

ORGANIZATIONAL IDENTITY AND POLICY PRIORITIES 2024

| Vision | For Tennessee to be among the healthiest states in America. | | | |
|---------------------|--|--|--|--|
| Mission | Lead the way for a healthy tomorrow throughout Rural Tennessee *Partnership *Advocacy *Education *Resources | | | |
| | 1. Diversity: Maintain a diverse membership representative of the rural and underrepresented communities we serve and foster an inclusive environment through respect of people and thought. | | | |
| Core Values | 2. Health Equity: Promote the overall health of rural Tennesseans through the removal of barriers attributed to social determinants of health and increasing affordability and accessibility of quality, compassionate care in rural areas. | | | |
| | 3. Health Education: Support and deliver evidence-based education and information to professionals and communities to improve overall health. | | | |
| | 4. Collaboration : Partner with engaged communities, partner organizations, and policymakers to identify and address the healthcare needs in rural Tennessee. | | | |
| | 5. Ethics: Adhere to the highest standards of professional integrity in all interactions and encourage others to do the same. | | | |
| | 6. Sustainability: Maintain financially sound practices and good stewardship to achieve the long-term goals of improved social, physical, and emotional well-being of the rural and underserved citizens of Tennessee. | | | |
| | 1. Reduce uninsured rates and insurance costs of small employers. | | | |
| | 2. Increase provider reimbursements for Medicaid and Behavioral Health. | | | |
| Policy Goals | 3. Expand access of Uninsured Adult Safety Net to Rural Health Clinics. | | | |
| | 4. Invest directly in rural hospitals and clinics. | | | |
| | 5. Expand healthcare workforce development programs. | | | |
| | 6. Increase access to primary care and women's health services. | | | |
| | 7. Expand substance misuse prevention, treatment, and recovery services. | | | |
| | 8. Protect Coordinated School Health programs. | | | |
| | 9. Fund rural communities addressing local social drivers of health. | | | |
| | 10. Expand provider capacity to refer to specialty and social needs care. | | | |

https://www.tnruralhealth.org/action-center

Organizational Policy Priorities and Strategy Guide

| Lead | Partner | Support | Letters of |
|---|--|--|---|
| | | Medication cost | support |
| Policy Priorities: | Policy Priorities: | Dental access | |
| Strengthen the Uninsured Adult and Behavioral Health Safety Nets by enhancing provider reimbursements and being inclusive of federally designated Rural Health Clinics who offer sliding fee scales. Support initiatives aimed at sustaining rural hospitals and clinics, such as increasing provider reimbursement rates, technology investments, increasing capacity to refer to specialty and social need services. Fund rural communities wishing to develop and implement initiatives to address Social Drivers of Health. Expand workforce development | Expand access to Substance Use Disorder prevention, treatment, and recovery services in rural communities. Protect Coordinated School Health programs and increase access to afterschool programs. Increase access to care for uninsured populations through initiatives such as reducing insurance costs for small businesses and Medicaid expansion. Programmatic Activities: Rural Community Opioid Response Program (RCORP) Health Insurance Enrollment School Health Communications Community Health Worker Training | GME programs Food security Transportation Housing assistance Domestic violence prevention/response Health literacy Statewide hotline and Public education (even Coalition partnerships Share resources and a Sponsor events Listening sessions and Media Advocacy | nts, webinars, media) ction alerts d story collection |
| programs aimed at recruiting, training, and upskilling the healthcare | | Grunt and program ee | |
| and upskilling the healthcare workforce. Advance initiatives aimed at reducing teenage pregnancy and increasing access to women's healthcare services including comprehensive health education, certification recognition for doulas, and improved reimbursements for family planning services. Programmatic Activities: Rural Health Clinic Network Rural Hospital Network Workforce Development Program Doula and Lactation Training | Grant and program collaboration Member Engagement – RHA actively promotes opportunities for members and communities to engage in education and advocacy in meaningful ways. This includes providing professional development at the annual conference, regional events, advocacy opportunities, and various volunteer opportunities on committees or coalitions. Legislative Advocacy – RHA promotes member engagement with legislators through: • Facilitating an annual "Fly-in" to visit federal congresspeople. • Hosting an annual state "Day on the Hill" for members. • Providing a platform for members to send messages to policymakers. • Hiring a part-time, contract lobbyist to monitor legislation. • Hosting weekly advocacy calls during legislative session. • Providing advocacy training. • Sending policy related communications and action alerts. Administrative Advocacy – RHA staff and appointed members work to build a positive working relationship with administrative agencies, executive officials, and special purpose boards. To influence administration decisions on policy and program implementation, we share member experiences, policy papers, and consultation. Coalition and Network Building – RHA works to build coalitions of rural schools, providers, and other community-based organizations aimed at improving health outcomes. Resource Development such as policy briefs, white papers, and other resources aimed at educating members, public, and policymakers on key policy issues. | | |



