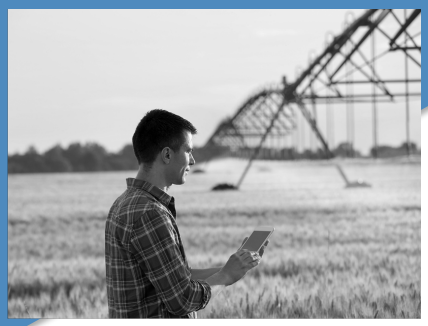
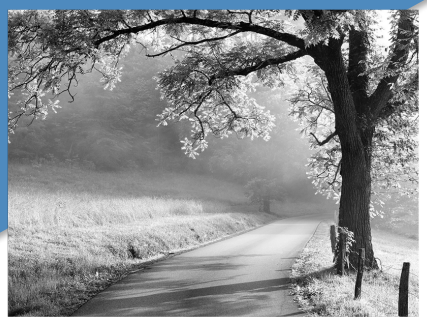
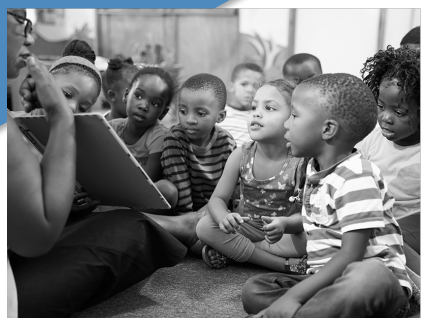








Rural Health Listening Sessions Summary

Presented to Grantmakers In Health

August 13, 2025

TABLE OF CONTENTS

INTRODUCTION

The following summary report captures insights from two listening sessions facilitated by the Georgia Health Policy Center (GHPC) as part of a national initiative led by Grantmakers In Health (GIH) and the National Rural Health Association (NRHA). This initiative aims to reimagine rural health and well-being by aligning systems and resources to achieve optimal health for all individuals living in rural America.

The first listening session took place in person during the NRHA Annual Meeting on May 21, 2025, with 12 participants representing public and private funders, rural health associations, and health systems. The second session was held virtually on July 31, 2025, and included 21 participants from a broad spectrum of organizations, including health systems, mental health centers, academic institutions, public health networks, faith-based groups, rural clinics, community-based organizations, and community health workers. Both sessions followed an identical agenda and discussion questions, with facilitators and notetakers supporting each small group to capture high-level themes and perspectives.

Several consistent themes emerged across both sessions, particularly around the impact of Medicaid changes and broader shifts in health care access. Participants in the first session identified immediate impacts on systems, including budget constraints and service reductions already underway. In contrast, participants in the second session expressed uncertainty about what changes were still to come, anticipating future impacts but noting that they had not yet been fully realized. This contrast illustrates the trickle-down nature of policy change, showing how shifts at the federal and state levels begin to affect organizations differently based on their local context—and, ultimately, the individuals and communities they serve.

In conclusion, the insights gathered from these two listening sessions highlight both the persistent challenges and the emerging opportunities facing rural communities as they navigate a shifting health policy landscape. While concerns about Medicaid and other policy changes, funding uncertainties, and service accessibility remain front and center, participants also emphasized the power of partnerships, the importance of community voice, and the value of local innovation. Rural health leaders are calling not only for clearer guidance and sustained investment, but also for a collective vision that supports cross-sector collaboration and centers the lived experiences of rural residents. These conversations reaffirm that meaningful progress will require aligning systems, listening deeply to community needs, and investing in long-term, community-driven solutions that reflect the unique strengths of rural America.

LISTENING SESSION DESIGN AND APPROACH

The listening sessions were designed to draw out perspectives from a range of stakeholders with connections to rural health at the local, state and national levels. Organizers recruited participants with an eye towards engaging broad and diverse perspectives across organizational affiliation, geographic location, proximity to and experience in rural communities, and communities/constituencies served. A discussion guide was developed with standard questions and prompts. The guide was designed to draw out perspectives on four main topics:

1. *Current context*: How might recent changes to federal health funding impact rural communities?
2. *Opportunities for impact*: What are promising opportunities to improve rural health?
3. *Gaps and needs*: What is the most urgent rural health need that is not sufficiently or effectively supported?
4. *Envisioning the future*: If we were to create a road map to improve rural health and wellbeing, what would you prioritize? What are "shovel-ready" initiatives that, if supported sufficiently, would make an impact on rural health?

After an introduction and grounding in the objectives of the listening session, participants were grouped into smaller discussion groups. The groups were formed randomly to ensure diversity in perspectives and backgrounds. All facilitators were provided with a standardized set of questions and prompts, ensuring consistency across both formats. See *Appendix A* for the session agenda and discussion guide.

LISTENING SESSION SUMMARIES

The summaries and themes from the listening sessions were derived from detailed notes taken during the breakout group discussions. The first session (in-person) included participants from hospital systems and both public and private funding organizations—referred to as the "funders." Their insights primarily reflected high-level system changes, policy considerations, and broader impacts. The second session (virtual) brought together the "doers," including implementers such as community-based organizations, practitioners, faith-based groups, and community clinics. This group offered ground-level perspectives focused on practical challenges, service delivery, and community engagement. Refer to *Appendix B* and *C* for additional detail on participant organization types and locations.

The following section provides a brief summary and key themes that emerged across groups within each of the listening sessions, broken out by the primary areas of discussion. See *Appendix D* for detailed notes captured during each listening session. They are organized by breakout groups and discussion topics.

Listening Session #1 (May 21, 2025)

Section 1: Current Context
Participants shared that rural communities are navigating a period of uncertainty and significant change as federal policies, funding structures, and program priorities shift. While some impacts are still emerging, participants described increasing pressures on health systems, workforce stability, and essential services. Concerns center on budget cuts, Medicaid policy changes, infrastructure sustainability, and the decline in funding for critical health and social programs. At the same time, there is cautious optimism that advocacy at the federal level could help restore resources and strengthen rural-focused investments.

<u>Themes/Highlights</u>

- Rural health systems, including Critical Access Hospitals, struggle to maintain services and worry about long-term viability
- Widespread difficulty recruiting and retaining staff due to budget reductions
- Cuts to public health department funding hinder ability to provide core services
- Changes in Medicaid policies limit coverage for rural residents and increase administrative burdens for providers, especially in non-expansion states
- Impact on Indian Health Services as complex billing and reimbursement challenges affect provider stability
- Reduced access to Title X funds and other reproductive health resources

Section 2: Opportunities for Impact
Participants discussed how rural communities draw strength from close networks, shared responsibility, and strong local engagement; all of which fosters trust, collaboration, and

resilience. Rural health care providers are recognized as innovators, willing to adapt and improve in response to changing needs. Partnerships among health providers, charitable care networks, and faith-based organizations, along with workforce development efforts, are creating opportunities to strengthen rural health systems. Yet persistent misinformation, limited resources, and funding uncertainty underscore the need for targeted solutions.

