Grantee Directory

Rural Northern Border Region Planning Program 2021–2023

Published December 2021

Background and Purpose

The Rural Northern Border Region Planning Program is authorized by 42 U.S.C. 912(b)(5) (§ 711(b)(5) of the Social Security Act.

The purpose of the Rural Northern Border Region Planning Program is to assist in the planning and identifying of key rural health issues in the rural Northern Border Regional Commission (NBRC) service area. The program supports planning activities to identify key rural health issues, assess rural health challenges, and engage in strategic planning activities to inform rural health plans across the northern border region. The ultimate goal of the program is to help underserved rural communities identify and better address their health care needs.

The NBRC-designated service areas are defined as follows:

Maine: Androscoggin[1], Aroostook, Franklin, Hancock, Kennebec, Knox, Oxford, Penobscot[1], Piscataquis, Somerset, Waldo, and Washington counties

New Hampshire: Belknap, Carroll, Cheshire, Coös, Grafton, and Sullivan counties

New York: Cayuga, Clinton, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer[1], Jefferson[1], Lewis, Livingston[1], Madison[1], Montgomery, Niagara[1], Oneida[1], Orleans[1], Oswego[1], Rensselaer[2], Saratoga[2], Schenectady[2], Seneca, St. Lawrence, Sullivan, Washington[1], Warren[1], Wayne[1], and Yates[1] counties

Vermont: Addison, Bennington, Caledonia, Chittenden[3], Essex, Franklin[1], Grand Isle[3], Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor counties

The Rural Northern Border Region Planning Program provided federal funding up to $190,000 annually across an eighteen month project period (2021-2023) to 4 rural grantees.

This Directory provides contact information and a brief overview of the four initiatives funded under the Rural Northern Border Region Planning Program.

[1]Indicates HRSA-designated partially rural counties located in the NBRC service area.

[2]Rensselaer, Saratoga, and Schenectady Counties in New York are HRSA-designated non-rural (urban) counties.

[3]Chittenden and Grand Isle County in Vermont are HRSA-designated non-rural (urban) counties.

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Maine

Maine Department of Health and Human Services

Grant Number:	P16RH43502				
Organization Type:	State of Maine/ DHHS Rural Health, Primary Care & Oral Health Programs				

Grantee Organization Information:	**Name:**	Maine Department of Health and Human Services				
	Address:	286 Water Street Key Bank Plaza				
	City:	Augusta	**State:**	Maine	**Zip code:**	04330
	Tel #:	207-287-5524				
	Website:	https://www.maine.gov/dhhs/mecdc/public-health-systems/rhpc/				

Primary Contact Information:	**Name:**	Nicole Breton
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Expected funding level for each budget period:	**Month/Year to Month/Year**	**Funding Amount**
	Septmeber 2021 – Feburary 2023	$190,000

Consortium Partners:	**Partner Organization** *Indicates partners who have signed a Memorandum of Understanding	**County**	**State**	**Organization Type**
	New England Rural Health Association*		ME	Non-profit
	Maine Children's Oral Health Partnership		ME	Non-profit
	Community Dental Centers		ME	Non-profit
	Waterville Dental Center		ME	Non-profit
	Kennebec Valley Dental Center		ME	Non-profit
	St. Apollonia Children's Dental Center		ME	Non-profit
	Maine Health Access Foundation		ME	Private Foundation

The communities/counties the project serves:		
	Aroostook	Other counties:
	Franklin	Hancock
	Kennebec	Knox
	Oxford	Waldo
	Piscataquis	Washington
	Somerset	Rural Penobscot

The target population served:	**Population**	**Yes**	**Population**	**Yes**
	Adults	☒	Pre-school children	☒
	African Americans	☒	Pregnant Women	☒
	Caucasians	☒	School-age children (elementary)	☒
	Elderly	☒	School-age children (teens)	☒
	Infants	☒	Uninsured	☒
	Latinos	☒		
	Native Americans	☒		
	Pacific Islanders	☒		

Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes
	Access: Primary Care	☐	Health Professions Recruitment and Retention/Workforce Development	☒
	Access: Specialty Care	☐	Integrated Systems of Care	☐
	Aging	☐	Maternal/Women's Health	☐
	Behavioral/Mental Health	☐	Migrant/Farm Worker Health	☐
	Children's Health	☒	Oral Health	☒
	Chronic Disease: Cardiovascular	☐	Pharmacy Assistance	☐
	Chronic Disease: Diabetes	☐	Physical Fitness and Nutrition	☐
	Chronic Disease: Asthma/COPD	☐	School Health	☒
	Community Health Workers /Promotoras	☐	Social Determinants of Health	☐
	Coordination of Care Services	☒	Substance Abuse	☐
	Emergency Medical Services	☐	Telehealth	☒
	Food Access	☐	Transportation to health services	☒
	Health Education and Promotion	☐	Other: Network Development	☒
	Health Information Technology	☐		☐

Description of the project:

The consortium will include seven organizations: the Rural Health and Primary Care Program, which also serves as the State Office of Rural Health, the Partnership for Children's Oral Health, the Maine Health Access Foundation and at least four not-for-profit dental clinics with six locations serving the rural and underserved populations.

Capacity to Serve Rural Underserved Populations: The COVID-19 crisis revealed deficiencies in the health care delivery system and oral health was not immune. Aware that the pandemic exacerbated the already precarious positions of Maine's rural not-for-profit dental clinics, the Rural Health and Primary Care Program, the *convener of networks of Critical Access Hospital personnel since 2005*, the Partnership for Children's Oral Health, *a network of organizations and individuals* committed to making Maine a place where all children can growup free from preventable dental disease and the Maine Health Access Foundation, a nonprofit foundation pursuing broader access to health care by sharing information, began hosting weeklyconference calls for the not-for-profit dental clinics to strategize and foster collaboration. These not-for-profit dental clinics are not part of a larger health center or hospital system. Rather, they specialize in dental services only and operate as 501(c)3 organizations with a mission of ensuring access to dental care for those who are uninsured or have Medicaid. Few, if any, private practices are taking new Medicaid patients or offering discounted services on a sliding fee scale and the federally qualified health centers that have oral health clinics are generally not located in the same areas. Therefore, these clinics are crucial to their communities. *Together, these clinics have been serving approximately the same number of Medicaid children as all of the Maine-based federally qualified health centers combined.*

Project Activities: Weekly conference calls initiated in response to the COVID-19 crisis have led to a greater appreciation of the value of working together and a desire to form a structured network. The Rural Northern Border Region Planning Program provides an opportunity for these organizations to work together to make the necessary financial and operational improvements to strengthen the clinics, create efficiencies for sustainability and benefit the communities they serve.

Expected Outcomes:

The ultimate goal of the Consortium is to expand access to, coordinate and improve the quality of basic oral health care services for Maine's rural and underserved population. This network is a key component to success.

Evidence Based/ Promising Practice Model Being Used or Adapted:

Networking development with the non-profit dental centers to:

1. Improve patient access in rural and underserved areas of the Maine.
2. Improve financial and operational improvements.
3. Workforce development & recruitment strategies.
4. Improve care coordination with the School Oral Health Program.

New Hampshire

Mary Hitchcock Memorial Hospital

Grant Number:	P16RH43503					
Organization Type:	Corporate Entity, Federal Tax Exempt (Hospital)					
Grantee Organization Information:	**Name:**	Mary Hitchcock Memorial Hospital (MHMH)				
	Address:	1 Medical Center Dr.				
	City:	Lebanon	**State:**	NH	**Zip code:**	03756
	Tel #:	(603) 650-5000				
	Website:	https://www.dartmouth-hitchcock.org/				
Primary Contact Information:	**Name:**	Timothy Fisher				
	Title:	Project Director				
	Tel #:	603-653-9300				
	Email:	Timothy.j.fisher@hitchcock.org				

Expected funding level for each budget period:	**Month/Year to Month/Year**	**Funding Amount**
	September 2021 – Feburary 2023	$189,833

Consortium Partners:	**Partner Organization** *Indicates partners who have signed a Memorandum of Understanding	**County**	**State**	**Organization Type**
	North Country Health Consortium	Grafton	NH	Rural health network
	North Country Healthcare	Coos	NH	Hospital network
	Littleton Regional Healthcare	Grafton	NH	Hospital
	Coos County Family Health Services	Coos	NH	FQHC
	Northeastern VT Regional Hospital	Caledonia	VT	Hospital
	Little Rivers Health Care	Orange	VT	FQHC
	The Family Resource Center	Coos	NH	Social service agency

