

STRATEGIES FOR

Rural Health Leaders' Success

IN A POST-COVID-19 WORLD



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INTRODUCTION



This playbook is designed to guide rural hospital leaders and board members around strategic thinking and local problem solving related to the COVID-19 vaccine and related COVID-19 response, as we as a country attempt to move past the pandemic. The cases and accompanying strategies offer guidance, innovative solutions, and key resources and tools to encourage administrators, clinical leaders and trustees to think critically about how to approach solutions, while offering practical resources to do it.

Rural health care organizations face unique challenges in caring for patients, from geography to payer mix to staffing shortages to low patient volumes due to postponed elective procedures. Educating communities on the COVID-19 vaccines' safety and efficacy has emerged in the last year as among the thorniest challenges to work through.

Rural Hospitals as Public Health Resources

We have seen with the pandemic that rural communities are at a **higher risk** of experiencing disruptions to health care services due to COVID-19 case surges, which may strain hospital capacity and reduce community-wide access to amenities that impact the social influencers of health. As such, rural hospitals should focus on how they can serve as a convener for services that address social or non-medical needs without shouldering the burden of providing those services independently.

Nearly 60 million people — **20% of all Americans** — live in areas designated as “rural.” The hospital serves as a crucial resource to promote health and well-being in these communities. Rural hospitals often serve as economic anchors in their community by providing jobs and purchasing goods and services within the local economy. However, there remains a significant opportunity for rural hospitals



to expand their role beyond that of an anchor institution and serve as a convener for other stakeholders with the shared goal of improving health and well-being. The COVID-19 pandemic has highlighted the need for greater coordination between health care organizations and those that address social needs, such as providing support for housing security, food, education and transportation.



We learned early on that if you're going to incorporate a county health department into your algorithm for

treatment, make sure they know that and that they are doing what you think they are doing. The goal, is to make sure to set the patient up for success."

LINDA CLEMEN, R.N., CNO, Katherine Shaw
Betha Hospital, Dixon, Ill.

Hospital leaders and health care workers stood strong for their communities, and they have a **vital public health role** to keep communities healthy during the pandemic and beyond. Some rural areas lack local public health departments and instead rely on state and national public health agencies for support in times like these. Where rural, local public health departments do exist, many operate with small budgets and limited staffing. Similarly, many rural hospitals face their own challenges and resource constraints. As a result, rural, local public health departments and hospitals may lack the resources to respond adequately to a medical surge such as the COVID-19 pandemic, leaving communities vulnerable. Many rural residents are faced with the decision to implement a whole community approach to public health preparedness and assign community members' tasks and responsibilities based on knowledge, strengths and abilities.

Rural areas can face different health challenges depending on their location. Many rural communities are considered more vulnerable according to **CDC's Social Vulnerability Index (SVI)**. The SVI includes factors such as housing, transportation, socioeconomic status, race and ethnicity, and language, which can be helpful in determining how to help support rural communities before, during and after COVID-19.

Hospital boards have an important role as community stewards guiding the strategic development of emergency disaster plans and then monitoring their success when implemented. All hospitals have emergency disaster plans and how these plans perform under a medical surge is a board strategic responsibility. While many rural hospitals are prepared and have managed natural disasters — such as a large motor vehicle accident — few had previously managed a medical surge to the scale of the COVID-19 pandemic.



MISINFORMATION



When it comes to our health, having trusted information is crucial. False or misleading information can cause serious harm. We now live in an era of information overload. It is becoming harder to navigate the overwhelming amount of information we see every day. Not only is there more information, some of it is false or misleading. It can be hard to know who or what to trust, and it requires us to learn a new set of skills.

The Office of the U.S. Surgeon General has developed a Community Toolkit for Addressing Health Misinformation. While anyone should find the information in this [toolkit](#) useful, it is designed as a resource for those who are in a position to help others learn these new skills. Maybe you run a neighborhood page on Facebook, host a reading group, coach a softball team, manage a professional association, or own a coffee shop or salon where members of your community get together. Maybe you are a faith leader, a nonprofit executive, a librarian, an educator, a local radio host or local hospital board member. As a community leader you have people who trust you and as a result have an important role to play in addressing health misinformation. This [toolkit presentation](#) can help us help our community.

Misinformation is harmful to individual and public health. A Surgeon General's [Advisory](#) calls the American people's attention to this public health issue and provides recommendations for how it should be addressed. Together, we have the power to build a healthier information environment by taking steps to limit the prevalence and impact of misinformation to help all of us make more informed decisions about our health and the health of our loved ones and communities.