Themes/Highlights

- Rural workforce development and training initiatives to expand skills, improve retention, and increase care delivery capacity
- Opportunity for rural hospitals to develop and model successful, scalable solutions
- Early childhood and family support programs that promote long-term health and well-being
- Investment in mental health efforts and infrastructure
- Shifting to flexible funding models for adaptability and sustainability
- Strengthening rural leadership and collaboration for shared vision, increased capacity, and coordinated action

Section 3: Gaps and Needs

Listening session participants described a wide range of challenges that continue to hinder progress toward equitable and sustainable rural health systems. These gaps span workforce capacity, health system operations, essential program stability, access to basic needs, and the ability to mobilize effective advocacy. While the specifics vary across communities, the issues are interconnected and often compound one another, creating persistent barriers to care and well-being.

Themes/Highlights

- Shortage of advanced practitioners, high burnout rates, and insufficient support for training, recruitment, and retention
- Administrative strain of insurance requirements
- Legal uncertainty that discourages providers from offering reproductive health services
- Gaps in health literacy and care for immigrant and refugee communities
- Vulnerability of essential programs like 340B pharmacies due to lack of stable, long-term support
- Increasing difficulty accessing healthy food and securing stable housing in many rural communities
- Limited capacity to raise awareness, influence policy, and mobilize community action

Section 4: Envisioning the Future

When asked what it would take to create a roadmap for improving rural health and well-being, participants stressed the importance of building on existing work, fostering trust, and ensuring that change is guided by community priorities. They emphasized the need for alignment across sectors, sustainable investment in people and infrastructure, and measurable benchmarks that reflect the realities of rural health.

Themes/Highlights

- Improve economic well-being
- Align systems and efforts across sectors
- Build trust through collaboration between government, philanthropy, and communities
- Fund innovation to address local needs
- Host regional cross-sector convenings
- Form integrated rural health networks
- Offer community-based mental health internships and workforce pathways
- Launch healthy opportunity pilots such as food as medicine
- Establish early childhood health and learning hubs
- Draft community-led asset maps and resilience plans
- Provide micro-grants to support local initiatives
- Invest in workforce development and sustainable funding

Listening Session #2 (July 31, 2025)

Section 1: Current Context

As shared across participant groups, the current context for rural communities is defined by a pervasive sense of uncertainty and anxiety over impending federal changes, particularly related to cuts to Medicaid and social supports. Many anticipate significant service line reductions, especially in mental/behavioral health and specialty care, and an increase in hospital closures, which will disproportionately strain safety-net providers like federally qualified health centers (FQHCs) and rural health clinics (RHCs). This financial instability is compounded by the loss of other support like COVID relief and SNAP funds, leading to increased food and housing insecurity. Furthermore, these changes are eroding trust, causing workforce fatigue, and creating fear among vulnerable populations, threatening to unravel years of progress in building trust and systems that address the health and social support needs of communities.

Themes/Highlights

- Anticipating a significant number of changes (e.g., Medicaid policy, funding for programs services, etc.), but impacts not fully realized yet
- Threats to sustainability of services and programs leading to greater financial and programmatic instability

- Undermining/reversal of progress made to address mental/behavioral health
- Increasing barriers to health care access and strain on existing providers/systems
- Erosion of trust in community and workforce fatigue

Section 2: Opportunities for Impact

Participants highlighted some of the greatest opportunities for impact including the importance of fostering robust collaboration and focusing on strategic workforce development. All groups shared the immense value in strengthening partnerships, not only among health care providers but also extending to diverse community sectors like schools, local government, and industry to find collective solutions. There is a strong consensus on the need to invest in the workforce, particularly by creating pipelines for community health workers (CHWs) and other health professionals through apprenticeships, increased reimbursement, and enhanced training incentives. Leveraging telehealth to overcome geographic barriers and focusing on preventive care models are also seen as powerful levers for improving rural health and building more sustainable systems.

<u>Themes/Highlights</u>

- Cross-sector collaboration and greater alignment across systems (e.g., health care, social services, public health, business community, etc.)
- Leveraging telehealth and other related technology to close gaps in care
- Utilizing and building from evidence-based programs with proven outcomes
- Increased focus on and investment in workforce development and capacity building
- Advocacy and community engagement to build awareness and support for programs and policies impacting rural

Section 3: Gaps and Needs

Some of the biggest challenges facing rural communities center on access to essential services and ensuring the local voice is heard within policy determinations. A critical, universal need is for improved access to both general and specialized health care, particularly mental/behavioral and maternal health services, both of which are severely hampered by workforce shortages and transportation barriers. Basic needs like affordable housing and access to healthy food are increasingly unmet as support systems are strained. Underlying these issues is a fundamental gap in capacity and influence. Rural organizations need more support to develop and sustain programs, and there is a critical need for policymakers to hear and understand the real-world impact of their decisions from the community perspective.

<u>Themes/Highlights</u>

- Importance of the rural voice and representation in the policy process
- Access to basic needs and services
- Current lack of clarity and guidance related to funding

- Investments in and access to mental/behavioral and maternal health services
- Transportation continues to be a persistent challenge and barrier to care in rural
- Availability of services to meet people's basic needs and provide security and stability

Section 4: Envisioning the Future

Participants shared that creating a healthier future for rural communities requires a multi-pronged approach focused on systems integration, infrastructure investment, and policy reform. A key priority is creating more integrated and person-centered systems of care, featuring coordinated referrals, shared data, and transformative models that empower individuals. This vision would be supported by crucial investments in foundational infrastructure, including broadband to expand telehealth along with innovative transportation solutions to overcome access barriers. Ultimately, the groups agreed that a sustainable future depends on achieving policy clarity and ensuring that authentic stories of rural impact are used to drive a shared, coherent vision for health and wellbeing.

<u>Themes/Highlights</u>

- Coalescing around a unified rural vision and alignment of policy to support
- Adopting a more strength-based approach versus a deficit mindset
- Development of new models and investment in rural transportation
- Focus on building data and information sharing infrastructure and capacity
- Sustain support and investment in broadband other health-related technology, including policies that expand use and access to these technologies
- Transformative care models that provide more patient-centered, coordinated, seamless care
- Empowering and engaging those with lived experience to inform policy, programs, and funding

APPENDIX A: LISTENING SESSION AGENDA & DISCUSSION GUIDE

I. **Opening Remarks and Background**

II. **Brief Introductions (in Breakout Rooms)**
   a. Name
   b. Organization represented, location
   c. One sentence about the focus of your work

III. Breakout Discussions
   a. Section 1: Current context
      i. How are federal changes impacting rural communities?

   b. Section 2: Opportunities for impact
      i. Where do you see the most promise to improve rural health and well-being?
         - Prompts: What is working well in rural health? What are the strongest levers that, if pulled, could make the biggest impact on rural health in communities?

   c. Section 3: Gaps and needs
      i. What is the most urgent rural health need that is not sufficiently or effectively supported?
         - Prompt for: funding, focus, capacity-building support

   d. Section 4: Envisioning the Future
      i. If we were to create a road map to improve rural health and wellbeing - what would you prioritize? Where do you see the most promising opportunity to align systems/across sectors?
         1. Prompt: What are some “shovel-ready” opportunities that would move the needle on rural health if they just received the right level of investment and support?

