeman, Montana  59717  
Phone number: 406- 994-6003  
Fax number: 406-994-5653  
[http://healthinfo.montana.edu](http://healthinfo.montana.edu)

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<td>Program Type:</td>
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</table>
| Project Director: | Name: Kristin K. Juliar  
Title: Director  
Email address: kjuliar@montana.edu |
| Project Period: | 2010-2013 |
| Expected funding level for each budget period: |  
Sept 2010 to Aug 2011: $200,000  
Sept 2011 to Aug 2012: $200,000  
Sept 2012 to Aug 2013: $200,000 |
| Grantee organization's consortium/Network partners: |  
1. Montana Area Health Education Center  
2. Montana Hospital Association  
3. Montana Family Medicine Residency  
4. WWAMI Medical School at Montana State University  
5. WWAMI Clinical Program Office in Whitefish  
6. Department of Family Medicine at University of Washington School of Medicine |
| The communities/counties that the Workforce project serves: | All 56 counties in Montana. At least 45 communities serve as clinical training sites including 38 small rural, 4 large rural and 3 large urban. |
| The target population served (type of trainees [students, residents] and disciplines): | The target populations of trainees are medical students during the four years of medical school and physicians in residency training in Montana. The focus is on the primary specialties; family medicine, internal medicine, pediatrics and obstetrics/gynecology. |
| Description of the Workforce project (to include types of trainings/community engagement projects/activities for students): | The primary purpose of the Montana Rural Health Development Network is to address ways to improve access and quality of health care in rural communities throughout the entire state. The emphasis is on addressing shortages of primary care physicians. The network model is based on: (1) selection of rural-based medical students, (2) placement of medical students in rural communities for clinical observations and community-based experiences, (3) placement of medical students in rural communities for clerkships and other clinical training, (4) assisting medical students with the transition to primary care residencies, (5) encouraging students to choose practices in rural communities, or underserved areas, (6) encouraging physicians in residency training to do rotations in rural communities, and (7) providing education and training for physician preceptors and clinical teaching faculty. Training models incorporated into the Network Workforce Project include: (1) Targeted Rural and Underserved Track-TRUST, (2) Rural and Underserved Opportunities Program-R/UOP and (3) WWAMI Rural/Underserved Integrated Training Experience-WRITE. |
This is a *continuity of training* model which begins with the selection of a special cohort of medical students, focuses on rural training throughout medical school, encourages applying for primary care residencies, provides information on rural practice opportunities, and provides access to loan repayment programs.

The seven goals of the Rural Health Workforce Development Network are: (1) provide students and residents training opportunities and experiences within culturally competent, community-focused rural settings which build and reinforce ties with rural communities, (2) improve the viability of network partners by enhancing recruitment and retention of needed health care professionals within rural communities, (3) identify innovative approaches for using a network model to train health care professionals in rural community-based clinical settings, (4) provide opportunities for students and residents to become involved in community activities so that they become engaged in the community, (5) establish viable rural health networks within the community that can serve as an ongoing vehicle for addressing workforce challenges, (6) provide education and training for practicing primary care physicians serving as preceptors and mentors in rural communities, and (7) provide information and education about HIT, HIE, EHR to medical students training in rural communities, to rural physicians serving as preceptors, and to healthcare facilities in rural communities.

In summary, the Montana Rural Health Development Network will include the following: developing and publishing a strategic plan; developing and maintaining community partnerships with physicians, critical access hospitals, rural health clinics and community health centers; developing a continuity curriculum of rural community-based training from pre-medicine through residency; and developing a sustainable strategy.

| Technical Assistance Provider: | Beverly Tyler |
| Address: | Georgia Health Policy Center |
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| | Atlanta, GA 30303 |
| Telephone: | 404-413-314 |
| Email: | BTyler@gsu.edu |
### Building Permanent Workforce Development Mechanisms for the Rural Monida Healthcare Network

**St. Lukes Community Hospital**  
107 6th Ave SW, Ronan, MT 59864  
Phone number: 406 829-2385  
Fax number: 406 829-2390  
[www.monida.com](http://www.monida.com)