The cumulative stress, the politicization of the vaccine, and the questioning of science during an unprecedented pandemic have made leadership in health care more important than ever. During this time of uncertainty, it became extremely important for the Board and leadership teams to communicate a clear vision of its vaccination policy and take the lead in vaccinating all its members. With so many questions and so many doubts, I believe as John Wooden said, ‘The most powerful leadership tool you have is your own personal example.’ We as trustees and healthcare leaders are responsible for the most critical community assets—its hospitals, its health systems, and its overall well-being. In this time of crisis doing the right thing, is always the right thing.”

**MICHAEL CHARLTON, Board Chairman, AtlantiCare Health System (SE N.J.);
President and Chief Executive Officer, Icon Hospitality**

The people working in hospitals and health systems are trusted sources of information. Board members are trusted business and community leaders, and answering questions, sharing personal reasons for getting vaccinated, and respecting concerns of those not yet ready to get their vaccine are important ways to address misinformation in rural communities.

Ongoing polling reflects the complicated reasoning behind those who are not yet vaccinated — from unanswered questions or lack of transportation to confusion about where vaccines are available.

Resources are available to help the health care field support COVID-19 vaccination efforts.

ASSESSMENTS

Guides to Understanding Your Community's COVID-19 Vaccination Needs



Rapid Community Assessment (RCA) is a process for quickly collecting community insights about a public health issue to inform program design. The assessment involves reviewing existing data and conducting community-based interviews, listening sessions, observations, social listening and surveys.

The Centers for Disease Control and Prevention (CDC) shares an [assessment guide and tools](#) for those who wish to better understand their community's needs regarding COVID-19 vaccine acceptance and uptake among adults, adolescents and children.

5 STEPS OF RAPID COMMUNITY ASSESSMENTS

The RCA consists of five steps. Given the urgency of the COVID-19 pandemic, establish a rapid timeline for all five steps — ideally three weeks. This is not a strict guide but a suggested time frame.

- 1 Identify Objectives and Communities of Focus
- 2 Plan for the Rapid Community Assessment
- 3 Collect and Analyze Data
- 4 Report Findings and Identify Solutions
- 5 Evaluate Your Efforts



This RCA guide is for staff of state, territorial, local and tribal health departments involved in various aspects of COVID-19 vaccine planning. It may also be relevant for coalitions, hospitals, health systems, clinics and other organizations that have strong connections with the communities they serve and want to respond to questions and concerns regarding COVID-19 vaccines. While the guide is intended to be customized, there should be consideration that this data be shared with boards so they better understand the assessment data. In some instances, technical assistance may be available through CDC (e.g., strike teams) and other partners with experience in this area.

THE RAPID COMMUNITY ASSESSMENT CAN HELP YOU:

- **Identify communities of focus in your area at risk for low uptake of COVID-19 vaccine.**
- **Document lessons learned from each phase of the COVID-19 vaccine rollout to inform subsequent phases.**
- **Get an early understanding of what communities of focus are thinking about COVID-19 vaccine.**
- **Assess success and barriers to COVID-19 vaccine uptake.**
- **Identify potential solutions to increase vaccine confidence and vaccine uptake.**
- **Identify community leaders, trusted messengers and other important communication channels within communities.**
- **Identify areas of intervention and timely, actionable solutions to increase confidence in and uptake of COVID-19 vaccine.**



The work that our board did transcends vaccines and vaccine confidence. These are the practices we had to use throughout the pandemic. Quite honestly, they are just good board principles and practices. For us, it starts with our culture. The work that we had done on culture improvement initiatives prior to COVID put us into a great position of depositing into our organizational culture bank. Unfortunately, we've been in withdrawal mode these last two years during COVID-19, but I believe we're still ahead. Our board has really demonstrated our culture in all of their processes and decision-making. Integrity, empathy, innovation and allowing us to be creative were also key principles."

JOEL BEISWENGER, MHA, President and Chief Executive Officer, Tri-County Health Care, Wadena, Minn.