IV. **Closing -** Report out of key themes by breakout room

APPENDIX B: PARTICIPANT LIST

The following tables list the types of organizations and their respective states that were represented during the listening sessions. These include the funders and representatives from state-level and national-level organizations and associations who participated in the in-person session and the "doers" who took part in the virtual session, reflecting a broad geographic and sectoral range of perspectives.

Listening Session #1 Attendees - May 21, 2025	
Organization Type	**State**
Funder Organizations	DC
	TN
	MO
	KS
Statewide Organizations/Associations	MO
State Public Health	NC
State Rural Health Association	TN
Statewide Rural Health Network	WI
National Organizations/Associations	NC
	SD
	DC
	DC

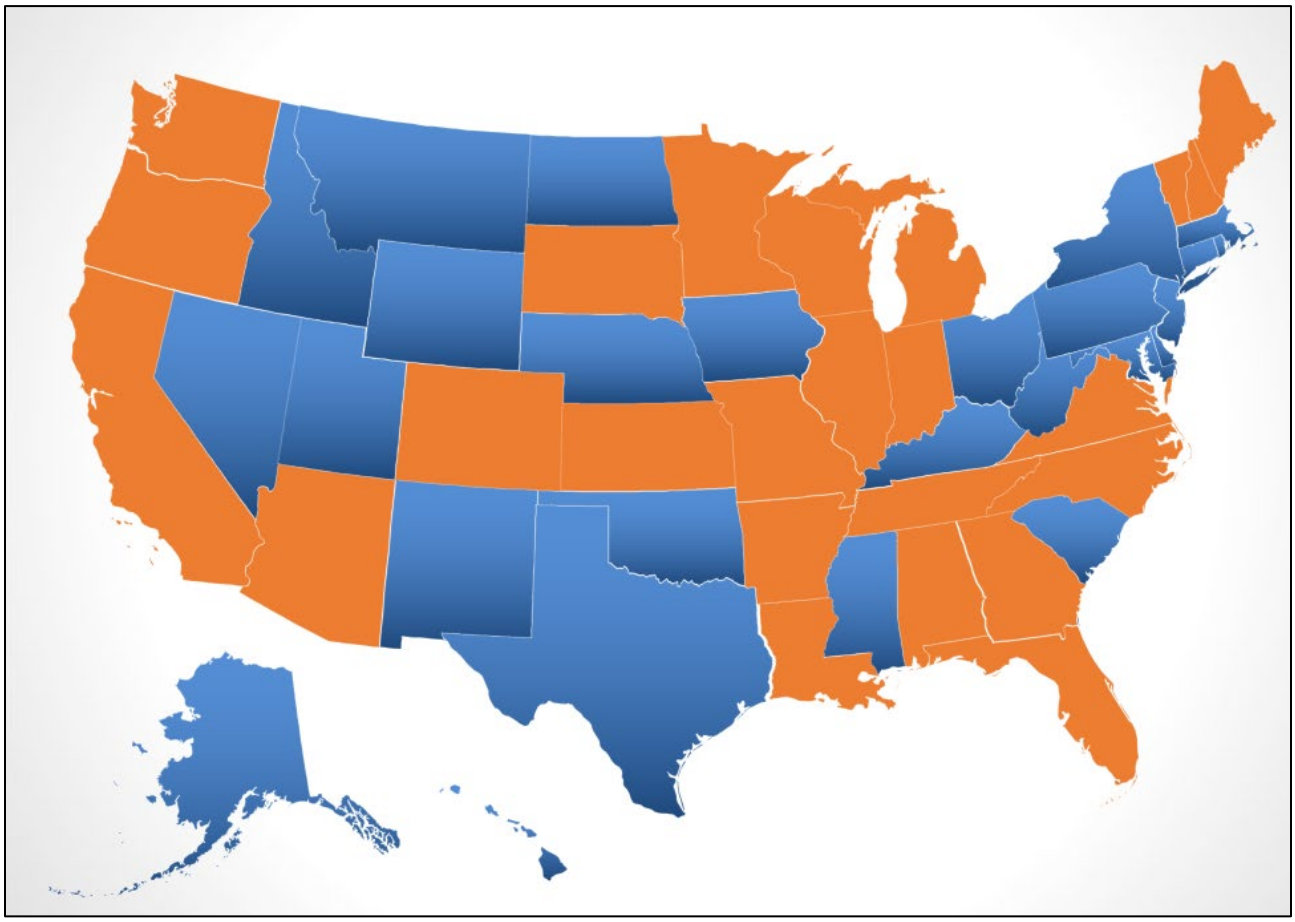
Listening Session #2 Attendees - July 31, 2025	
Organization Type/Focus Area	**State**
Community-Based Organizations	GA
	AL
	CO
Faith-Based Organizations	GA
	GA
Public Health Departments	MI
Maternal/Child Health	ME
	LA

Behavioral Health	IN
Community Health Worker -Employing Organizations	AZ
	CA
	OR
Farmworkers	NC
Rural Health Associations	IN
Rural Health Networks	AR
	KS
Rural Hospitals	NH
	WI
Federally Qualified Health Centers	MO
Primary Care Providers	GA

APPENDIX C: MAP OF STATES REPRESENTED BY PARTICIPANTS

The sessions drew a wide geographic spread of participants across the U.S. with strong representation from the South. The map below represents the 20 participating states which are highlighted in orange. The following regions and states were represented:

- **Northeast:** Maine, New York, and New Hampshire
- **South:** Georgia, Alabama, Louisiana, Arkansas, Tennessee, Kentucky, Oklahoma, and North Carolina
- **Midwest:** Wisconsin, Michigan, Missouri, Kansas, Indiana, and South Dakota
- **West:** California, Oregon, and Arizona



APPENDIX D: DETAILED SESSION NOTES

Listening Session #1 (May 21, 2025)

Group 1

Section 1: Current context

- Many areas are still uncertain about the full impact of federal changes.
- There is significant fear regarding budget changes, Medicaid shifts, and the future of rural advocacy.
- One stakeholder expressed: *"These are sort of scary times."*

Workforce challenges

- Rural healthcare systems are struggling to recruit; they're "not swimming in applications."
- One rural clinic lost five staff members due to budget cuts and has had difficulty maintaining operations.