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<tr>
<td>Program Type:</td>
<td>Workforce Development</td>
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</table>
| Project Director: | Name: Amber Rogers, RN, MSN  
Title: Director Clinical Services  
Email address: arogers@monida.com |
| Project Period: | 2010-2013 |
| Expected funding level for each budget period: |  
Sept 2010 to Aug 2011: 199,802.00  
Sept 2011 to Aug 2012: 199,732.00  
Sept 2012 to Aug 2013: 199,732.00 |
| Grantee organization’s consortium/Network partners: |  
1. Monida Healthcare Network  
2. St. Luke Hospital  
3. Clark Fork Valley Hospital  
4. Mineral Community Hospital  
5. Powell County Hospital  
6. Granite County Hospital  
7. Barrett Hospital and Healthcare |
| The communities/counties that the Workforce project serves: | Missoula County (in order from above)  
Lake County  
Sanders County  
Mineral County  
Powell County  
Granite County  
Beaverhead County |
| The target population served (type of trainees [students, residents] and disciplines): | Current and potential health workforce workers. Students and mid-level providers, across the spectrum of healthcare |
| Description of the Workforce project (to include types of trainings/community engagement projects/activities for students): | 1. Develop workforce development assessment and strategic plan. Create a robust initial and ongoing evaluation of each of the facilities in relationship to health workforce indicators. Some of these indicators may be as simple as vacancy rates, and others more complex such as the annual budget spent on recruiting physicians to the facility. While the hospitals may spend more money on programs for training, precepting, and hospital promotion, the expectation is that they will find their key positions are easier to fill. Tracking measures, and a sustainability plan, will be reviewed by the board of directors. |
2. **Build rural site workforce training capacity.**

Purchase a patient simulator to provide ongoing general health education to our members and utilize the patient simulator for identified preceptors on appropriate responses to health crisis and mentor them in providing feedback to the students and new graduates. In addition, training will be developed for mid-level practitioners that work specifically in rural emergency departments to gain competence in that field. Frequently, new mid-level graduates are expected to perform within the emergency department setting, without a comprehensive understanding of the specialty. A post-master’s certificate program is currently being pursued. After the didactic portion of the class, precepting in rural areas will occur. A systematic method of placing appropriate students in rural clinical rotations, and stipends will be created to increase the likelihood of future employment within the rural setting.

3. **Establish career pathways and support mechanisms to grow Monida’s rural health care workers in place.**

Several methods will be used to expose a career in healthcare to a broader audience. First, we will use the AHEC resources to expose high school students to the healthcare field. Secondly, we will work with existing Adult Education Services within the area to provide training, certificates, and exposure to areas such as medical reception, coding and CNA training to “get their foot in the door.” Once hired by an institution, these employees will be able to apply for rural stipends in order to further their education in a given healthcare field.

<p>| Technical Assistance Provider: | Beverly Tyler |
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| | 14 Marietta Street, NW, Suite 221 |
| | Atlanta, GA 30303 |
| Telephone: | 404-413-0314 |
| Email: | <a href="mailto:BTyler@gsu.edu">BTyler@gsu.edu</a> |</p>
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| Project Director:     | Name: Joleen Huneke  
|                       | Title: Executive Director  
|                       | Email address: jthserpa@neb.rr.com |
| Project Period:       | 2010-2013 |
| Expected funding level for each budget period: | Sept 2010 to Aug 2011: $200,000  
|                       | Sept 2011 to Aug 2012: $200,000  
|                       | Sept 2012 to Aug 2013: $200,000 |
| Grantee organization's consortium/Network partners: | 1. SE Rural Physician Alliance  
|                       | 2. Blue River Valley Network  
|                       | 3. U. of NE Medical Center |
| The communities/counties that the Workforce project serves: | Adams, Boone, Butler, Fillmore, Hamilton, Howard, Jefferson, Johnson, Merrick, Nuckolls, Otoe, Polk, Saline, Seward, Thayer, Valley and York |
| The target population served (type of trainees [students, residents] and disciplines): | Medical Students – M1-Residents (Physicians) |
| Description of the Workforce project (to include types of trainings/community engagement projects/activities for students): | Hosting workshops in rural settings and facilities allows a large number of potential practitioners the opportunity to connect with rural practitioners in a rural environment. This exposure establishes ties to rural communities and allows for enhanced understanding of rural practice at younger ages.  

The workshops will be developed to teach and to share information important to rural practice, (i.e., basic skills include: injection, venipuncture, drawing blood, starting IVs, casting/splinting, suturing, EKGs & reading, intubation, scrubbing, gowning & gloving, basic ER skills, assessment, etc.) where participants are instructed and acquire hands on experience in procedural skills. Building skills in various specialty areas, especially areas that are under-represented, is critical to advancing healthcare in the RCCN area. To address this, we will conduct courses to improve skills and techniques for the specific patient care position. By offering specialty training, there also is a greater probability of attracting new healthcare workers into specialties that are under represented.  