How Rural Communities Can Respond During COVID-19

Approaches for Public Health Professionals

- **Review data and other resources** to better understand the burden of disease in your community and state.
- **Network and collaborate** with health care providers and others (e.g., health departments in other jurisdictions, pharmacists, nutritionists, community health workers, educators, counselors, businesses, and advocacy, community, labor and faith-based organizations).
- **Identify partners' needs** and ways to access resources such as personal protective equipment (PPE), medicines (including naloxone for opioid overdose), and other necessary items.
- **Work with advocacy, community, labor, hospital board members and faith-based organizations** to better understand the community's knowledge, needs, barriers and challenges around COVID-19 **prevention**.
 - **Include trusted community leaders** who serve racial and medically underserved populations and people with disabilities.
 - **Learn about special challenges or misconceptions** that partners may encounter in their interactions with community members and help identify opportunities to **engage with the community**.
 - **Hospitals and health systems should develop tailored communication strategies** and message points to educate and inform rural residents about COVID-19 and ways they can protect themselves, coupled with general education on physical activity, healthy eating, chronic disease management and **coping with stress**.
 - **Get community input** when developing materials, if possible.
 - **To foster a sense of trust and credibility, share messages and materials** that are sensitive to unique health issues, access to care and lifestyle challenges.
 - Develop **culturally appropriate** messages for Black, Latino, American Indian and other historically marginalized groups.
 - Ensure messages are appropriate for **people with disabilities**.
 - Make sure messages are easy to understand. Use storytelling to convey complex information.
 - Use AHA COVID-19 **communication resources**, especially videos, when appropriate.
 - Use **Spanish** and **other language translations** that are available, when needed.





This review focuses on five common issues rural hospitals and primary care practices are facing including but not limited to:



Communication to staff and the public



Engaging board members as trusted community leaders



Community needs and how to meet them



Cross-system collaboration principles and opportunities



Statistics and surveillance





COMMUNICATIONS

Rural communities rely on their local hospitals as a trusted source of health and medical information. Transparent and frequent communication with the public is especially important during a crisis. [AHA](#) and the [CDC](#) have resources available to help the public understand and respond to COVID-19.

The changes necessitated by COVID-19 created uncertainty among communities' hospitals. For patients, it may not be clear whether hospitals are prepared to provide non-emergency care, if patient visitors are allowed, where testing is available and other considerations. It is incumbent on hospitals to provide clear and up-to-date communication to the public on their status as it evolves.

- **Strive to share reliable information** in a cohesive way using trusted messengers. Ensure messages are not politicized and are backed by science. Create messaging that is personal and relates to local, everyday life. Be honest with what is known and not known. Debunk misinformation promptly and directly.
- **Consider launching a communications steering committee** within the community to guide what is shared when and how and by whom.
- **Share crisis communications services and expertise** between public health agencies and health care entities.
- **Offer a dedicated phone line** about the latest COVID-19 information for older adults with technology barriers so they do not have to navigate video or online platforms.
- **Help patients better understand and analyze levels of risk** for engaging in different types of activities (e.g., how to exercise or socialize safely). Frame guidance in terms of what one can do, instead of what one cannot do.



When we started talking about the vaccines and what we were going to do for the community, we had great support from the board. They understood we needed to do what we needed to do to get the community vaccinated. To accomplish this, we held regular meetings with our community partners — public health, school nurses, the city manager and many others. It was a full-court press on how we could get the most people vaccinated as quickly as possible. Our public information officer has also been steadfast in getting information out and figuring out how to partner and work with people.”

CHRISTINA TUOMI, D.O., Chief Medical Officer, South Peninsula Hospital, Homer, Ark.



ENGAGING BOARD MEMBERS

Trustees have been leading their hospitals and health systems through rapid and uncertain change. Board members are business and community leaders who have important knowledge about the health care system. Trustees can create trust with community members because they are a member of the community and are not employed by the hospital or health system. They are important “messengers” who can provide strategic guidance and keep a pulse on the community. Trustees can relay critical information to their neighbors, colleagues and other community members and dispel myths that are on social media.

“After the initial push, we kind of hit a wall. That was when we started to really work on that one-on-one and having our providers be that guide for people that still have questions. We’re finding that the questions are still really good ones. If you sit and listen and talk, which takes a lot of time, it’s worth it. Because if you can answer that question for one person, they then tell it to other people. And then it becomes this echo effect.”

CHRISTINA TUOMI, D.O., Chief Medical Officer, South Peninsula Hospital, Homer, Ark.

- **Ensure trustees have messaging on vaccination.** Messages should be concise and include important talking points and data about vaccination rates, why it is important to get vaccinated, and resources available to the community.
- **Trustees can tell their own stories** about why it is important to get vaccinated from a public health standpoint.
- **Trustees can build empathy and trust with a personalized story** by describing factual information about the hospital or health system or share their personal experience about why they got vaccinated.

NEW RESOURCE

BOARDROOM 101

Board education is critical in welcoming new members and orienting them to the complexities of the health care system. Boardroom 101 from AHA Trustee Services, provides key strategies and practical tools for orienting new board members, including sample agendas and questions for board members to consider as they learn about health care, their hospital and/or health system, and board responsibilities. This resource is available free for AHA members and at a cost for nonmembers.