The communities/counties the project serves:	Caledonia County, VT	
	Coos County, NH	
	Grafton County, NH	
	Orange County, VT	

The target population served:	**Population**	**Yes**	**Population**	**Yes**
	Adults	☒	Pre-school children	☐
	African Americans	☒	Pregnant Women	☒
	Caucasians	☒	School-age children (elementary)	☐
	Elderly	☐	School-age children (teens)	☐
	Infants	☒	Uninsured	☒
	Latinos	☒	Other: Pregnant people on Medicaid	☒
	Native Americans	☒		
	Pacific Islanders	☐		

Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes
	Access: Primary Care	☐	Health Professions Recruitment and Retention/Workforce Development	☒
	Access: Specialty Care	☒	Integrated Systems of Care	☒
	Aging	☐	Maternal/Women's Health	☒
	Behavioral/Mental Health	☐	Migrant/Farm Worker Health	☐
	Children's Health	☐	Oral Health	☐
	Chronic Disease: Cardiovascular	☐	Pharmacy Assistance	☐
	Chronic Disease: Diabetes	☐	Physical Fitness and Nutrition	☐
	Chronic Disease: Asthma/COPD	☐	School Health	☐
	Community Health Workers /Promotoras	☐	Social Determinants of Health	☒
	Coordination of Care Services	☒	Substance Abuse	☐
	Emergency Medical Services	☒	Telehealth	☒
	Food Access	☐	Transportation to health services	☒
	Health Education and Promotion	☒		
	Health Information Technology	☒		

Description of the project:

In response to major challenges with access to maternity care as well as adverse maternal health outcomes in northern New Hampshire (NH), the Rural Northern Border Region Planning Project aims to improve the system of care for pregnant and postpartum people. The project has two primary objectives:
1) Develop a consortium of health care and community organizations serving the needs of pregnant and postpartum people.
2) Identify evidence-based solutions to community needs for improving maternal health.
Our strategies will be to:

- formalize a consortium of healthcare and social service providers via a Memorandum of Understanding (MOU)
- explore maternity care health payment models
- develop systems for data and information sharing
- assess needs and gaps in prenatal, birthing and postnatal care
- identify evidence-based health care innovations to be implemented after the planning period.

Expected Outcomes:

- Adoption of MOU to formalize partnership among consortium members
- Identification of at least one promising payment model to allow for care innovation and to reduce financial losses for maternity care
- Brief report summarizing findings from the consortium's maternal health needs assessment, including assessment of workforce capacity
- Development of data sharing agreement among consortium members to facilitate improving systems of care and tracking progress toward project goals
- Identification of at least three evidence-based practices and at least one training model to be further explored, implemented, and evaluated after the planning period.

Evidence Based/ Promising Practice Model Being Used or Adapted:

We have begun to explore promising practice models implemented by other rural states, including some which have been awarded RMOMS funding. Specifically, the ROAMS network in New Mexico has generously shared their knowledge & provided guidance through the start of our planning grant.

New York

Fort Drum Regional Health Planning Organization

Grant Number:	P16RH43501					
Organization Type:	Regional Health Planning Organization					
Grantee Organization Information:	**Name:**	Fort Drum Regional Health Planning Organization				
	Address:	120 Washington St., Suite 230				
	City:	Watertown	**State:**	New York	**Zip code:**	13601
	Tel #:	315-755-2020				
	Website:	www.fdrhpo.org				
Primary Contact Information:	**Name:**	Pat Fontana				
	Title:	Director of Population Health				
	Tel #:	315-755-0720				
	Email:	pfontana@fdrhpo.org				

Expected funding level for each budget period:	**Month/Year to Month/Year**	**Funding Amount**
	September 2021 – February 2023	$190,000.00

Consortium Partners:	**Partner Organization** Indicates partners who have signed a Memorandum of Understanding	**County**	**State**	**Organization Type**
	Jefferson County Public Health	Jefferson	NY	Public Health
	River Hospital	Jefferson	NY	Critical Access Hosptial
	Lewis County Public Health	Lewis	NY	Public Health
	St. Lawrence Health Initiative	St. Lawrence	NY	Health & Wellness CBO
	Carthage Area Hospital	Jefferson	NY	Critical Access Hospital
	Gouverneur Hospital	St. Lawrence	NY	Critical Access Hospital
	Fort Drum Regional Health Planning Org.	Jefferson	NY	Health Planning Organization
	St. Lawrence County Public Health	St. Lawrence	NY	Public Health
	Claxton-Hepburn Medical Center	St. Lawrence	NY	Hospital