Develop opportunities for medical students and residents to connect with rural populations in new, meaningful ways. Establish a community connections program to allow post-secondary students and residents to assist in the ongoing planning and development of communities by holding ex-officio board seats with community
Work within communities to educate them about the importance and necessity of spousal engagement. It is virtually impossible to retain quality health care professionals if there is a low level of spousal satisfaction. Communities need to be educated to understand and address this concern. Communities generally have the capacity to address this issue if they are aware it exists. Educating communities about community engagement and involvement helps not only with health care professional retention but also enhances the rural experience for all residents in the region. There are hundreds of untapped opportunities in each and every community for citizen involvement. Understanding spousal interests will help to determine how best to involve them in meaningful community engagement. We will develop a spousal/significant other questionnaire to help determine levels of interest, expertise and desired activities. From the survey, the Network can assist communities in the engagement process, assuring a higher level of contentment because needs and interests will be met more efficiently and more rapidly. One of the challenges of recruiting in rural areas is spousal employment, satisfaction and quality of life. The development of a set of mechanisms that address this challenge will allow greater success in recruiting and retention. Working with key employers within each community to establish agreements that give priority hiring preferences to spouses of key employees, benefits both the health care industry and business community. An example is establishing an agreement with the Nebraska bankers’ association to provide hiring preference to qualified individuals, and for the healthcare industry in the same community to reciprocate for spouses of the bank’s key employees. Such agreements can be utilized with numerous employers in rural areas, thus, providing diverse opportunities for spousal employment.

Spouses/significant others need to be engaged in the community rapidly. Developing a comprehensive list of volunteer opportunities and assisting the spouse/significant other in engaging these opportunities is vital to quick and successful assimilation into the community.

Mentoring programs have been used successfully in all areas of employment for generations. Connecting medical students and residents to a rural, practicing mentor will strengthen the ties between rural practice and the potential practitioner. Through the mentor process, medical students and residents will interact with seasoned rural practitioners. This interaction will allow students and residents to have a deeper
understanding of rural practice, rural communities and the region including medical procedures, practice management, rural hospital issues, quality of life and enhanced community understanding. The mentor process establishes lasting report between individuals and is a vital first step in successful recruiting and retention of practitioners. Mentoring is a beginning step in establishing a stronger and diverse network and group of referring physicians for rural networks. Develop educational seminars about the mentoring process and present to rural practitioners displaying interest in becoming mentors. Match medical students and residents with rural mentors. Track and monitor the program to assure successful matches and engagement.

<p>| Technical Assistance Provider: | Catherine Liemohn |
| Address: | Georgia Health Policy Center |
| | 14 Marietta Street, NW, Suite 221 |
| | Atlanta, GA 30303 |
| Telephone: | 770-641-9940 |
| Email: | <a href="mailto:liemohn@bellsouth.net">liemohn@bellsouth.net</a> |</p>
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<td>Program Type:</td>
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| Project Director: | Name: Martha McLeod  
Title: Executive Director  
Email address: mmcleod@nchn.org |
| Project Period: | 2010-2013 |
| Expected funding level for each budget period: | Sept 2010 to Aug 2011: $200,000  
Sept 2011 to Aug 2012: $200,000  
Sept 2012 to Aug 2013: $200,000 |
| Grantee organization's consortium/Network partners: | 1. Coos County Family Health Services  
2. Northern Human Services  
3. Mid-State Health Center  
4. Grafton County Nursing Home  
5. Family Resource Center  
6. NH Catholic Charities  
7. Ammonoosuc Community Health Services  
8. Plymouth State University Center for Rural Partnership  
9. Center for New Beginnings  
10. 45th Parallel EMS  
11. Personal Touch Home Care  
12. ServiceLink  
13. LRGHealthcare  
14. Dartmouth Medical School  
15. Androscoggin Valley Hospital  
17. Morrison Nursing Home  
18. Littleton Regional Hospital  
19. NH DHHS, Rural Health & Primary Care Section  
20. Androscoggin Valley Home Care  
21. AOD Prevention, TCCAP  
22. Upper Connecticut Valley Hospital  
23. White Mountains Community College  
24. Weeks Medical Center  
25. Indian Stream Health Center  
26. Cottage Hospital  
27. City of Berlin Public Health and Home Health Nursing  
28. Franklin Pierce Physician Assistant Program |
| The communities/counties that the Workforce project serves: | Northern Grafton and Coos Counties |
The target population served (type of trainees [students, residents] and disciplines):
- Physician Assistants, Nurses, Dentists, RDHs, Physical Therapy, Physicians, Nurse Practitioners, Social Work and Public Health Students

Description of the Workforce project (to include types of trainings/community engagement projects/activities for students):