Infrastructure and technical assistance

- Funding instability threatens essential infrastructure and support programs.
- Changes in how Medicaid packages are structured are making operations difficult, especially in states like Wisconsin.
- Wisconsin has not expanded Medicaid, and state policymakers are resistant to doing so.

Dialysis and chronic care

- Tariffs and federal decisions are directly affecting the ability of programs like dialysis services to remain operational.

Indian Health Services:

- Billing complexities within IHS can "make or break" a rural healthcare entity.

Family Planning and Women's Health

- Federal and state-level policy changes have reduced access to Title X funds.

- There are ongoing concerns about family planning and women's health funding and eligibility restrictions.
- At the state level, some individuals and organizations are not qualifying for essential federal funding.

Medicaid Expansion Disparities

- Tennessee, while lacking Medicaid expansion, has a waiver allowing for reimbursement but other states like Wisconsin have no such support.
- There is concern about a lack of clear state-level analysis showing how rural communities are specifically impacted by these policies.

Domestic Violence (DV) Programs at Risk

- DV centers are worried about potential federal funding cuts to violence prevention initiatives.

COVID Recovery Funding Losses

- Over 800 members lost COVID-related funding, and there are fears of additional cuts.
- State offices are deeply concerned about maintaining stability in the face of ongoing budget uncertainty.

State-Level Barriers to Community Work

- Local policies are complicating efforts to partner with and support communities.
- The denial of Title X funds has had a cascading impact on community-based health initiatives.

Grants and Funding Pathways

- Some reimbursable grants are creating challenges for organizations due to the speed and conditions under which funds must be used.
- Concerned about whether federal offices such as FORHP (Federal Office of Rural Health Policy) and HHS (Health and Human Services) will continue to support rural-focused grants.
- There is growing interest in seeing whether future grants will prioritize rural communities and how organizations can access those dollars.

Hopeful Advocacy

- A few Senate representatives are advocating for the restoration of grant funding and budget support for rural health initiatives.

Section 2: Opportunities for impact

Community Connection and Engagement

- Rural communities thrive on strong interpersonal networks and a shared sense of responsibility.
- Community involvement is often described as a "saving grace during tough times."
- “What’s best about rural is that it’s more community-focused and allows for the wellbeing of the community.”
- There’s a strong spirit of *“we will get by one way or another”*—this resilience can be both a strength and a challenge.

Supportive Networks and Collaboration

- Collaboration among rural health providers is strong: *“You can be competitors and still be cooperative.”*
- Rural spaces offer a level of transparency that supports community trust.
- The charitable care network has helped build trust and share accurate information.
- Faith-based organizations, particularly African American churches, are playing a key role in bridging health gaps and supporting initiatives like food pantries.
- There's recognition that *“we have to take care of each other.”*

Workforce Development and Training Initiatives

- HRSA programs have created meaningful opportunities for workforce development.
- In-depth consultations and remote patient monitoring have helped clinics improve compliance and expand care models.
- Training on health systems like EPIC has enhanced the patient’s experience and provider efficiency.

Emerging Awareness and Innovation

- There is a growing awareness of health equity in rural communities.
- Rural healthcare providers are seen as innovators who are willing to adapt and improve.

- There is an opportunity for rural hospitals to develop and model successful, scalable solutions.
- Disaster planning is becoming part of the conversation—an important step forward.

Challenges with Opportunities for Impact

Communication and Messaging

- Increasing broadband hasn't necessarily improved access to accurate health information; misinformation remains a challenge.
- Messaging should be community-led: *"Messaging can't be bought."* Outside organizations often bring their own agendas, which can undermine trust.
- There's a need to change the narrative around rural health by raising awareness and delivering information in culturally competent ways.
- Managing expectations realistically is crucial to community engagement and sustainability.

Health System Readiness and Sustainability

- In places like [state], *"they are not ready for value-based care."*
- Many rural hospitals and clinics can't sustain themselves on their own under the current system.
- Questions remain about whether mom-and-pop organizations are aware of the larger shifts in rural health policy.

Structural and Policy Gaps

- Reductions in school-based programs could have long-term effects on rural health outcomes.
- There's a difference between population needs and partner capacity organizations must be aware of both.
- [State's] rural health workforce is primarily women, but institutional support is decreasing.

Promising Levers for Change

- Investing in local partnerships builds on existing community trust.
- Expanding support for faith-based and charitable organizations that fill care gaps.
- Encouraging innovative care models and sustainable partnerships.
- Advocating tailored communication strategies that reflect local voices and needs.

- Supporting workforce development with a focus on training, retention, and flexible care delivery models.
- Creating space for cooperative competition collaboration while preserving autonomy.

Section 3: Gaps and Needs

Workforce Development

- Workforce development remains a top priority across rural health systems.
- There is an urgent need for advanced practitioners, and greater flexibility is required to attract and retain providers in rural areas.
- Rural providers often face immense strain, with many burning out or leaving due to lack of support.
- Support for training, recruitment, and retention is not keeping pace with the need.

Health System Burdens and Insurance Challenges

- Medicare Advantage plans are increasingly viewed as a burden due to complex administrative requirements like prior authorizations.
- These insurance-related challenges delay care and place undue strain on already-limited healthcare systems.

Abortion Access and Provider Hesitancy

- Providers are hesitant to engage in reproductive health services, especially abortion, due to fear around legal interpretations of "medical necessity."
- Abortion access is a pressing concern, particularly as providers navigate unclear or restrictive legal landscapes.

Immigrant and Refugee Health Needs

- Immigration is a significant issue in states like..., where immigrant communities have shown strength and solidarity—but their health needs are still under-supported.
- Health literacy among immigrant and refugee populations is a growing concern, especially in [state], where grantee partners are worried about capacity to address this issue effectively.

Lack of Consistency and Policy Whiplash

- Rural organizations struggle with the inconsistency of policies and programs, which often change before communities can adapt.

- It feels, at times, as if these changes are "by design," creating instability and diminishing trust.

Under supported Infrastructure Needs

- 340B pharmacy programs are essential but face ongoing threats and lack consistent support, despite their impact on affordability and access.
- There is a need for long-term sustainability and protection of these programs.

Broader Social Determinants of Health

- Food deserts are common in rural areas, including reservations, where access to healthy food is severely limited.
- Housing instability, especially in [state], is growing as housing costs rise and availability declines.
- There's a broader need to address economic, nutritional, and housing inequities to create truly healthy rural communities.

Need for Advocacy and Education

- Advocacy efforts in states like...are lacking or under-resourced.
- More education and awareness-building is needed to empower communities and policymakers to address rural health challenges holistically.