2024 Legislative Priorities

Since 1995, the mission of Rural Health Association of Tennessee (RHA) (<u>www.tnruralhealth.org</u>) is to lead the way to a healthy Tennessee through partnerships, advocacy, education, and resources. Our 800⁺ members include rural hospitals, clinics, school health professionals, mental and behavioral health providers, and others who work to address health disparities in rural and other minority populations.

Through interviews, listening sessions, and surveys, RHA has identified these legislative priorities:

- Increased Provider Reimbursement Rates Rural providers provide care to higher proportions of people who rely on Medicare and Medicaid for health insurance. Rates for these health plans are significantly less than commercial/private plans, contributing to rural hospital closures, acquisitions, and overall instability of the rural healthcare infrastructure. RHA supports policies that increase Medicaid reimbursement rates for rural hospitals, emergency centers, primary providers, and mental and behavioral health centers.
- Uncompensated Care Reduction Uninsured individuals experience significant barriers in accessing care for behavioral health and substance abuse services, pediatric visits, and primary care. At the same time, the burden of providing uncompensated care has put a financial strain on rural hospitals, clinics, and other healthcare facilities. RHA supports policies that provide health coverage for uninsured Tennesseans. Additionally, we work to advance policies that reduce health insurance costs for small businesses, especially those within healthcare and service industries, to provide coverage for part-time employees.
- Expanded Health Safety Net Eligibility and Reimbursement Rates Safety net programs expand access to health care, improve health outcomes, and increase the quality and efficiency of health care delivery in the state. In Tennessee there are 22 rural counties with no rural safety net provider. RHA advocates for expanding the Safety Net to allow federally designated Rural Health Clinics who offer sliding fee scales to participate in the Uninsured Adult Safety Net program.
- **Rural Health Workforce Development** 100% of Tennessee's rural counties are designated as Health Professional Shortage Areas for primary care, obstetrics, dental health, and mental and behavioral health. These workforce issues are not limited to higher credentialed medical providers, but also entry level positions such as certified nursing assistants, dental hygienists, and peer recovery specialists. RHA supports innovative programs aimed at recruiting, retaining, and upskilling rural healthcare workforce.
- Funding Rural Communities to Address Social Drivers of Health SDOH are the conditions in which people live, work, play, and worship that can impact their physical, mental, and social health. Examples include employment, education, access to transportation, and food security, among others. Social drivers account for nearly 50% of health outcomes. RHA advocates for programs that allow for local-led solutions for addressing SDOH.



STRATEGY SCREEN AND DEFINITIONS

Inevitably, there will be issues, opportunities, and proposed activities that arise during the course of our three-year strategic plan that we cannot anticipate today. The Strategy Screen is a tool board and staff can use to make good decisions about when to take on a new activity or strategy.

Rural Health Association of Tennessee Strategy Screen

- 1. Does the proposed activity (strategy) help us meet one or more of our goals?
- 2. Does the proposed strategy or activity enhance our credibility and influence among grassroots supporters and policymakers?
- 3. Is the strategy financially viable? Can we afford it?
- 4. Is the strategy consistent with our values?
- 5. Does this strategy strengthen RHA's ability to advance our other work?
- 6. Do we have the capacity to engage in this strategy without compromising our ability to advance our other strategies?
- 7. Does engaging in this strategy strengthen key strategic relationships?
- 8. Is there another compelling, strategic reason why we should engage in this strategy?

Rank Scores: Excellent: 4 Good: 3 Fair: 2 Poor: 1 Not at All: 0