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<th>Description</th>
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<tr>
<td>The NCHC Rural Health Workforce Development Program will provide a broad range of health professions students with community-based training opportunities and experiences in rural communities. The program will use an inter-professional training program model and community service learning to increase knowledge of rural culture and values and engage students in the many facets of rural community life.</td>
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<td>Students will receive stipends and will receive assistance with housing options and transportation, if necessary. Students will receive demographic and health status data about their host community and will be exposed to the benefits of rural living through an orientation program that highlights the outdoor recreation and cultural attractions that draws so many visitors to the region.</td>
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<td>Service-learning activities will be an integral part of the rotations. Structured experiences will provide students with community service options to learn about the context in which health services are provided and an understanding of the connection between the services and their academic coursework. For example, organizations such as Meals on Wheels, Habitat for Humanity and the local Boys and Girls Club will provide a community setting where students will be invited to provide assistance and share their interests and skills and come together with other disciplines to share common experience and learn about rural life.</td>
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Technical Assistance Provider:
- Catherine Liemohn

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<tr>
<td><a href="mailto:liemohn@bellsouth.net">liemohn@bellsouth.net</a></td>
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**Southwest Rural Health Network**

*Hidalgo Medical Services*

530 East DeMoss Street, Lordsburg, NM  88045  
Phone number: 575-542-8384  
Fax number: 575-542-8367  
[www.hmsnm.org](http://www.hmsnm.org)

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| Project Director: | Name: Charlie Alfero  
Title: CEO  
Email address: calfero@hmsnm.org |
| Project Period: | 2010-2013 (September 1, 2010 thru August 31, 2013) |
| Expected funding level for each budget period: |  
- Sept 2010 to Aug 2011: $200,000  
- Sept 2011 to Aug 2012: $200,000  
- Sept 2012 to Aug 2013: $200,000 |
| Grantee organization's consortium/Network partners: | 1. University of New Mexico  
2. Arizona School of Dentistry & Oral Health  
3. Gila Regional Medical Center  
4. Memorial Medical Center |
| The communities/counties that the Workforce project serves: | Grant and Hidalgo Counties of New Mexico |
| The target population served (type of trainees [students, residents] and disciplines): | **Family Practice Residents:** 2 in 2013, 2 in 2014, 2 in 2015 for a total of 6 when program is at full capacity; **Students:** We hope to reach all high school students in Grant and Hidalgo counties by Academic Year 2013-2014 – Approximate target population: 1,600 students |
| Description of the Workforce project (to include types of trainings/community engagement projects/activities for students): | The Southwest Rural Health Workforce Network proposes to improve recruitment and retention of primary care providers in the region. This will be accomplished by strengthening rural health career pathways, utilizing a variety of education and rural training opportunities, and improving career opportunities and support for current rural providers to reduce professional isolation.  
The rural health professional career pathways (aka pipeline) model is a well-established concept which consists of four phases. In Phase One, efforts are made to encourage secondary students raised in rural communities to enter the health professions. Phase Two follows rural students through undergraduate education and includes their selection, sometimes preferential, into medical schools. Phase Three provides rural training experiences during medical school and residency. Finally, Phase Four includes recruitment of providers to rural practices combined with a mix of retention strategies. Ideally, rural students enter these pathways at Phase One and are ultimately retained in or near their rural communities of origin. However, individuals, including those of non-rural origin, but with an interest in rural practice, can enter the pathways at any stage. |
Southwest Rural Health Network
Hidalgo Medical Services
530 East DeMoss Street, Lordsburg, NM  88045
Phone number: 575-542-8384
Fax number: 575-542-8367
www.hmsnm.org

<table>
<thead>
<tr>
<th>Technical Assistance Provider:</th>
<th>Catherine Liemohn</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Georgia Health Policy Center</td>
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<tr>
<td></td>
<td>14 Marietta Street, NW, Suite 221</td>
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<tr>
<td></td>
<td>Atlanta, GA  30303</td>
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<tr>
<td>Telephone:</td>
<td>770-641-9940</td>
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<tr>
<td>Email:</td>
<td><a href="mailto:liemohn@bellsouth.net">liemohn@bellsouth.net</a></td>
</tr>
</tbody>
</table>