<u>Urgent Needs</u>

- Invest in workforce development with built-in flexibility and sustainability.
- Address systemic issues with insurance coverage and authorization barriers.
- Protect and expand reproductive healthcare access through legal clarity and provider support.
- Improve health literacy and outreach for immigrant and refugee communities.
- Provide stable, long-term policies that allow rural health systems to adapt and grow.
- Tackle social determinants of health especially food access and housing.
- Expand advocacy and educational capacity to build local and statewide momentum for change.

Section 4: Envisioning the Future

- Before adding more initiatives, there's a need to pause, reflect, and adapt to what is already in place.

- Communities are overwhelmed by constant changes and lack the time and capacity to stabilize before new systems are introduced.
- A strategic pause would help build a more thoughtful, grounded approach to rural health transformation.

Prioritize Education and Trusted Messaging

- There must be a renewed focus on education, components helping people understand what's in their best interest and how systems affect them.
- Truth-telling is critical: clear, honest messaging combats misinformation and builds trust.
- Leverage schools and churches, which are often trusted and central in rural communities, to disseminate important health and wellness information.

Invest in Workforce Development and Sustainable Funding

- Rural health systems struggle with underinvestment in workforce and long-term funding.
- There's often a demand for quick results, but a reluctance to fund what's needed:
    - Training programs
    - Retention strategies
    - Compensation for advanced practitioners
- A healthy community starts with a healthy, supported workforce.
- We must move beyond short-term fixes and invest in people and infrastructure that can sustain care delivery over time.

Align Efforts Across Government, Philanthropy, and Community

- Coordination between government agencies, philanthropic partners, and local stakeholders is essential.
- There's growing momentum from entities like USAID, which is looking to invest in rural education but that must be done in alignment with community needs.
- Some government officials assume philanthropy will fill the gaps but this is not always sustainable or equitable.
- Systems need to work together, not in silos.

Build Infrastructure Through Listening and Local Knowledge

- Listen to local voices before making top-down decisions.
- Communities should be involved in co-creating infrastructure that meets their realities, especially around telehealth, broadband, and service access.
- Include feedback loops so systems can learn and adapt in real time.

Define and Use Meaningful Benchmarks

- Develop benchmarks that accurately reflect rural health, access and quality.
- These should go beyond standard metrics and instead highlight:
    - Telehealth access and utilization
    - Local nursing and provider availability
    - Patient trust and engagement
- Use benchmarks to show impact, not just activity—this helps align funding, policy, and public understanding.

Key Priorities for the Roadmap:

1. Pause and align existing efforts—don't overwhelm communities with constant change.
2. Invest in education and messaging through trusted local channels.
3. Fund the workforce—sustainable rural health depends on it.
4. Coordinate across sectors—government, philanthropy, and communities must work together.
5. Build infrastructure with communities, not just for them.
6. Create real-world benchmarks that reflect what access and success look like.

Group 2

Section 1: Current context

Impact of Federal Cuts on Rural Health Systems

- Positives: FQHC, community health center- cautiously optimistic where community health centers sit within AHA

Critical Access Hospitals (CAHs) and Hospital Networks

- Significant concern for CAHs, particularly in surrounding rural areas.

- These areas historically functioned within a hospital network structure, reducing the need for competition for services and funding.
- Example: 340B Drug Pricing Program – Initially opted out due to concerns that it wasn't beneficial for smaller hospitals; now reconsidering participation amid rising costs and cuts.
- Concern growing as these safety-net programs become essential to sustain services.

Public Health Departments

- Facing severe budget reductions that directly threaten core services:
    - Immunization program funding has dropped by $200,000, jeopardizing vaccine access in rural areas.
    - Nursing and staffing shortages are worsening, limiting outreach and basic care functions.
    - School immunization programs are now at serious risk, particularly in underserved counties.

Medicaid Work Requirements

- Deep concerns around [state's] lack of infrastructure and planning to implement and enforce Medicaid work requirements.
- Currently, the state lacks capacity to manage Medicaid enrollment, let alone enforce new compliance rules.
- There is no clear investment plan or rollout strategy in place to support this major policy shift—raising fears of coverage loss among vulnerable populations.

Other concerns:

- There is immediate concern about the abrupt loss of grant funding, particularly at a time when rural health systems are already stretched thin.
- The scale of financial loss from proposed Medicaid changes is not fully understood—even among decision-makers.
- Many elected officials are not aware of how Medicaid and grant dollars actually flow through rural health systems and the direct role they play in sustaining essential services.

- For example, these funds are not abstract—they pay for the salaries of nurses, doctors, school health personnel, and public health staff.
- Without this funding, rural communities risk losing access to basic care, not just specialized services.
- There is a critical need to communicate the real-world impact in terms of job losses, clinic closures, and worsening health outcomes—not just budget lines.
- Community Health Centers at Risk: A recent report from Capital Link on FQHCs tracked visit volumes and payer mix, using a formula that resulted in an increased tax burden—penalizing providers for serving high-need populations.
- Rural Hospitals on Thin Ice: Most rural hospitals operate on margins of 1% or less, with many running negative margins. Even a 10% funding cut could force closures, especially in communities already taxing themselves to sustain care.
- Urgent Need for Better Messaging: Policymakers and the public often don't understand just how precarious hospital finances are. Clear, targeted messaging is needed to convey that these cuts impact basic services and essential infrastructure.
- Widespread Misinformation: Public and political discourse around Medicaid and Medicaid expansion is often inaccurate or misleading, distorting the conversation and blocking informed policy decisions.
- Marketplace Setbacks: Several policy changes threaten coverage under the ACA:
- Expiration of COVID-era subsidies and continuous coverage protections.
- Removal of auto-enrollment, leaving many without coverage.
- Cuts to navigator programs, reducing outreach and support.
- Legal immigrant's ineligible for marketplace coverage face compounding barriers.

