

**Health Resources and Services Administration  
Office of Rural Health Policy**

Rural Health Care Services Outreach Program  
Delta States Rural Development Network Grant Program  
Rural Health Network Development Program

The Tables for these three rural health, community-based programs are described below.

*Table 1: Access to Care*

Information collected in this Table provides an aggregate count of the number of people served (unduplicated encounters), the total number of encounters the program is providing (non-medical and medical encounter) and the total number of individuals in the target population. Each project will vary in the balance of services they provide. Some projects provide direct care services, while others are more focused on service integration and coordination of care. This Table provides the ORHP with data that broadly captures clinical and non-clinical activities. The types of services a grantee is providing and the number of new and/or expanded services is also tracked.

*Table 2: Population demographics*

Information collected in this Table provides an **aggregate** count of the race and ethnicities of the populations being served (White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, more than one race). This Table reflects the current OMB standards for race for aggregate reporting of race. In addition to this Table, also in compliance with current OMB standards, an ethnicity question has been included for Hispanic or Latino. This Table also tracks the project users by age group.

*Table 3: Network*

Information in this Table requests the number of organizations in the consortium or network and also the type(s) of member organizations. A formal Consortium or Network of at least 3 individually owned and operated organizations is required of each of these grant programs.

*Table 4: Under and Uninsured*

This Table tracks the number of underinsured and uninsured users receiving services through the project. Grantees are asked to provide the total number of under/uninsured people receiving preventive and/or primary care, who now have a medical home, are enrolled in public assistance, pay out-of-pocket, use third-party payments or receive charity care.

*Table 5: Workforce/ Recruitment and Retention*

Workforce and the recruitment and retention of health care providers are important issues for rural communities. This Table requests data on the types and number of clinical and non-clinical staff recruited and trained on the project.

*Table 6: Sustainability*

This Table requests revenue information on the amount of revenue the project has made, the total additional funding secured to sustain the project and any cost-savings due to participation in the network. It also asks the grantee to identify if a sustainability plan has been developed using funding sources other than grants and then select the type(s) of sources for that funding. It is important that projects are sustainable and can continue to provide necessary services long after the funds have ended. This is also legislatively required under the 330A Authorization.

*Table 7: Health Information Technology*

In this Table the grantees are asked to select all the type of technology implemented, expanded or strengthened through this project. This measure will assist in documenting progress for a key priority issue for HHS, HRSA, and ORHP Strategic Plans.

*Table 8: Mental/Behavioral Health*

In this Table the grantees are asked to report the number of people receiving mental and/or behavioral health services in target area and the number of network members integrating primary and mental health services. This measure will assist in documenting progress for a key priority issue for HHS, HRSA, and ORHP Strategic Plans.

*Table 9: Oral Health*

In this Table the grantees are asked to report the number of people receiving dental/oral health services in target area, select the appropriate types of services and provide the number of network members integrating oral health services. This measure will assist in documenting progress for a key priority issue for HHS, HRSA, and ORHP Strategic Plans.

*Table 10: Quality*

In this Table the grantees are asked to report the number of clinical guidelines/benchmarks adopted and the number of network members using shared standardized benchmarks. This measure will assist in documenting progress for a key priority issue for HHS, HRSA, and ORHP Strategic Plans.

*Table 11: Pharmacy*

In this Table the grantees are asked to report the number of people receiving prescription drug assistance, the overall annual dollars saved by joint purchasing of drugs of the project members, and the annual average amount of dollars saved per patient through joint purchasing of drugs. This measure will assist in

documenting progress for a key issue for HHS, HRSA, and ORHP Strategic Plans.

*Table 12: Health Promotion and Disease Management*

In this Table the grantees are asked to report the number of health promotion/disease management activities offered to the public through their project and the number of health screenings conducted.

*Table 13: Clinical Measures*

In this Table, grantees are asked to report clinical measures to track health outcomes. Grantees receiving support under the Rural Health Care Services Outreach Grant Program report on measures funded under their grant project and proposed in their grant application. Grantees receiving funds under the Delta States Rural Development Network Grant Program report on the measures that relate to the activities proposed in their funding application. The information collected in this Table will provide HRSA with clinical outcome data to monitor grant activities and will assist the grantee in reviewing quality improvement activities.

## Small Health Care Provider Quality Improvement Grant Program

### *Table 1: Access to Care*

Information collected in this Table provides an aggregate count of the number of people served (unduplicated encounters), the total number of encounters the program is providing (non-medical and medical encounter) and the total number of individuals in the target population. This Table provides the ORHP with data that broadly captures clinic and non-clinical activities. The types of services a grantee is providing and the number of new and/or expanded services is also tracked.

### *Table 2: Population demographics*

Information collected in this Table provides an aggregate count of the race and ethnicities of the populations being served (White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, more than one race). This Table reflects the current OMB standards for race. In addition to this Table, also in compliance with current OMB standards, an ethnicity question has been included for Hispanic or Latino. This Table also tracks the project users by age group.

### *Table 3: Under and Uninsured*

This Table tracks the number of underinsured and uninsured users receiving preventative and primary care in the project. Grantees are asked to provide the total number of under/uninsured people receiving preventive and/or primary care, who now have a medical home, are enrolled in public assistance, pay out-of-pocket, use third-party payments or receive charity care.

### *Table 4: Workforce/ Recruitment and Retention*

Workforce and the recruitment and retention of health care providers are important issues for rural communities. This Table requests data on the types and number of clinical and non-clinical staff recruited and trained on the project.

### *Table 5: Sustainability*

This Table requests revenue information on the amount of revenue the project has made, the total additional funding secured to sustain the project and any cost-savings due to participation in the network. It also asks the grantee to identify if a sustainability plan has been developed using funding sources other than grants and then select the type(s) of sources for that funding. It is important that projects are sustainable and can continue to provide necessary services long after the funds have ended. This is also legislatively required under the 330A Authorization.

### *Table 6: Quality*

In this Table the grantees are asked to report the number of clinical guidelines/benchmarks adopted and the number of network members using shared standardized benchmarks. This measure will assist in documenting progress for a key priority issue for HHS, HRSA, and ORHP Strategic Plans.

*Table 7: Health Promotion and Disease Management*

In this Table the grantees are asked to report the number of health promotion/disease management activities offered to the public through their project and the number of health screenings conducted.

*Table 8: Clinical Measures*

In this Table, grantees are asked to report on the performance measures that track the health indicators as described in the grant application, using six nationally accepted measures for diabetes and cardiovascular disease. This information will be useful in assessing patient outcomes and will assist grantees in reviewing their quality improvement activities. Grantees use their electronic system to extract the clinical information.

Network Development Planning Grant Program

*Table 1: Network*

Information in this Table requests the number of organizations in the consortium or network and also the type(s) of member organizations. A formal Consortium or Network of at least three individually owned and operated organizations is required of each of these grant programs.

*Table 6: Sustainability*

This Table requests revenue information on the amount of revenue the project has made, the total additional funding secured to sustain the project and any cost-savings due to participation in the network. It also asks the grantee to identify if a sustainability plan has been developed using funding sources other than grants and then select the type(s) of sources for that funding. It is important that projects are sustainable and can continue to provide necessary services long after the funds have ended. This is also legislatively required under the 330A Authorization.

*Table 3: Network Development*

This Table requests grantees to report the status of the Rural Health Network within six months after funding has ended for their Network Planning Grant. Data from the performance measures in this Table will identify Rural Health Networks that were sustainable after the grant period was completed and will provide HRSA's ORHP with potential best practice models to share with future Network Planning grantees.