The Network has recently commenced the process of pathways development and will share detailed information upon successful implementation.
**Grant Number:** G98RH19704  
**Program Type:** Workforce Development  
**Project Director:**  
- **Name:** Andy Fosmire  
- **Title:** Executive Director  
- **Email address:** ahecadmin@nwosu.edu  
**Project Period:** 2010-2013  
**Expected funding level for each budget period:**  
- Sept 2010 to Aug 2011: $192,000  
- Sept 2011 to Aug 2012: $192,000  
- Sept 2012 to Aug 2013: $192,000  
**Grantee organization's consortium/Network partners:**  
- **Project Partners:** Rural Health Projects, Inc. OKAHEC, NEOKAHEC  
- **Community Coalition Partners:** Garfield Co: Enid Chamber of Commerce, Garfield Co Development Alliance, INTEGRIS Bass Baptist Medical Center, NW Oklahoma Osteopathic Foundation, NW Oklahoma Family Medicine Residency Program  
- Cherokee Co: Cherokee Co. Health Dept., Tahlequah City Hospital, Hastings Hospital, Eastern Oklahoma Workforce Investment Board.  
**The communities/counties that the Workforce project serves:** Garfield and Cherokee counties of Oklahoma  
**The target population served (type of trainees [students, residents] and disciplines):** Health professions students  
**Description of the Workforce project (to include types of trainings/community engagement projects/activities for students):**  
Education and community development theory and experience support the development of Community Campus Partnerships for Health Professional Training. The value of educational ‘pipelines’ have been demonstrated for a long time to help insure an adequate supply of professionals in various disciplines. “Growing your own” can make the difference in having or not having needed professional specialties in communities. It is also known that, in health professional training especially, the more training that can take place in the local or rural community, as opposed to the highly sophisticated, urban medical center, the more likelihood that a student will choose to practice in the local community. It has also been recognized that the more community members know about, and are involved in, the education, economics, and infrastructure of their community, the stronger each of these segments are, and the more ready the community is to grow and venture into new directions. Community development takes time and effort, however, and the process must be nurtured and monitored.  

This initiative will integrate activities in education, health, and community development. Each of the hub communities is large enough to support advanced
Community Campus Partnership for Health Professional Training in Rural Oklahoma

Rural Health Projects, Inc.
2929 E Randolph, Room 130, Enid, OK  73701
Phone number: 580-213-3172
Fax number: 580-213-3167
Rhpnwahec.org

There is already a great deal of training occurring in these communities, including medical, nursing, physician assistant, and other health professions from a number of Oklahoma schools. Very little of the existing activity is coordinated, however, and the amount and significance of the existing training is not realized by the whole community; therefore, no intentional effort is expended to bring all the parts together.

The project creates community campuses for health professional training in two communities in rural Oklahoma. A full time person has been placed in each community to facilitate the development of the Community Campus. This person and a local Community Coalition Board will be supported with consultation and evaluation from the state AHEC office. Evaluation will center on the formative aspects of the development of the community coalition, the creation and implementation of an interdisciplinary, community-based curriculum, student and community satisfaction, and community campus sustainability.

Technical Assistance Provider: Beverly Tyler
Address: Georgia Health Policy Center
14 Marietta Street, NW, Suite 221
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Telephone: 404-413-0314
Email: Btyler@gsu.edu
### Grant Number:
G98RH19719

### Program Type:
Workforce Development

### Project Director:
Name: Gwenna Hendrix  
Title: Program Manager  
Email address: ghendrix@yrahec.org

### Project Period:
2010-2013

### Expected funding level for each budget period:
- Sept 2010 to Aug 2011: $199,691  
- Sept 2011 to Aug 2012: $199,894  
- Sept 2012 to Aug 2013: $199,944

### Grantee organization's consortium/Network partners:
1. Community HealthCare Association of the Dakotas  
2. Planning & Development Districts of South Dakota  
3. South Dakota State University College of Pharmacy  
4. Sanford School of Medicine of the University of South Dakota  
5. University of South Dakota Health Science Physician Assistant Program

### The communities/counties that the Workforce project serves:
64 of the 66 counties in South Dakota; does not include Pennington or Minnehaha counties

### The target population served (type of trainees [students, residents] and disciplines):
Students in the following university disciplines: Medical Physician, Pharmacy, Physician Assistant, Advance Practice Nurse Practitioners

### Description of the Workforce project (to include types of trainings/community engagement projects/activities for students):
Rural Experiences for Health Professions Students (REHPS) program helps place university students who are enrolled in medical, physician assistant, pharmacy, or advanced nursing in four- to six-week rotations with preceptors in rural or frontier areas of South Dakota. The goals are to increase the number of health profession students who have a positive experience in a rural South Dakota setting, to increase the comfort level of health profession students in emergent/disaster situations in rural settings in South Dakota via disaster preparedness training, and to increase community awareness of its role in the recruitment and retention of healthcare professionals. The program encourages rural communities to welcome students and form strong bonds; some communities may help support students with their education and students may return to work/practice in rural communities.

The REHPS program requires the collaboration of several stakeholders, represented by an enthusiastic REHPS advisory panel, which meets regularly to provide input and direction to the program, as well as to assist in ways relative to the purpose and focus of each entity. The advisory panel has assisted in creating a student survey to help reveal student attitudes about working/practicing in a rural community. They will also help identify students to be placed in the rotations and has assisted in selecting
communities known for best practices the first year and communities with the greatest need for increasing healthcare providers for the second and third years of the program.