COMMUNITY

Rural communities have faced unique challenges during the COVID-19 pandemic relative to their urban peers. Compared to 14% in urban areas, 18% of the population in rural areas is older than 65 years of age, and rural residents have higher rates of medical **co-morbidities**. Shelter-in-place precautions are often less feasible in rural settings where there are older adults dependent on others for food, medicine and social support. Rural hospitals have faced closures due to poor financial health, workforce shortages, aging facilities and low occupancy rates. Moreover, lack of accessible broadband can hamper effective use of telemedicine and slows the availability of timely and accurate information. There may be greater shortages of food and other needed goods, as well as worse socioeconomic impacts on the local economy than in larger cities.



As boards are faced with the ongoing debate on not just vaccines, but with mandates, we must remember how we got here in the first place. We are in a fight with a voracious virus that is relentless in its ability to mutate and wreak havoc on our health and our resources. Our workers are tired, our supplies are at risk, and we don't know what may be around the corner. We do know that vaccines are safe and effective, despite the inaccurate and dangerous misinformation so prevalent in social media. We must do all we can to empower our workforce and our communities to vaccinate and provide the best resources and information to those who are still hesitant."

**LISA HARRY, Member of the Board of Trustees,
Campbell County Health, Gillette, Wyo.**



Rural communities, however, are not homogeneous in their composition or resource levels, and their vulnerability to COVID-19 varies widely across the U.S. [The COVID-19 Community Vulnerability Index](#), developed by the Surgo Foundation, provides a metric for understanding communities' ability to mitigate, treat and delay disease transmission and to reduce subsequent economic and social impacts.

- **Develop a central resource for communities to access timely and accurate information** relevant to their specific state or community. Community websites can provide a site that is easy to navigate and offer county-specific resources, FAQs, information about rumors and scams and other community resources.
- **Consider the unique workforces within each community.** Rural communities with crowded workplaces, such as meat and poultry processing facilities, may be at increased risk for COVID-19 and should take extra precautions to maintain safety of workers while preserving the function of critical industries.
- **Anticipate needs of historically marginalized communities.** When creating plans and disseminating resources and supports, health systems and other stakeholders should pay attention to groups within their communities that bear a disproportionate burden not only during the COVID-19 pandemic itself but also over the long-term. Existing systems like electronic health records can be used to identify vulnerable patients and address health and social needs.
- **Collaborate and integrate community supports**, such as family resource centers, to address the needs of vulnerable citizens, older adults (i.e., assistance with housing, transportation, and grocery shopping and hygiene supplies). Integrated networks that bring health systems together with social service providers and communities facilitate rapid mobilization despite resource constraints.
- **Educate and train workers and supervisors** about vaccinations and reducing the spread of COVID-19 in the workplace in accessible formats and language (i.e., plain language, appropriate translations for non-native English speakers). Leverage the following community organizations:
 - Faith leaders
 - Agricultural business leaders and associations
 - Community organizations
 - Informal breakfast meet-ups
 - Peer-to-peer groups
- **Prioritize planning for the most vulnerable residents** first (i.e., nursing home residents, people with disabilities, essential workers in agricultural industries, etc.).
- **Increase cultural and linguistic competencies** among health care teams so they are better able to reach and connect with diverse populations in their communities.
- **Educate the public** on what services their local rural hospital, primary care clinic and public health department offer to the community.





CROSS-SYSTEM COLLABORATION

The COVID-19 pandemic is a public health crisis unlike any we have seen in a generation. It has called upon rural health care leaders, including their boards, to be innovative, strategic and adept at problem solving to meet the needs of their communities. This public health emergency has also called upon rural health care, local government, businesses, funders and social sector organizations to collaborate in new and different ways and to share ideas, expertise and resources. The U.S. Department of Health and Human Services created the [Hospital Preparedness Program](#) in the Office of the Assistant Secretary for Preparedness and Response as the only federal source of funding focused on furthering community emergency preparedness. This funding often extends to primary care practices owned by the hospital, as well as first responders, but there is less attention and funding available for independent practices, specialty care centers and long-term care facilities. As rural communities continue to face COVID-19, there may be opportunities to leverage federal funding to support ongoing preparedness activities for a broader group of health and health care providers and to overcome common barriers.