Section 2: Opportunities for impact

- From the foundation standpoint working on how to improve the workforce, working universities to better align the needs, funding surveys- goal of keeping students local; greatest need in mental health workforce- a grant focused (3 mil) to do an internship to get hours for training and for supervision, educational training for testing and licensure test
- Wraparound services for suicide prevention- these are some of the needs in their communities; additionally focusing on education on daycare and up to prepare kids to

have better outcomes; the funds are stretched- local neurologist is concerned about Alzheimers

- Foundations are getting overwhelming requests for funding- which requires them to stick to their mission- how do you as a foundation be responsive
- [Foundation] have pivoted in their funding, no longer doing direct service, emphasizing DEI, cultural sensitivity- hard to balance with workforce lost and funds lost overnight- cannot concentrate on the cultural sensitivity part- not doing grants, they are doing gifts, and go do good work (can be spent on anything) this has been confusing (bc of trust based philanthropy and because of the current environment do not want to be targeted)
- The environment is awakening foundations to do advocacy and policy work (something they typically do not want to get involved in)- in [state] rural legislatures have the power and could make the change they need to see for rural, for instance Medicaid Expansion rural legislatures fought it down- it is in the constitution that the state has to fund it; need to figure out how to advocacy and policy
- Groups working together, extra collaboration- to work on this
- Growing recognition of the crisis we are seeing in rural healthcare with RFK- hearings, rural hospitals and rural areas are getting mentioned a lot- forward thinking going on about solutions, not just band aid approaches- different model is needed, discussions are happening. More people are in this space, focusing on care models, population based- no longer hospital centric
- Misunderstanding of the FQHCs in a rural LA area- not sure what they can do, low numbers; FQHC leaders in LA are not leading they are sitting in the operational space
- Leaders have gotten comfortable to let state partners take the lead, can no longer do this
- Senator from [state] has gone on the record for Medicaid (multiple times)
- [State] lobbying for keeping Medicaid expansion- a lot of acceptance, support for keeping it; for their state budget currently get support from this for the state office; SORH, hospital programs- offering TA in rural health clinics- people do not understand how the federal funds are connected, but they are offering toolkits to help with Medicaid to support educating; federal funding is what they are most worried about and pulling those working in/on rural to see if they are work together; partnerships are working together

- Foundations are prioritizing efforts to bolster the rural health workforce, particularly through partnerships with universities to better align educational pathways with local needs.
- A critical focus is on mental health, where workforce shortages are most severe. One example includes a $3 million grant to support internship opportunities that help students earn required training and supervision hours and prepare for licensure exams through educational supports.
- Workforce development strategies are also aimed at keeping students local post-graduation, leveraging surveys and community-driven data to identify barriers and solutions.

Other opportunities:

- There is increasing investment in wraparound services for suicide prevention, recognizing the need for more holistic and upstream interventions.
- Early childhood education, including access to quality daycare and school readiness initiatives, is another priority, seen as essential for long-term health and economic outcomes in rural areas.
- Despite growing needs, funding is limited. For instance, a local neurologist has raised urgent concerns about the lack of Alzheimer's care resources in rural regions—an emerging issue for aging populations.

Philanthropy's role:

- Foundations are facing overwhelming demand for funding, forcing a sharper focus on mission alignment and raising difficult questions about how to remain responsive in crisis conditions.
- [Foundation] has shifted its approach: no longer funding direct services, it is now focusing on DEI, cultural sensitivity, and trust-based philanthropy—offering unrestricted "gifts" rather than traditional grants.
- While this model empowers grantees, it has also created confusion and tension, especially in the context of widespread workforce losses and urgent service delivery needs.
- The current policy environment is pushing foundations—many of which traditionally avoid advocacy—to reconsider their role in systemic change.

- In states like [state], rural legislators hold significant influence, and past opposition to Medicaid Expansion (even after constitutional passage) shows that policy engagement is necessary to realize real change.
- Foundations are beginning to explore how to support advocacy efforts, collaborating with state offices and providing technical assistance to rural clinics—especially around Medicaid-related education and sustainability planning.

Other comments:

- Across rural health sectors, there's a growing sense of urgency and collective action. Organizations are moving beyond isolated programs to more coordinated models of care, population health strategies, and systems-level solutions.
- The recent RFK hearings and national attention on rural hospitals signal growing political will to address rural health system challenges beyond temporary fixes.
- There's also acknowledgment that current hospital-centric models are no longer sustainable; care must be community-based, integrated, and forward-looking.
- In some rural regions, like parts of Louisiana, FQHCs are underutilized or misunderstood, with leaders often stuck in operational rather than strategic roles.
- There's a pressing need for stronger leadership development, with rural health leaders empowered to actively engage in state-level decision-making, rather than relying on state partners to lead the charge.
- Tools and toolkits are being offered to help leaders understand and communicate how federal funding connects directly to rural programs, but ongoing education and support are vital.
- There is growing political momentum and opportunity to support rural health through Medicaid policy. For example, [Senator] has publicly voiced support for Medicaid on multiple occasions, signaling potential openings for bipartisan advocacy.
- In [state], the state has actively lobbied to maintain its Medicaid expansion, which now enjoys broad support across sectors. Medicaid funding is a key revenue stream for the state's rural health infrastructure, including the SORH and rural hospital support programs. State partners are also stepping up to offer technical assistance to rural health clinics, including the development of toolkits designed to improve understanding of how Medicaid and federal funds intersect with local service delivery. These resources

aim to bridge knowledge gaps, especially among rural leaders and communities that may not fully grasp the downstream effects of federal funding changes.

Section 4: Envisioning the Future

- It's not about healthcare, it's about reinvesting in rural communities and dealing with poverty
- Economic loss the rural communities have taken in the last decades, if the economic well-being of is not well then investing in health does not matter
- Aligning sectors
- Having discussions about what a thriving rural community looks like, more money is going to rural communities than urban communities- but it is not enough to sustain and how do we help
- Rural health network development program- in the vertical network space was so important because it brought people from all different sectors. The way they came together was very few dentists accepting Medicaid- and because they came together then they trust each other
- From philanthropy have to be better at funding process not just an outcome
- Models for the future of rural health all include the need for a convening body to lead the work (funding and support for that work)- also helping to fund to teach this too
- [State] mapped all the regions that were receiving federal funding and then the philanthropy- everything that happens in rural there is an economic benefit; what if everyone that was funding that region- came to meet with that region and discuss what the funding is needed, could be more strategic about how to fund and what to fund and how to work together
- [State] School Nurses (do not have to be a nurse, do not have to licensed) they used retired school teachers to do nurse duties; through their Network they did nursing oversite using discussion sessions with school nurses (attendance was low because school districts could not afford a sub) they paid for a sub and $100 gift card and attendance was 100%- idea was find the barrier and small solutions, these small incremental solutions can be the starting point
- Policy Conference take away: Do not just ask for the money you need, talk about the innovation, how you are going to do this differently- think about the assets each community has already there- what are people bringing to the table and build from there; opposite thinking of what are we going to lose

- Cannot solve problems in silos anymore it has to be done together (throw the problems together and align the solutions)
- Resilience in rural communities, taking a strength-based approach, assets mapping
- Healthy opportunity pilots- that can be paid for by Medicaid (farmers are getting paid for providing fruits and vegetables in their communities)

Listening Session #2 (July 31, 2025)

Group 1

Section 1: Current context

Medicaid Program Changes

Anticipated Impacts

- service line reductions
    - example: OBGYN service reductions due to high expense and challenges in recruitment
- Closure in hospitals or merger resulting in reduction in independent hospitals
    - Hospitals are feeling it most acutely, though clinics starting to think about it as well
- Mental health
    - Have seen expansion in mental health services in the past few years, the majority of patients are covered by Medicaid or Medicare
    - Anticipate cuts leading to increases in suicide, overdoses, and other negative mental health outcomes
- Reduced reimbursement
    - Before the CHIP program, many children needing services were forced to pay out of pocket, worried reimbursement structures for children will be cut
    - Telehealth – offers a robust opportunity to provide care where transportation issues exist, cuts in reimbursement for telehealth services would be detrimental for rural communities