REHPS trainings include a SD Disaster Training Day on February 4, 2011, for 385 students who are pursuing health professions. They received Core Disaster Life Support training from National Disaster Life Support trainers and several other sessions with related topics were offered to help prepare them for working in rural areas where common disasters could include tornados, floods, fires, and blizzards, as well as multiple victim accidents of many kinds.

A Preceptor Training Day is being planned for April 15, 2011, and will be open to healthcare providers who currently work/practice in rural areas of South Dakota and who could serve as preceptors. Professional trainers are assisting with the daylong event for which CMEs will be given. Medical physicians known for providing outstanding rotation experiences will also assist at the training.

Community surveys and training are also being developed, along with orientation programs for preceptors, students and communities in preparation for hosting health professions students in rural locations. The REHPS program manager and students will meet with community leaders to select a project that will benefit the community and provide a way for students to give something back. Students will also be required to prepare presentations that review their rotation experiences as a way of educating other students and potential preceptors.

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**Tennessee Rural Health Workforce Network Development**

**Hickman Community Health Care Services, Inc.**

4220 Harding Pk, Nashville, TN 37205

Phone number: 615-222-4831

Fax number: 931-729-4612

<table>
<thead>
<tr>
<th>Grant Number:</th>
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<tbody>
<tr>
<td>Program Type:</td>
<td>Workforce Development</td>
</tr>
<tr>
<td>Project Director:</td>
<td>Name: Audrey Smith</td>
</tr>
<tr>
<td></td>
<td>Title: Project Director</td>
</tr>
<tr>
<td></td>
<td>Email address: <a href="mailto:audrey.smith@stthomas.org">audrey.smith@stthomas.org</a></td>
</tr>
<tr>
<td>Project Period:</td>
<td>2010-2013</td>
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<tr>
<td>Expected funding level for each budget period:</td>
<td>Sept 2010 to Aug 2011: $200,000</td>
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<tr>
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<td>Sept 2011 to Aug 2012: $200,000</td>
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<tr>
<td></td>
<td>Sept 2012 to Aug 2013: $200,000</td>
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<tr>
<td>Grantee organization’s consortium/Network partners:</td>
<td>1. Saint Thomas Health Services through Hickman Community Healthcare Services, Inc.</td>
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<td></td>
<td>2. Hickman County Health Department</td>
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<td>3. Lawrence County EMS</td>
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<td>4. Columbia State Community College</td>
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<tr>
<td>The communities/counties that the Workforce project serves:</td>
<td>8 Tennessee counties that include: Hickman, Decatur, Lawrence, Hardin, Maury, Wayne, Perry and Lewis</td>
</tr>
<tr>
<td>The target population served (type of trainees [students, residents] and disciplines):</td>
<td>Allied health students will be placed in clinical rotations in rural area health facilities.</td>
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<tr>
<td>Description of the Workforce project (to include types of trainings/community engagement projects/activities for students):</td>
<td>Allied health students will be placed in clinical rotations in rural area health facilities, namely those facilities that are members of the Saint Thomas Chest Pain and Stroke Network, to gain exposure and experience in rural health care. This allows the students to complete their clinical requirements close to home and fosters an interest in seeking employment in that community post-graduation. The primary goal is to build and retain a stronger and broader health provider base in rural communities by directly engaging students at Columbia State Community College into rural healthcare environments (with the possibility of adding other educational institutions in the future). The primary objective is to develop and promote innovative educational strategies to motivate healthcare students to seek employment in rural communities. STHS has two main approaches to incorporate these innovative strategies:</td>
</tr>
<tr>
<td></td>
<td>1. The purchase of medical simulation equipment identical to that of Columbia State’s nursing and paramedic program and Saint Thomas Hospital’s simulation lab for students to practice and perfect procedures and emergent</td>
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</table>
Tennessee Rural Health Workforce Network Development
Hickman Community Health Care Services, Inc.
4220 Harding Pk, Nashville, TN 37205
Phone number: 615-222-4831
Fax number: 931-729-4612

scenarios

2. The expansion of distance learning services initiated by Columbia State to offer health education to students closer to home
   a. This initiative will also benefit the community by providing a platform for health and community education on topics such as cardiovascular disease, stroke risk factors and diabetes.

Overarching Goals and Objectives:
- STHS (Hickman) will use Columbia State as a vehicle to provide the student population
- STHS (Hickman) will use Columbia State’s existing broadband expertise to expand the capabilities throughout the counties involved in this grant
- Hickman Community Health department will assist in identifying health fairs and community fairs in the area that students can participate in for greater exposure

STHS will leverage the relationships with the current Chest Pain, Stroke, and Heart Failure Network hospitals and EMS services to provide opportunities for clinical rotations and other relevant health opportunities.