- **Foster relationships with a wide variety of agencies in the community**, including county commissioners, emergency managers, law enforcement, public health and local business and faith leaders. Meet regularly to better understand how each one can assist the other.
- **Explore a regional approach to monitoring staff and supply levels**, the number of available hospital beds and ventilators, testing and tracing capacity, etc. Develop a mechanism that allows regional public health and health care stakeholders to offer, take or swap resources as needed.
- **Ask independent primary care clinicians in the community** who are experiencing reduced clinical volume and revenue if they would be willing and interested in staffing alternate care sites, should these be needed.
- **Work with businesses and schools** to apply for local waivers where it makes sense to do so. Create re-opening criteria that are clear and tied to epidemiological triggers. Ensure that businesses and organizations understand and sign-off on public health guidelines.
- **Boards should be involved** to ensure consistent critical messaging and are engaged in developing the communications strategy to community members.
- **Connect school and public health nurses with local health care leaders** to ensure that all entities are on the same page regarding re-opening decisions.
- **Balance and appreciate the different perspectives** of public health and health care — population health and patient care — to inform the collective response to COVID-19.
- **Lend support to public health colleagues** who may be navigating challenging dynamics with county commissioners, elected officials or local law enforcement.





STATISTICS AND SURVEILLANCE

Rural communities face distinct medical and social risks. While lower population density provides some protection from initial disease spread, it does not protect against the increased mortality that is associated with medical and **social vulnerability**. Assessing the risks unique to a given community helps to inform emergency preparedness planning and response. A **Social Vulnerability Index** from the Centers for Disease Control and Prevention (CDC) provides a county-level assessment of vulnerability based on social factors such as transportation, socioeconomic status, housing, race and ethnicity, and language.

COVID-19 Preparedness Scores at the county-level can help determine which counties are best prepared for an outbreak and which might need more help based on the CDC's Social Vulnerability Index, the number of hospital beds and critical care staff within a 40-minute drive, percentage of the population age 65 and older, and estimates of ICU bed shortages. A similar tool from the **National Institute of Environmental Health Sciences** assesses vulnerability by infection rate, population concentration, social distancing, testing, population demographics, air pollution, age distribution, health disparities, medical comorbidities, and hospital beds at a county level.

With the number of cases rapidly changing, it is useful to have a few go-to sites for information on spread and emerging hot spots. In looking at case data, there are two important caveats to keep in mind. First, insufficient capacity for testing in many rural areas may lead to an incomplete picture of the extent of spread. Second, the use of state-level data can hide hot spots in rural areas. Here are some ideas specific to setting up testing procedures and reporting local disease statistics:

- **Communicate to the public more clearly** what test results mean, as well as basic statistics and how to interpret them relative to COVID-19. Lend hospital communications expertise to the local public health department to help write press releases related to key COVID-19 statistics.
- **Partner with local and state agencies and academic medical centers** to develop more tailored epidemiological models specific to rural communities and their unique characteristics that can better inform local public health planning and economic restrictions.
- **Create a regional testing strategy** whereby tests can be processed and result locally, provided the regional hub has adequate access to needed reagents, laboratory equipment, etc. Such an approach could significantly decrease courier costs and coordination and overall wait times for results.
- **Rely on experts within your local infectious disease response team** for epidemiological modeling, scenario planning at different levels of risk, community education, and outreach to vulnerable and/or minority populations.
- **Create a community-wide testing plan** involving the hospital, primary care and public health that details roles, locations, referral patterns, testing priorities, access to testing supplies and PPE, reporting procedures, contact tracing functions, etc.
- **Leverage relationships** with academic medical centers or larger, neighboring hospitals to get test results faster and to access their screening protocols to support local efforts.

CASE STUDIES

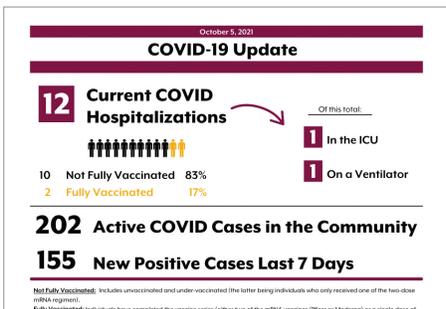
COVID-19 and Enhancing Vaccine Confidence



ST. PATRICK HOSPITAL

Missoula, Mont.

St. Patrick Hospital in Missoula, Montana, part of the Providence Health System, knows that not all COVID-19 surges look the same. For the rural hospital, 30-plus COVID-19 patients would have been unimaginable even during the peak of the pandemic. But it wasn't until August 2021 when the hospital hit that number — which was near capacity. At the same time, the ages of the patients were getting younger and younger. Suddenly and without warning, the hospital was admitting six and seven COVID-19 patients a day. It was a situation the hospital had never experienced before. [READ MORE](#)



SHERIDAN MEMORIAL HOSPITAL

Sheridan, Wyo.