The communities/counties the project serves:	Jefferson County	
	Lewis County	
	St. Lawrence County	

The target population served:	**Population**	**Yes**	**Population**	**Yes**
	Adults	☒	Pre-school children	☐
	African Americans	☐	Pregnant Women	☒
	Caucasians	☐	School-age children (elementary)	☒
	Elderly	☒	School-age children (teens)	☒
	Infants	☒	Uninsured	☒
	Latinos	☐	Other: Poverty	☒
	Native Americans	☐		
	Pacific Islanders	☐		

Focus areas of grant program:	**Focus Area:**	**Yes**	**Focus Area:**	**Yes**
	Access: Primary Care	☒	Health Professions Recruitment and Retention/Workforce Development	☒
	Access: Specialty Care	☒	Integrated Systems of Care	☒
	Aging	☐	Maternal/Women's Health	☒
	Behavioral/Mental Health	☒	Migrant/Farm Worker Health	☒
	Children's Health	☒	Oral Health	☒
	Chronic Disease: Cardiovascular	☐	Pharmacy Assistance	☐
	Chronic Disease: Diabetes	☐	Physical Fitness and Nutrition	☐
	Chronic Disease: Asthma/COPD	☐	School Health	☒
	Community Health Workers /Promotoras	☐	Social Determinants of Health	☒
	Coordination of Care Services	☒	Substance Abuse	☒
	Emergency Medical Services	☐	Telehealth	☒
	Food Access	☐	Transportation to health services	☒
	Health Education and Promotion	☒		
	Health Information Technology	☐		

Description of the project:

The FDRHPO will implement Population Health Improvement strategies that are in line with state and national health care reform initiatives, including the CMS Triple Aim to improve the experience of care, improve population health, and reduce per capita care costs. Strategies are aligned to address health disparities and achieve and support the NYS Prevention Agenda. FDRHPO will undertake eight objectives: 1) Provide neutral forums to convene and integrate a wide-variety of regional stakeholders to address population health in support of the SHIP, and the NYS Prevention Agenda, 2) Convene stakeholders to address identified health disparities, 3) Utilize patient and community engagement strategies to ensure input, transparency and informed decision making from patients and community members, 4) Collect, analyze and utilize data to identify local and regional needs, measure health system performance, monitor health status of community populations and report on prevention agenda and SHIP metrics by region and specific population 5) Facilitate and advance prevention agenda priorities in coordination with and as set forth in local health department Community Health Assessments, Community Health Improvement Plans and hospital Community Service Plans that informed the Regional CHA and CHIP, 6) Provide data and analytics to inform regional workforce strategy to advance the SHIP and support integrated care delivery including advance primary care, 7) Facilitate and support training, coaching, and assistance for practice transformation including health information technology integration and workflow, and 8) Work collaboratively and cooperatively with the NY DOH to submit timely progress reports and deliverables related to the PHIP.

Expected Outcomes:

These strategies will drive resource planning and support achievement of priority areas delineated with measurable improvement in Prevention Indicators. Expectations are that rural healthcare partners will receive the analytic and strategic planning support services that they need to optimize efforts, enact meaningful change, enhance the system of care in rural areas, improve overall health outcomes, mitigate challenges and complete required reports to New York State (NYS), including community health assessments (CHA), community health improvement plans (CHIP), and community service plans (CSP). Results of the CHAs, CHIPs, and CSPs inform and affect all healthcare stakeholders and drive healthcare decisions that will have a lasting effect on all rural residents living and working in these three counties.

Evidence Based/ Promising Practice Model Being Used or Adapted:

While the ultimate goal of this project is to foster a healthier rural community through implementation of evidence-based interventions and promising practices, analysis of the healthcare system must first be conducted to identify health care gaps and community needs. Gaps and needs, once identified, will be aligned with existing evidence-based interventions and promising practices that have been proven to enhance outcomes. It is therefore premature to adopt evidence-based improvement strategies until an initial assessment of needs is completed.