Technical Assistance Provider:
Wade Hanna

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14 Marietta Street, NW, Suite 221
Atlanta, GA 30303

Telephone: 678-714-6568
Email: hannaw@bellsouth.net
## The Rural Partnership Workforce Network

**Tennessee Rural Health Recruitment and Retention Center, Inc.**  
80 North Church Street, Camden, TN  38320-2019  
Phone number: 615 242-7872  
Fax number: 615 255-4121  
[www.theruralpartnership.com](http://www.theruralpartnership.com)

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<thead>
<tr>
<th>Grant Number:</th>
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<tbody>
<tr>
<td>Program Type:</td>
<td>Workforce Development</td>
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</table>
| Project Director: | Name: Cindy Siler  
Title: Chief Executive Officer  
Email address: cindy.siler@theruralpartnership.com |
| Project Period: | 2010-2013 |
| Expected funding level for each budget period: |  
Sept 2010 to Aug 2011: $200,000  
Sept 2011 to Aug 2012: $200,000  
Sept 2012 to Aug 2013: $200,000 |
| Grantee organization’s consortium/Network partners: | 1. East Tennessee State University College of Medicine  
2. Meharry Medical College  
3. University of Tennessee College of Medicine  
4. Vanderbilt University College of Medicine  
5. Tennessee Primary Care Association  
6. Tennessee Hospital Association  
7. Rural Health Association of Tennessee |
| The communities/counties that the Workforce project serves: | Counties- Chester, Clay, Cocke, Hancock, Hardeman, Hardin, Jackson, Johnson, Loudon, Macon, McNairy, Roane, Trousdale, and Wayne |
| The target population served (type of trainees [students, residents] and disciplines): | Rotations for medical residents in family medicine, internal medicine, obstetrics and gynecology, pediatrics, and combined internal medicine will be developed to introduce the trainees (residents) to career opportunities in rural underserved areas through practice opportunities that target community health models. The targeted counties have HPSA designations with patient populations lacking access to general primary services. |
| Description of the Workforce project (to include types of trainings/community engagement projects/activities for students): | The TN Rural Partnership will utilize the Workforce Network to provide a conduit for the residents training in our state to flow to the rural areas in need of primary care provision. There are fourteen target counties within which rotations for medical residents could occur. The majority of the rotations will take place within one county located in each Grand Division (East, Middle and West) with a primary focus on FQHCs, Rural Health Clinics & CAHs. Priority will be given to family medicine, internal medicine and pediatrics because these specialties currently have more vacancies within the target areas. The resident rotations will not only strengthen the relationships between the Network Partners, the communities and the TN Rural Partnership but will allow trainees the opportunity to serve in rural areas in which they may never have visited much less experienced the rewards of life in a rural community |
During rotations, residents will be given opportunities to interact with practicing physicians in clinical facilities within the area and participate in community activities such as health fairs, community specific events including health and wellness activities, and possibly individual research projects. Additionally, they will gain a total perspective of primary health care provision within the state through interaction with organizations such as the Rural Health Association, the Tennessee Primary Care Association, the Tennessee Academy of Family Physicians and the Tennessee Hospital Association through annual meetings and conferences supported through the Network.

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<tr>
<th>Technical Assistance Provider:</th>
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<td></td>
<td>Atlanta, GA 30303</td>
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<tr>
<td>Telephone:</td>
<td>404-413-0314</td>
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<tr>
<td>Email:</td>
<td><a href="mailto:SWillocks@gsu.edu">SWillocks@gsu.edu</a></td>
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</table>
## Stone Mountain Health Services Rural Health Workforce Development Program