Sheridan Memorial Hospital has one of the lowest COVID-19 vaccination rates in the U.S. As of early October 2021, 49% of the population was partially vaccinated, according to the Centers for Disease Control and Prevention. Only Idaho (47%) and West Virginia (48%) had lower partial vaccination rates. Sheridan Memorial Hospital shared data on rising COVID-19 cases and hospitalizations to highlight the impact on hospital resources in order to encourage its community to get vaccinated. Read about the hospital's efforts to get more shots into arms as statewide COVID-19 vaccination rates continue to lag under 50%. [READ MORE](#)



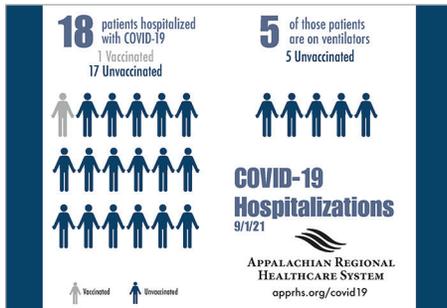


GUADALUPE COUNTY HOSPITAL

Santa Rosa, N.M.

The 10-bed Guadalupe County Hospital stands just off Route 66 in Santa Rosa, New Mexico. The shiny, clean lines of this rural facility, opened in 2011, may seem calm now, but that appearance belies what was a difficult year for most hospitals, fighting the COVID-19 pandemic. While new COVID-19 cases have dropped since peaking in December

2020, the county saw spikes in new cases in 2021 after periods when social gatherings were common, such as Cinco de Mayo. That's tough news for an area with a 14.5% poverty rate and a median household income just over \$24,000. And yet the county has reported only 13 deaths for a population hovering around 4,000 residents. [READ MORE](#)



APPALACHIAN REGIONAL HEALTHCARE SYSTEM

Boone, N.C.

In mid-July 2021, no patients were being treated for COVID-19, but with COVID-19 cases trending upward again in Boone and across the state, hospitalizations started climbing too. By mid-August, 20 patients at the hospital were being treated for COVID-19; of those, all but two were

unvaccinated. Six patients were on ventilators — all of them unvaccinated.

On September 2, the rural health system hosted a “COVID Care Vigil” via Facebook Live, an opportunity for the health system’s team to gather with community members. Clinicians shared their firsthand experiences on the front lines of the pandemic, talking frankly about the struggles of patients fighting COVID-19 and the difficult conversations they’ve had with families. The clinicians urged people who hadn’t done so to get vaccinated, pointing to the recent resurgence in COVID-19 cases and increased hospitalizations — mostly in unvaccinated people. [READ MORE](#)



CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEM

Tuskegee, Ala.

A nurse in Tuskegee, Alabama, is leading by example — writing a blog on the benefits and safety of COVID-19 vaccines and encouraging others in her rural community to get vaccinated. Cheryl Owens, RN, at nurse at Central Alabama Veterans Health Care System, made it her personal mission to educate

veterans and all Tuskegee residents about the vaccine’s benefits and safety. [READ MORE](#)



COVINGTON COUNTY HOSPITAL

Collins, Miss.

Hospitals and health systems are leveraging the stories of recovered COVID-19 patients to encourage those who still have not been vaccinated to get the shot. Covington County Hospital in Collins, Mississippi, created a simple but powerful video featuring a COVID-19 survivor on its Facebook page.

Isaiah, the 21-year-old patient, and Abby, his 19-year-old wife, explained their personal ordeal with the coronavirus. The newlyweds had been married only a couple of months when the unvaccinated Isaiah was put on a ventilator. Both described the horror of dealing with Isaiah's hospitalization and the uncertainty around his recovery. [READ MORE](#)



WINONA HEALTH

Winona, Minn.

Winona Health is partnering to improve health and wellbeing via Community Based Care Coordination in Rural Minnesota. Conducting a Community Health Needs Assessment is an important step in monitoring and improving community health, a goal Winona Health shares with various community stakeholders. The assessment opens doors for greater

collaboration among community partners by strengthening relationships and promoting a more efficient use of resources. [READ MORE](#)



KATHERINE SHAW BETHEA (KSB) HOSPITAL

Dixon, Ill.

As more cases of the novel coronavirus (COVID-19) continue to spread throughout the United States, health care leaders are jumped into action to help test patients and treat those affected. At Katherine Shaw Bethea (KSB) Hospital in Dixon, Ill., health care leaders knew they had to act quickly to create

a rapid response plan. Their solution was a drive-through testing site for COVID-19.

To ensure smooth implementation, health care leaders pulled staff together for emergency preparedness planning. They decided to use their four-bay ambulance garage as the site for drive-through testing. While Lee County had not yet recorded a positive test for COVID-19, by raising awareness and communicating the availability of drive through testing, KSB believed they could practice social distancing and manage community spread. [READ MORE](#)



FREQUENTLY ASKED QUESTIONS

The member organizations of hospitals, health systems and care providers of the American Hospital Association want to help their patients and employees understand important health issues, including addressing COVID-19 concerns and questions.

