

State Offices of Rural Health

Your session will expire in: 19:42

Instructions:

For help on this page, please click the FORHP Instructions link under Support at the top right of the page.

H9SRH00001: ELEVEN DISTRIBUTERS SERVICES

Review Status: Not Started

Grant Number: H9SRH00001
Current Report Period: 7/1/2018 - 6/30/2019

Grantee: ELEVEN DISTRIBUTERS SERVICES
Report Due Date: 12/15/2019

Submitted Date: N/A

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0322. Public reporting burden for this collection of information is estimated to average 12.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information, sending comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to HHSA-Report Clearance Officer, 9000 Fishers Lane, Room 14639, Rockville, Maryland, 20857.

State Offices of Rural Health

Collect and Disseminate Information | Coordinate rural health care activities in the state in order to avoid redundancy | Technical assistance (TA) to public and non-profit private entities

Collect and Disseminate Information

Information Disseminated

Input N/A if no data is to be reported.

Number of people on listserv

1

Number of people receiving newsletter (via mail or electronic)

2

How many newsletter issues per year (if known)?

3

How many listserv posts distributed per year (if known)?

4

Number of website hits - Specify most popular sections of websites (if known) info

2

Audience/Membership for listserv

Is the audience/membership for the listserv the same as for the newsletter?

Yes No

Is the listserv one-way information or interactive?

One-Way Interactive

Information Created or Developed Measures:

Select NA/None if no data is to be reported.

Articles

New Updated

Conferences (hosted or co-hosted)

New Updated

Fact Sheets

New Updated

Maps

NA/None Updated

Newsletter

NA/None Updated

Toolkits

New Updated

Webinars

New Updated

Websites

Used to address a problem in your state

Describe one tool that you created to address a problem in your state.

Text input field for tool description

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Coordinate rural health care activities in the state in order to avoid redundancy

Topic Area Collaborations

Select NA/None if no data is to be reported.

Behavioral Health

Convened

Community Development

Attended

Grant Writing

NA/None

Needs Assessment

Convened

Older Adults/Aging

Attended

Opioids

NA/None

Oral Health

Convened

Population Health

Attended

Rural Health Network

NA/None

Telehealth

Attended

Transportation

Convened

Tribal

NA/None

Veterans

NA/None

Workforce

Convened

Other- Please Specify:

NA/None

Type of Audience Collaborated With

Advisory Boards/Committees/Workgroups

Critical Access Hospitals

Educational Institutions

Federally Qualified Health Centers

National Organizations

Networks

Other HRSA grantees

Other state agencies

Policymakers

Rural Health Clinics

Small Rural Hospitals

Workforce Programs

Other- Please Specify:

Collaborative effort in your state

Describe one collaborative effort in your state that resulted in increased engagement on issues and/or strengthened partnerships that helped further the goals of the SORH? Include information on who the [more]

Collaborative effort in your state

Text input field for collaborative effort description

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Technical assistance (TA) to public and non-profit private entities

Types of TA Provided

Face to Face [am testing the description to see]

1

In-Depth Telephone and email interactions [am testing the description to see]

1

Thru Teleconference [am testing the description to see]

1

Webinar Technology [am testing the description to see]

1

Other [am testing the description to see]

1

Total

5

Types of Clients that Received TA

- Academic Institutions
- Agencies [\[am testing the description to see \]](#)
- Associations [\[am testing the description to see \]](#)
- Communities [\[am testing the description to see \]](#)
- Emergency Medical Services [\[am testing the description to see \]](#)
- Clinics [\[am testing the description to see \]](#)
- Government Officials [\[am testing the description to see \]](#)
- Hospitals [\[am testing the description to see \]](#)
- Networks [\[am testing the description to see \]](#)
- Providers [\[am testing the description to see \]](#)
- Other [\[am testing the description to see \]](#)

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Total

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Any Comments About this Form or the Data You Entered

Is this Form Complete?

If selected "No" you're not required to fill in all fields before you save.

No Yes

File Attachments

File to Upload: [Add New File](#)

OMB Number: 0155-0022
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