**St. Charles Health Council, Inc.**

185 Redwood Avenue, Suite 102, Pennington Gap, VA 24277  
Phone number: 276-546-5310  
Fax number: 276-546-5469

<table>
<thead>
<tr>
<th>Grant Number:</th>
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<tbody>
<tr>
<td>Program Type:</td>
<td>Workforce Development</td>
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</tbody>
</table>
| Project Director:            | Name: Malcolm Perdue  
Title: President and CEO  
Email address: mperdue@stonemtn.org |
| Project Period:              | 2010-2013         |
| Expected funding level for each budget period: |  
Sept 2010 to Aug 2011: $200,000  
Sept 2011 to Aug 2012: $200,000  
Sept 2012 to Aug 2013: $200,000 |
| Grantee organization's consortium/Network partners: |  
1. East Tennessee State University, Johnson City, TN  
2. Radford University, Radford, VA |
| The communities/counties that the Workforce project serves: | Lee, Wise, Russell, Buchanan, Dickenson, Smyth and Washington Counties in Virginia |
| The target population served (type of trainees [students, residents] and disciplines): | Behavioral Health Professionals including interns in Clinical Psychology, Students of Social Work and Counseling |
| Description of the Workforce project (to include types of trainings/community engagement projects/activities for students): | The Stone Mountain Health Services Workforce Development Project includes the planning and implementation of a training program in which students of East Tennessee State University and Radford University may complete their clinical programs in psychology, social work or counseling in the community health center setting in a rural area. At the completion of their training program they would have completed sufficient hours to meet the licensure requirement of the Commonwealth of Virginia. The program will include an internship for both psychology students and social work/counseling students. Faculty from both universities will work with Stone Mountain Health Services to provide part of the supervision while Stone Mountain Health Services will provide a portion. Students will have the opportunity to work with patients in an integrated primary health care setting as well as those in a Black Lung Clinic. Students will also have an opportunity to work with patients with substance abuse problems. The program is an innovative approach to the training of mental health professionals in rural areas that has the potential to be replicable at a regional and state level. The program will result in larger numbers of mental health providers in the region which will increase access to mental health care for the residents of our rural communities. |
| Technical Assistance Provider: | Stacey Willocks     |
Stone Mountain Health Services Rural Health Workforce Development Program
St. Charles Health Council, Inc.
185 Redwood Avenue, Suite 102, Pennington Gap, VA 24277
Phone number: 276-546-5310
Fax number: 276-546-5469

Address:  
Georgia Health Policy Center
14 Marietta Street, NW, Suite 221
Atlanta, GA 30303

Telephone: 404-413-0314
Email: SWillocks@gsu.edu
<table>
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<tr>
<th>Grant Number:</th>
<th>G98RH19718</th>
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</thead>
<tbody>
<tr>
<td>Program Type:</td>
<td>Workforce Development</td>
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</table>
| Project Director: | Name: Gina Bullis  
Title: Director of Workforce Development & Communication  
Email address: ginab@cbha.org |
| Project Period: | 2010-2013 |
| Expected funding level for each budget period: | Sept 2010 to Aug 2011: $200,000  
Sept 2011 to Aug 2012: $199,999  
Sept 2012 to Aug 2013: $200,000 |
| Grantee organization’s consortium/Network partners: | 1. Pacific Northwest University of Health Sciences (PNWU)  
2. Yakima Valley Farm Workers Clinic (YVFWC)  
3. Area Health Education Center of Eastern Washington (AHECEW) |
| The communities/counties that the Workforce project serves: | Rural areas of south central Washington  
Yakima County, Benton County, Grant County and Adams County. |
| The target population served (type of trainees [students, residents] and disciplines): | Second and third year PNWU medical students. Disciplines offered: OB, Family Practice, Internal Medicine, Pediatrics, DO, and Surgery (through Othello Community Hospital) |
| Description of the Workforce project (to include types of trainings/community engagement projects/activities for students): | The Rural Workforce Grant will allow PNWU medical students training opportunities within culturally competent, community-focused rural community/migrant health centers. Medical students will shadow and work along with medical physicians giving the students exposure to many diverse medical cases. CBHA physicians have privileges at the local hospital (Othello Community Hospital); therefore, students will accompany the physician to see admitted patients. Students may attend monthly medical staff meetings in which they will receive information on diverse medical topics. 
The Rural Workforce Grant will assist in providing the students with meaningful service learning opportunities inside the local community. Events such as community flu shot clinics, alcohol screening days, diabetes screening days, and the Relay for Life fundraiser are only a few of the events that will be available for student participation. Engaging students in these activities will build and reinforce ties to the local communities. The meaningful service learning opportunities within the local community is in ongoing development. CBHA in collaboration with the Area Health Education Center of Eastern Washington (AHECEW) and PNWU are developing more service learning opportunities to fit the changing needs of the community, as well as to provide opportunities for the students. |
South Central Washington Academic Practice Network

Columbia Basin Health Association
140 E Main St. Othello, WA 99344
Phone number: 509-488-5256
Fax number: 509-488-9939
www.cbha.org

Through positive training opportunities and experiences coupled with service learning opportunities, CBHA’s goal is to enhance recruitment and retention of needed healthcare professionals by rural community/migrant health centers.

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14 Marietta Street, NW, Suite 221
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Email: liemohn@bellsouth.net
ORHP Contact

Christina Villalobos
Project Officer
Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Rm 5A-55
Rockville, MD  20857
301-443-3590
CVillalobos@hrsa.gov