



Date: April 20, 2026

To: Samantha Miller, HRSA Information Collection Clearance Officer

Address: Room 13N82, 5600 Fishers Lane, Rockville, Maryland 20857

Re: Rural Health Care Coordination Program Performance Improvement Measures, OMB No. 0906-0024—Revision, FR Doc. 2026-05663

Dear Ms. Miller,

My name is Riisa Rawlins, and I am submitting this comment as a subject matter expert and the CEO of the Community Health Commission of Missouri. I am writing to provide feedback on the proposed revisions to the data collection projects for the Rural Health Care Coordination Program.

While the Health Resources and Services Administration (HRSA) intends for these proposed changes to keep the data collection instrument relevant, responsive, and clear, we must ensure that the revised performance measures do not inadvertently create barriers for small rural providers. These small providers are essential to reaching the most vulnerable populations in Missouri. By identifying specific issues within the proposed regulation, I offer the following constructive alternatives to improve the data collection effort and ensure equitable outcomes.

1. Improve Demographic Data Granularity (Reference: Section 27)

While adding a new response option for race/ethnicity is a positive step, the Commission urges HRSA to ensure these reporting measures allow for the true disaggregation of data to identify specific health inequities within Missouri's unique rural sub-populations. Broad demographic categories often mask profound, localized crises.

For example, granular data is necessary to track the disproportionate rates of preterm births and severe chronic disease mortality among Black populations in the rural Bootheel region. According to the Missouri Department of Health and Senior Services (DHSS) In Rural Missouri: Biennial Report 2024-2025, Black/African American populations in rural Missouri counties suffer from significantly higher preterm birth rates (14.8%) compared to white populations in those same rural counties (10.5%). Furthermore, the state's 2025 Pregnancy-Associated Mortality Review (PAMR) Annual Report notes that Black women in Missouri are 2.5 times more likely to die from pregnancy-related causes than white women, and that 80% of these pregnancy-related deaths are preventable.

Similarly, detailed data is required to identify preventative care gaps among the rapidly growing Hispanic/Latino populations working in agricultural and meatpacking hubs in Southwest and Northern Missouri (such as McDonald and Sullivan Counties). These populations face severely high uninsured rates compared to non-Hispanic whites, alongside significant language and health literacy barriers.

Finally, data collection must be capable of capturing the rural "hospital desert" effect on the aging poor and pregnant individuals. As highlighted by recent state and hospital association tracking, over 40 rural Missouri counties currently do not have a hospital, and nearly 42% of Missouri counties are defined as maternity care deserts. When a hospital closes, the travel distance—averaging over 30 miles in some counties, or 45+ minutes in counties like Ozark or Reynolds—becomes an insurmountable barrier for low-income seniors and expectant mothers lacking transportation.



Without the ability to capture this disaggregated regional data, Care Coordination networks cannot effectively target interventions, and these profound inequities will remain invisible in federal reporting.

2. Ensure Representative Leadership (Reference: Section 27)

Regarding the new measure in the "Leadership and Workforce Composition" section, the Commission recommends HRSA establish concrete metrics to track whether workforce and leadership demographic profiles mirror the communities they serve. Culturally congruent care is vital for building patient trust in marginalized sub-populations. To accurately assess this, HRSA should track the utilization of localized Community Health Workers (CHWs) and include a metric measuring the percentage of program leadership that actually resides within the rural target service area. Leadership rooted in the community is far better equipped to understand and dismantle localized barriers to care than out-of-state or out-of-network management.

3. Align "Community Needs" with Social Determinants (Reference: Section 24)

HRSA states that the purpose of the revised data collection is to assess how well awardees meet "community needs." The Commission strongly advocates that these measures require the use of standardized Social Determinants of Health (SDOH) screening tools. Specifically, Care Coordination metrics should track "closed-loop referrals" to ensure that patients successfully connect with vital social service providers for food, transportation, and housing, rather than just tracking the initial referral. Furthermore, in rural Missouri, a lack of reliable broadband internet is a primary driver of health inequity, creating an absolute barrier to modern care coordination and telehealth. Broadband access must be explicitly tracked as a key community need under these performance measures.

4. Address Inequitable Administrative Burden (Reference: Sections 29, 31, 33)

The notice suggests that larger networks are likely to report higher administrative burdens due to the volume of their partnerships. The Commission cautions HRSA against ignoring the disproportionate burden placed on smaller, rural-based organizations. Small Rural Health Clinics and community organizations often operate on razor-thin margins without dedicated IT departments or compliance officers. To ensure these critical access points are not excluded from future funding due to the sheer administrative weight of reporting, HRSA must provide dedicated, one-on-one technical assistance. Additionally, the Commission recommends that HRSA explicitly allow Care Coordination grant funds to be utilized for Electronic Health Record (EHR) interoperability upgrades, empowering smaller networks to automate this data collection and focus their limited staff hours on direct patient care.

Thank you for your consideration of these recommendations to ensure the revised performance measures reflect the best interests of the federal government, federal taxpayers, and the rural communities we serve.

Sincerely,

A handwritten signature in black ink, appearing to read "Riisa Rawlins".

Riisa Rawlins
CEO, Community Health Commission of Missouri