Uncertainty

- Gradual impact as things roll out – impacts will be uncovered and discussed over time
- *"Thread that will unravel wonderful quilt that's been built"* – the fallout will be beyond what people are considering
- Concerns of returning to past levels of coverage and health care landscape – worry about lack of funding for children's health and fear of losing progress on issues like coverage for pre-existing conditions

Rural health transformation program

- Ambitious program with a lot of money tied to it for rural, will need to hold administration accountable for how this money is used
- Skeptical that there is sufficient understanding at the federal level on how the funding can best be used
- 50% is the purview of CMS, administration determines use rather than communities
    - CMS capacity - have reduced staff, concerned about ability to implement and distribute funding
- Need to provide resources for grassroots, rural organizations to understand how these types of organizations can access and use these funds – grassroots organizations often lack time to understand grant funding available

Opportunity for Creativity and Innovation

- Uniting strengths for sustainability, gathering resources to improve knowledge and understanding among organizations to seek resources and advocate for reimbursement for CHW services
- Prioritize together what is essential for the future of rural

Section 2: Opportunities for impact

Rural Health Transformation Fund

- Lawmakers recognize the likely negative impact on Medicaid costs for rural
- Won't offset the losses, but an olive branch of support for rural communities
- Offers an opportunity to launch new initiatives that position organizations for long-term sustainability, consider what the biggest priorities are to better position the rural health system
- Funding will be offered before the cuts go into effect, offers time to prepare for what those cuts may look like and proactively address rural health system needs

Successful Strategies and Models

- Non-clinical partners are critical for the work being done – physician extenders and care coordination services, starting to look at patients with a holistic lens

- CHWs have the ability to connect with community and understand culture – additional funding opportunities would be beneficial
- Pennsylvania and Maryland offer pilots for successful rural models moving forward
    - Pennsylvania moving from fee-for-service to global payment model, rural doesn't have the volume for fee for service, organizations should consider global payment models for the context, launched through a grant and has taken off from a small handful of hospitals and now have close to 20 participating
    - Collaboration between providers and payors

Workforce Opportunities

- CHWs have the opportunity for greater visibility, value to integrate into teams, continue support CHW certification and opportunities to develop professionally
    - Provide an opportunity for organizations to become Medicaid providers and receive reimbursement for those services
- Rural health clinics need to meet certain criteria for tuition reimbursement, some rural clinics don't meet the requirements and have a trouble recruiting and precepting students – evaluate requirements to include more rural clinics
- Placing preceptees with rural health clinics that need staff – offers feedback loop with university and training them clinically with a role in rural
- Grant opportunities for residency programs, exist but are insufficient, only scratch the surface of start-up costs, cost prohibitive for rural hospitals operating on negative margins

Prevention

- Opportunity for prevention – how do organizations connect with schools and communities to start prevention in childhood? Shifting the focus from the cure to prevention
- Schools in partnership with healthcare or family-focused organizations
- Community outreach teams that hold diabetes education classes have made a huge impact of getting ahead of the problem
- Has been communicated that this a priority for the current administration

    - People need to understand there's already resources and evidence-based strategies that can be leveraged for prevention
    - Health professionals understand what actually works and hope policymakers are considering this as well

Section 3: Gaps and Needs

Gaps

- Recruitment and ability to fill existing positions
- Siloed lines of service and lack of collaboration between different entities
- Cost of healthcare – hospitals are often most impacted, need to bring other stakeholders to the table, particularly payors, and the role they play in obstacles that exist to access care. Hospitals play a role but there needs to be greater scrutiny for other stakeholders
- Lack of support for workforce, especially for non-clinical providers that are difficult to sustain
- Mental health – issues for hospitals with patients that aren't managed well
- Capacity for rural organizations to create and design programs
    - Often university have mechanisms to better compete for grant funding, they are designing programs for rural without sufficient input from the rural communities they are creating programs for

Section 4: Envisioning the Future

Priorities

- Bringing more voices to the table – to recover from potential impacts and innovate, must bring new partnerships to the table to move forward for rural, new voices in different spaces
    - For example, CHWs on hospital boards
- Assessing duplication of services - it requires a lot of patients to access care, there should be a medical home where patients can access care in one place or in a more coordinated way

- Close the referral loop and get patients what they actually need
    - Requires more active communication and awareness of what's available and how you can access services
    - Referral platform to house available resources
    - Look at models (Toyota) to evaluate operations and efficiencies – how do you make it easier for patients to access care, what are we putting people through and how do we better streamline it?
- Create a referral system that works for patients
- Funding to sustain organizations providing social services to communities
- Data collection and sharing stories to fund effective work

Group 2

Section 1: Current context

Financial and Programmatic Instability

- Uncertainty about rural landscapes including access to care through hospitals and will funding still be available with executive changes
- Loss of COVID relief funds caused a great challenge, and has had a major effect on housing for mothers and babies
- The decrease in SNAP funds has caused a great need for food access and statewide food banks are feeling a strain
- CHW program termination in [state] has affected immigrant population due to citizenship fears
- Medicaid cuts have raised concern for access to care for patients, also uncertainty around what is deemed eligible for services

Healthcare Access and System Strain

- Rural hospital closures and uncertainty
- Concerns over filling new service gaps with fewer resources
- Mental health system instability and fear of the unknown

Trust and Workforce Fatigue

- Feeling challenged about how to stay steadfast in current work while dealing with pushbacks
- Trust issues among community navigators as well as those receiving services

Section 2: Opportunities for impact

Workforce Development & Capacity Building

- CHW apprentice pipeline and leaning more towards apprentice launchpad to nurture workforce development
- Internal and cross organization collaboration focusing on shared understanding and shared purpose to support one another
- Developed impact statement to demonstrate cost savings for the program with hopes to meet with state officials to show where the organization can fill gaps.
- Developed a flip chart that includes workflow on how to access a situation where facilities may not see often such as labor and delivery, hemorrhaging, etc.