- [Get Vaccine Answers | AHA](#)
- [Myths and Facts about COVID-19 Vaccines | CDC](#)
- [COVID-19 Vaccine FAQs for Healthcare Professionals | CDC](#)
- [Federal Office of Rural Health Policy Resources for COVID-19](#)

TOOLS AND RESOURCES

Strategic and Tactical

In this section, you can find the latest stories highlighting the good work of our rural members. From innovations in AI to telehealth to new payment models, hospitals and health systems in rural areas are brainstorming bold new ideas worth showcasing.

Association for Professionals in Infection Control and Epidemiology (APIC)

APIC is creating a safer world through the prevention of infection. Infection preventionists (IPs) know that healthcare-associated infections (HAIs) cost facilities money, but quantifying their impact is a complex and difficult process. With funding from the Agency for Healthcare Research and Quality (AHRQ), APIC has created a suite of tools to help IPs and other healthcare professionals calculate the cost of HAIs to their facilities using several different metrics. APIC and AHRQ want this tool to help healthcare professionals advocate for infection prevention as a means to improve health outcomes and the finances of a healthcare facility.

Critical Access Hospital (CAH) Telehealth Guide

The CAH Telehealth Guide provides practical guidance on implementing and sustaining telehealth to optimize health care delivery, expand access and enhance care coordination. Note that this is not an all-inclusive policy guide for telehealth. Just as health care organizations strive to take a person-centered approach to health care, this guide seeks to take a CAH-centered approach to telehealth that keeps the patient and community at the forefront.

Regional Networks: Improving Access to Behavioral Health Services

This resource provides insights for communities that want to improve access to behavioral health services through community partnerships. The report, based on in-depth interviews with senior health care and community leaders from five hospitals and health systems across the country, assesses key elements for building and maintaining a successful regional behavioral health network.



Rural Health Services | AHA (Rural Health Services – Advocacy & Policy, Education, Tools and Resources, Grants)

AHA ensures the unique needs of our members are a national priority. Location, size, workforce, payment and access to capital challenge small or rural hospitals and the communities they serve. Collaborating with state and regional hospital associations and with advice from its member council, the section tracks the issues, develops policies and identifies solutions to our most pressing problems.

2022 Rural Advocacy Agenda

Rural hospitals and health systems have been on the front lines of the COVID-19 pandemic, working to provide quality care for patients, families and communities. Despite unprecedented financial and health care challenges, rural hospitals remain committed to ensuring local access to high-quality, affordable health care during the pandemic and beyond.

COVID-19 Vaccination Field Guide Addendum: Rural Considerations for Vaccine Confidence and Uptake Strategies

The original COVID-19 Vaccination Field Guide: 12 Strategies for Your Community presents evidence-based strategies being applied in communities across the country to increase COVID-19 vaccine confidence and uptake. To help rural communities apply these strategies, this addendum includes rural considerations and examples for the 12 strategies based on successes in the field and input from health departments and rural health organizations. State and local health departments, community- and faith-based organizations, and local nonprofits are encouraged to try a combination of these strategies to increase vaccination rates.

Trustees Homepage | AHA Trustee Services

AHA Trustee Services delivers timely resources in their monthly digital newsletter, Trustee Insights, for hospital and health system boards and leadership that focus on trends and forces transforming the health care field and the impact they could have on your organization and community. They also offer tools and resources on good governance practices and thought leadership on what it means to be a high-performing board.

Telehealth | AHA

Recent years have seen significant growth in the use of telehealth, to the point where more than half of U.S. hospitals connect with patients and consulting practitioners through the use of video and other technology. The AHA supports the expansion of patient access created by hospitals' efforts to deliver high-quality and innovative telehealth services.

Reaching Farm Communities for Vaccine Confidence

The AgriSafe Network is a nonprofit organization that provides information and training on injury and disease related to agriculture. Their health professionals and educators created a social media toolkit that aims to provide clear messages about COVID-19 vaccination for agriculture, forestry, and fishing workers.

COVID-19 Vaccine Confidence | NRHA (ruralhealth.us)

The National Rural Health Association has developed a grassroots initiative to help rural health stakeholders build vaccine confidence at the local level. Rural hospital CEOs will champion the initiative, inviting local business, nonprofit and faith leaders to partner in a community effort to help ensure everyone has access to real facts about the COVID-19 vaccine.



While hospital CEOs will share this campaign with anyone involved in marketing, the key to success is C-suite involvement, including serving as community champions. To maximize the effectiveness of this effort, it is important to utilize the toolkit to provide ongoing communications now through 2022.