Vermont

Bi-State Primary Care Association

Grant Number:	P16RH43500					
Organization Type:	Primary Care Association					
Grantee Organization Information:	**Name:**	Bi-State Primary Care Association				
	Address:	61 Elm Street				
	City:	Montpelier	**State:**	Vermont	**Zip code:**	05602
	Tel #:	802-229-0002				
	Website:	www.bistatepca.org				
Primary Contact Information:	**Name:**	Helen Labun				
	Title:	Special Projects Manager, Food Access				
	Tel #:	802-229-0002				
	Email:	hlabun@bistatepca.org				
Expected funding level for each budget period:	**Month/Year to Month/Year**	**Funding Amount**				
	Septmeber 2021 – Feburary 2023	$189.892				
Consortium Partners:	**Partner Organization** *Indicates partners who have signed a Memorandum of Understanding	**County**	**State**	**Organization Type**		
	Hunger Free Vermont	Chittenden (Statewide)	VT	Community Based Organization		
	Northeast Organic Farming Association - VT	Chittenden (Statewide)	VT	Community Based Organization		
	Vermont Foodbank	Washington (Statewide)	VT	Community Based Organization		
	Vermont Association of Hospitals & Health Systems	Washington (Statewide)	VT	Trade Association		
The communities/counties the project serves:	Addison	Windsor				
	Bennington					
	Caledonia					
	Essex					
	Lamoille					
	Orange					
	Orleans					
	Rutland					
	Washington					
	Windham					
The target population served:	**Population**	**Yes**	**Population**	**Yes**		
	Adults	☐	Pre-school children	☐		
	African Americans	☐	Pregnant Women	☐		
	Caucasians	☐	School-age children (elementary)	☐		
	Elderly	☐	School-age children (teens)	☐		
	Infants	☐	Uninsured	☐		

	Latinos	☐	Other: Rural Residents with Food Insecurity	☒
	Native Americans	☐		
	Pacific Islanders	☐		

Focus areas of grant program:	**Focus Area:**	**Yes**	**Focus Area:**	**Yes**
	Access: Primary Care	☐	Health Professions Recruitment and Retention/Workforce Development	☐
	Access: Specialty Care	☐	Integrated Systems of Care	☐
	Aging	☐	Maternal/Women's Health	☐
	Behavioral/Mental Health	☐	Migrant/Farm Worker Health	☐
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	Community Health Workers /Promotoras	☐	Social Determinants of Health	☒
	Coordination of Care Services	☒	Substance Abuse	☐
	Emergency Medical Services	☐	Telehealth	☐
	Food Access	☒	Transportation to health services	☐
	Health Education and Promotion	☒		
	Health Information Technology	☐		

Description of the project:

This project is focused on strategic planning for integrating food access as part of health care, incorporating elements of food and nutrition security, community health / public health, and individual health care (using food as part of clinician-advised treatment for diet-related conditions / pre-conditions). It builds from an FQHC-focused strategic planning project in 2020-2021 and broadens the focus to include all types of primary health care practices in rural Vermont, plus partnerships with hospital systems. Specific topics we plan to address in this phase include data collection & clinical outcomes; structures for peer-to-peer learning; communications; learning from evidence-based models beyond VT; sustainable program funding streams; rural transportation barriers.

Expected Outcomes:

By the end of the grant period we will have detailed strategic plans for addressing transportation barriers to food access; detailed strategic plans for maximizing the impact of health professionals in outreach around food assistance programs; a preliminary feasibility analysis for Produce Prescriptions (produce access within the context of clinical programs linked to specific conditions) and Produce Enhancements (increasing produce availability for general community health goals); initial review of viable payment models for food & health care integrated services; an organizational plan for the Food Access and Health Care Consortium.

Evidence Based/ Promising Practice Model Being Used or Adapted:

We draw from multiple models including Medically Tailored Meals, home-delivered medically-referred meals (for example with Medicare Advantage plans), USDA Nutrition Incentive Programs, health care integrated food prescription programs (for example Geisinger's Food Farmacy model), promising practices in food & cooking education (research at the University of Vermont, plus EFNEP, SNAP-ED), Gravity Project for data standards, Hunger Vital Sign for screening, and we also refer to broader policy planning projects such as the Food Is Medicine state plan & coalition in Massachusetts and the North Carolina Healthy Opportunities Pilot.