Collaboration & System Alignment

- Internal and cross organization collaboration focusing on shared understanding and shared purpose to support one another

Policy and Reproductive Rights

- 15-week abortion ban not passed in [state]

Section 3: Gaps and Needs

Behavioral and Maternal Health

- Mental health service gaps
- Domestic violence risks among pregnant women and care access barriers
- Workforce training gaps in maternal health

Basic Needs and Security

- Increasing food insecurity with limited relief infrastructure

Section 4: Envisioning the Future

Transformative Care Models

- Intensive case management and development of the mentor-mentee program would help to create transformative care

System Reform

- Policy changes and standardized reimbursement within health systems

Crisis Response Infrastructure

- Funding to develop some type of toolkit that is a guide for emergency shelter

Empowering Lived Experience

- Continue to empower those individuals that are being served in the community
- Put lived experience in the spotlight to Inform evidence-based practices

Group 3

Section 1: Current context

Threatens sustainability of services and programs

- Federal changes have cut funding that supports needed services and programming (suicide, vision/dental screenings, etc.)
- Federal changes have caused delays in funding that supports community services and programming
- Closures/potential closures of hospitals in rural communities
- Public health entities have lost money which has led to the laying off of employees

Undermined mental health progress and has adversely affected mental health within communities

- Executive orders have re-stigmatized mental health disorders, individuals experiencing homelessness, and SUD/OUD. New language suggests the "long-term institutionalization" of these populations
- Patients are hesitant to seek services due to ICE raids in [state]
- Has provoked anxiety within communities

Other

- Childcare cuts and new work requirements for Medicaid will impact individuals that depend on early child programs or live in communities where there is a lack of childcare

Section 2: Opportunities for impact

Collaboration

- Multi-sector collaboration similar to what took place during COVID-19
- Creating more regional collaborations

Workforce Development

- Creating workforce pipeline programs and training programs within communities/hospitals to address provider shortages
- Leverage opportunities to incentivize volunteers and motivate youth

- Rethink CHWs reimbursement – they need to get paid more, it takes time to build relationships with community members

Advocacy

- Bring awareness and advocacy to rural communities
- Amply rural resident voice more

Section 3: Gaps and Needs

- Mental health services
- Access to health care services
- Transportation

Section 4: Envisioning the Future

Investment in Transportation

- Transportation app that hosts all the transportation services in their areas and gives low-income people vouchers that they can put on the mobility wallet

Investment in Data/Resource Sharing

- Integrated and connective system for tracking and coordinating services – data sharing regardless of EMR
- Community service networks – a crowdfunding for resources/services such as a phone, etc.

Investment in Broadband

- Expanding access to telehealth services
- Broadband

Group 4

Section 1: Current context

Theme: Have not seen changes yet but know they are coming:

- Haven't noticed the changes yet. Keeping everyone informed. Talk to local officials. Some things have pulled back. The economy has gotten bad. The only grocery store that serves 7 cities is closing. Now it will be 26 miles to get to the store.
- Waiting to see the impact of Medicaid cuts. What is the ability for places to stay afloat.
- As FQHC a safety net organization to serve Medicaid or no insurance. Anticipate a larger uninsured population which leads to how to plan for and fund services. CHW and peer support are at risk b/c not reimbursed.
- CAH has already been closing and there will be additional closures. FQHCs will take the brunt of that. Serving larger populations with less funding.

Other*:*

- Understanding who we can serve, how we can serve them, how to get the message out to those we serve. How to do outreach and stay within the guidelines.
- People living in fear of ICE. Not everyone is comfortable accessing services.
- What comes next. Will our work be prioritized in the next funding cycle. Working hard on sustainability.

Section 2: Opportunities for impact

Theme: Partnerships and collaboration

- Revitalizing the park and make it ADA accessible. Will improve mental and physical health. But without grocery stores, it will take away some of that impact. What can we do as a community to pull together. Still looking at civic muscle and use their voice to have impact with city council.
- Supporting local collaboration more. Encourage community organizations and local hospitals connections.
- How to work with those former competitors to find collective solutions.
- Work with WIC and community nursing on access to care.
- How we look at partnerships. How to expand to include more partners outside of health. Partners will have to talk to each other routinely. Ex. At the hospital a lot of people don't have health insurance, so they refer them to places that provide particular screenings. Working towards helping them better care for themselves.

- Working hard on sustainability b/c we don't what is in store. Obesity research group, Dept. of Ed, [university] research, national philanthropic groups. They are the go-to when people need to connect to rural communities which is generally hard for urban institutes.
- Talking to industry in Wilkerson county to partner with working in park. Working with city council because the city has to approve any work in park. Looking at local churches to do events. Have started having more events in the park. NFL player had an event at the park. Now people are contacting them.
- Already partner broadly. Started doing better at looking at how partners get something beneficial out of it. Ex. Getting buy in from county sheriff, people that work in the jail, about what would be beneficial for the funding opportunities they were seeking. They identified the need for funding to support their nurse.
- Still convincing people why to care about maternal health. Raising awareness about the ripple effect.
- Do a better job about talking to others about what is needed and would be mutually beneficial. Where do people naturally gather for places to bring information, value or build up what they are already doing.
- Sports events. Story times at libraries is a good place to get in front of people.

Theme: Utilize Telehealth

- Increase telehealth access to address transportation issues.
- Expanding telehealth services.
- They just started dental and can provide second cleanings. Mobile unit that goes to schools and seniors and makes it more accessible for cleanings in between.

Other:

- Hope schools will continue to evidence based practices. 43% of kids show healthy BMI change after a year in the program. Hopefully they can continue to have those successes.
- Listening to communities and hearing what their needs are and responding to that.

Section 3: Gaps and Needs

Theme: For local voice to be heard about the impact of the work

- A voice for the people that they serve. That will be lost if they aren't present. There is talk of getting rid of processed food in schools but schools in rural areas don't have steam tables. Need to develop a coalition of rural elementary schools to represent their needs on funding, physical activity, and nutrition.
- Needs voice heard a different level. Tell the story of impact.

Other Needs:

- Grocery store, access to quality healthy foods. Food banks' funding has been cut and there's less going in and more people that need them. Jasper County had a store front donated and filled that gap. How to make sure that if a supermarket comes in it stays.
- Affordable housing. They are sandwiched in a tourist area and those that serve cannot afford housing. Military housing is also increasing costs because they have a stipend. Individuals in recovery to find safe and supportive housing. They only have 4 beds for over 500 people in recovery. Everyone is in a scarcity mentality and people are scared to invest in things that aren't reimbursable.
- Transportation. One community is 2 hours away from a specialty provider and hospital. Transportation driver is hit or miss.
- Hospice, home health, in home services so they don't have to leave the community.
- Funding. Clarity what funding is available and what is the guidance looks like. What is the priority of MAHA? How to prepare for the changes. Clarity on focus, will there be more funding, what will be the focus if so.

Section 4: Envisioning the Future

- GHPC has helped through NCC and CSE used to together in a one pager to share their story of impact.
- Clarity around policy.
- Continue to drive the message of how policy plays out in the day to day.
- Is there greater vision that we could all be working towards.

Georgia Health Policy Center
Andrew Young School of Policy Studies
Georgia State University
ghpc.gsu.edu