This toolkit provides resources for organizations and individuals that want to help increase public confidence in and uptake of COVID-19 vaccines in rural communities. It includes information from CDC and new, culturally tailored materials from the U.S. Department of Health & Human Services COVID-19 public education campaign and its team of multicultural experts.

Rural Community Toolkit | [WECANDOTHIS.HHS.GOV](https://wecandothis.hhs.gov)

This toolkit provides resources for organizations and individuals that want to help increase rural communities' confidence in, and uptake of, COVID-19 vaccines. It includes information from CDC, along with new, culturally tailored materials from the HHS COVID-19 public education campaign and its team of multicultural experts.

COVID-19 Vaccination in Rural Areas | Rural Health Information Hub

The Rural Health Information Hub, formerly the Rural Assistance Center, is funded by the Federal Office of Rural Health Policy to be a national clearinghouse on rural health issues. The RHI Hub is a resource for improving health for rural residents by providing access to current and reliable resources and tools to help users learn about and address rural health needs.

Evidence-Based Toolkits for Rural Community Health

This RHI Hub site features more than 20 evidence-based toolkits designed to help rural communities enhance their residents' health and well-being. With a primary focus on the social determinants of health, rural health care leaders can access resources on caring for people with disabilities, substance use disorders or chronic illnesses, including diabetes and chronic obstructive pulmonary disease. Users can also learn how to address transportation, leverage community health workers and integrate a variety of social services. Special attention is paid to implementing programs in resource-scarce settings.

Community Paramedicine Impact Reference Guide

This well-cited reference guide illustrates community paramedicine's measurable impact on health care systems, payers, providers and patients. This guide includes actual examples of community paramedicine programs, which may inform rural health care leaders as they consider researching, designing and implementing similar solutions in their own service areas.

Rural COVID-19 Innovations | Helping Community Members

This RHI Hub online resource details practical and rural-specific examples of health care delivery system innovations from across the U.S. geared toward students, farmworkers, seniors, tribal members and others. Users can sort by topic or geography.

Community Assessment for Public Health Emergency Response (CASPER)

This CDC-sponsored resource equips rural health care and public health leaders with tools and techniques for conducting a rapid needs assessment at the household level within a community. The information gathered from this quick, cost-effective and flexible tool can help facilitate disaster planning, response and recovery efforts.



The Community Planning Framework for Health Care Preparedness

This CDC-developed resource for rural health care leaders seeking to develop or strengthen community-wide medical surge plans provides a framework for community planners that emphasizes building planning teams and coalitions, alternate care sites, different models of health care delivery, essential health care services, and crisis standards of care.

Spread the Word about Vaccine Boosters

The U.S. Department of Health and Human Services provides resources — posters, flyers, videos, and talking points — to help promote the extra protection from COVID-19 boosters. All vaccinated adults aged 18+ are eligible for a booster. A few weeks ago, the CDC **expanded booster eligibility** to include adolescents ages 12 to 17, recommending that they receive a booster shot five months after their initial vaccination.

ASPR TRACIE Incident Management

The office of the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response created TRACIE (Technical Resources, Assistance Center, and Information Exchange) to assemble a wide variety of resources for health care and public health organizations working in system and emergency preparedness. This site contains education and training, lessons learned and plans and tools for helping health care organizations successfully coordinate and lead incident command structures alongside peer systems and agencies.

Media Resources

#MyWhy Campaign | AHA

AHA has produced a series of videos featuring hospital employees from around the country; each candidly discuss their COVID-19 vaccine experience, including any initial hesitancy and side effects. Team members from environmental services, food services, guest services and supply chain services share their “why” for getting the vaccine.

Vaccine Communications Resources: Media Placements | AHA

The AHA recruited a group of 45+ clinical ambassadors to help serve as trusted messengers about the vaccine in their communities. The group includes chief medical officers, chief nursing officers, pediatricians and small hospital CEOs. Clinical ambassadors share messages through TV, radio, social and print media.

Home | Ad Council COVID-19 Initiative (ruralvaccinetoolkit.org)

If you are building your own creative campaign, you can review our latest audience insights and adapt these messaging guidelines to create compelling messaging and creative for rural audiences. If you are looking for existing assets to use in your campaign, check out our shareable videos, social graphics and public service announcements (PSAs). All assets are free for use.

Videos | Ad Council COVID-19 Initiative (ruralvaccinetoolkit.org)

Share our medical expert videos and video PSAs on social media. If you want to download videos from leading public health experts and healthcare providers directly, visit adcouncilfactlibrary.org.

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