Rural Health Network Development Grant Program
Funding Opportunity Number: HRSA-23-030
Applicant Name: Upper Midlands Rural Health Network
Project Title: Pathways to Health Careers Pipeline

Contents

INTRODUCTION

The Upper Midlands Rural Health Network (UMRHN or "the Network") is an evolving, vertical Network founded in 2004 with the mission of improving health in Chester, Fairfield, and Lancaster counties in South Carolina. **The purpose of this proposed project, the *Pathways to Health Careers Pipeline,* is to increase the primary care workforce in this rural and underserved area.**

Through diverse membership, which includes health, human service, and educational providers, the Network will support the three legislative aims and four program domains of the Rural Health Network Development (RHND) program through the following goals:

Project Goals	**Program Outcomes**	**Legislative Aim**	**RHND Program Domain**	**Network Members**
Goal #1: Enhance interprofessional education (IPE) using state-of-the-art simulation and debriefing resources.	Improve rural health care services	Achieve Efficiencies	Expand the capacity and services	Mid-Carolina AHEC USC Lancaster
Goal #2: Facilitate training opportunities in rural areas through enhanced partnerships.	Development of training directly related to the evolving health care environment	Strengthen the rural health care system as a whole	Enhance outcomes	Catawba Community Mental Health Center Good Samaritan Free Clinic Midlands Technical College MUSC Chester MUSC Fairfield MUSC Lancaster North Central Family Medicine Prisma Health Winnsboro SC Department of Health and Environmental Control York Technical College
Goal #3: Offer a high-quality health coaching training program that serves	Development of training directly related to the	Expand access to, coordinate, and improve the quality of	Improve access	Mid-Carolina AHEC USC Lancaster

as a sustainable, evidence-based healthcare workforce development strategy aligned with accreditation standards for the region and state of South Carolina.	evolving health care environment	basic health care services and associated health outcomes		
Goal #4: Explore a career ladder program for K-12 students.	Development of training directly related to the evolving health care environment	Strengthen the rural health care system as a whole	Expand the capacity and services	Chester County School District Fairfield County School District Mid-Carolina AHEC
Goal #5: Strengthen the Network and its effectiveness in improving the system of healthcare in the service area.	Build capacity and collaboration	Strengthen the rural health care system as a whole	Sustainability	Arras Foundation Chester Healthcare Foundation SC Office of Rural Health (SCORH)

If awarded, some of the activities/types of services to be provided under this program include:

- Hire 1.0 FTE person to be Simulation (Sim) Lab Coordinator/Project Director to coordinate scheduling and increase usage of the current simulation lab
- Create strategic partnerships with providers for training in Lancaster & Chester counties
- Develop structured and formalized process for matching students and training opportunities
- Develop a health coaching training program
- Connect with K12 school districts to increase shadowing opportunities with Network Members
- Provide guidance for program development throughout the award period and beyond

More details can be found in the Methodology section.

This workforce development project represents an opportunity for the UMRHN to increase its impact on positive health outcomes in the long-term by providing robust, local, rural-focused training. According to the Rural Health Information Hub, maintaining healthy rural communities depends on proper preparation and supply of a rural health workforce, which includes professionals living and working in rural communities.[1]

[1] https://www.ruralhealthinfo.org/topics/workforce-education-and-training

Evidence-based strategies used to educate and train the rural health workforce include:

1) Grow-Your-Own and Career Ladder Programs,

2) Education and Training in Rural Areas, and

3) Technology to Educate the Rural Health Workforce

Investing in rural healthcare education can facilitate recruitment and retention efforts in rural areas, reducing workforce shortages and increasing diversity. A stronger rural healthcare workforce will support population health management and value-based care.

UMRHN will implement this project through the collaboration of Network partners with heavy involvement from MUSC Lancaster, the University of South Carolina Lancaster Regional Campus, and Mid-Carolina AHEC. This project supports the RHND goal to "Improve access and quality of health care in rural areas through sustainable health care programs created as a result of Network collaboration."

NEEDS ASSESSMENT

Healthcare Environment

The UMRHN geographic region includes three counties that are found in the middle of South Carolina: Chester, Fairfield, and Lancaster. Chester and Lancaster counties are the target area for this project, which consists of a combined 1,141 square miles. All of Chester County is considered rural according to HRSA's Rural Eligibility Analyzer. Of the census tracts in Lancaster County, only the northernmost are non-rural, according to HRSA's designation. Although Fairfield County is not considered rural according to HRSA's Rural Eligibility Analyzer and its proximity to Columbia, SC, the Network members in this area feel strongly about staying involved in this project for learning opportunities and future replication. Therefore, if funded, this project's activities will be focused on Chester County and the rural census tracts of Lancaster County.

a. Health care Service Needs

South Carolina is facing a healthcare workforce shortage, which is even more pronounced in the rural areas of the state. This shortage impacts the community as a whole through a lack of local providers. The shortage also impacts the Network members, who spend a great deal of time and money trying to recruit and retain the providers they do have. According to the South Carolina Hospital Association's winter 2021 report[2], (**Figure 1**) the statewide average number of FTEs (full-time equivalent) per Adjusted Average Daily Census is 4.0, as compared to the nationwide average of 5.23. The statewide value of Physician Concentration (per 10,000 residents) is 25.3, compared to the national average of 30.6.

[2] https://scha.org/initiatives/data-center/by-the-numbers-reports/

Figure 1

MEASURE	TYPE	STATE VALUE AT BASELINE	STATE VALUE DEC 2021	STATE CHANGE SINCE BASELINE	NATIONAL VALUE DEC 2021
WORKFORCE MEASURES					
Hospital-wide Turnover Rate	Hospital	17.7%	16.0%	-1.7%	16%
FTE's per Adjusted Average Daily Census**	Hospital	4.74	4.00	-0.74	5.23
Physician Concentration (per 10,000 residents)**	County	N/A	25.3	N/A	30.6
The baseline is taken from the Summer 2017 *By the Numbers* report for most measures. The baseline for measures marked with ** is the Summer 2018 report.					
Note: the actual time frames for the measures vary and the values shown are the values available at the baseline.					
Most values are averages. Those shown in **bold** are state totals.					
Change in in the wrong direction.					
State change is in the right direction.					
For more information about the measures, please visit: www.scha.org/data-methods			* Star methodology changed in 2021, so change not shown.		

Within the South Carolina Area Health Education Center, the Office for Healthcare Workforce studies the issues that affect the balance of supply and demand for different types of healthcare professionals in South Carolina. **Figure 2** below shows the percent change in licensed health professions between 2010-2020 for nurses and 2011-2019 for other professions. The graph on the left shows the change in urban counties; the graph on the right shows the change in rural counties. The growth pattern in urban counties mirrors the pattern seen statewide. Unfortunately, the rural areas experienced a decrease in 21 of the 25 healthcare careers over the last decade.

Figure 2

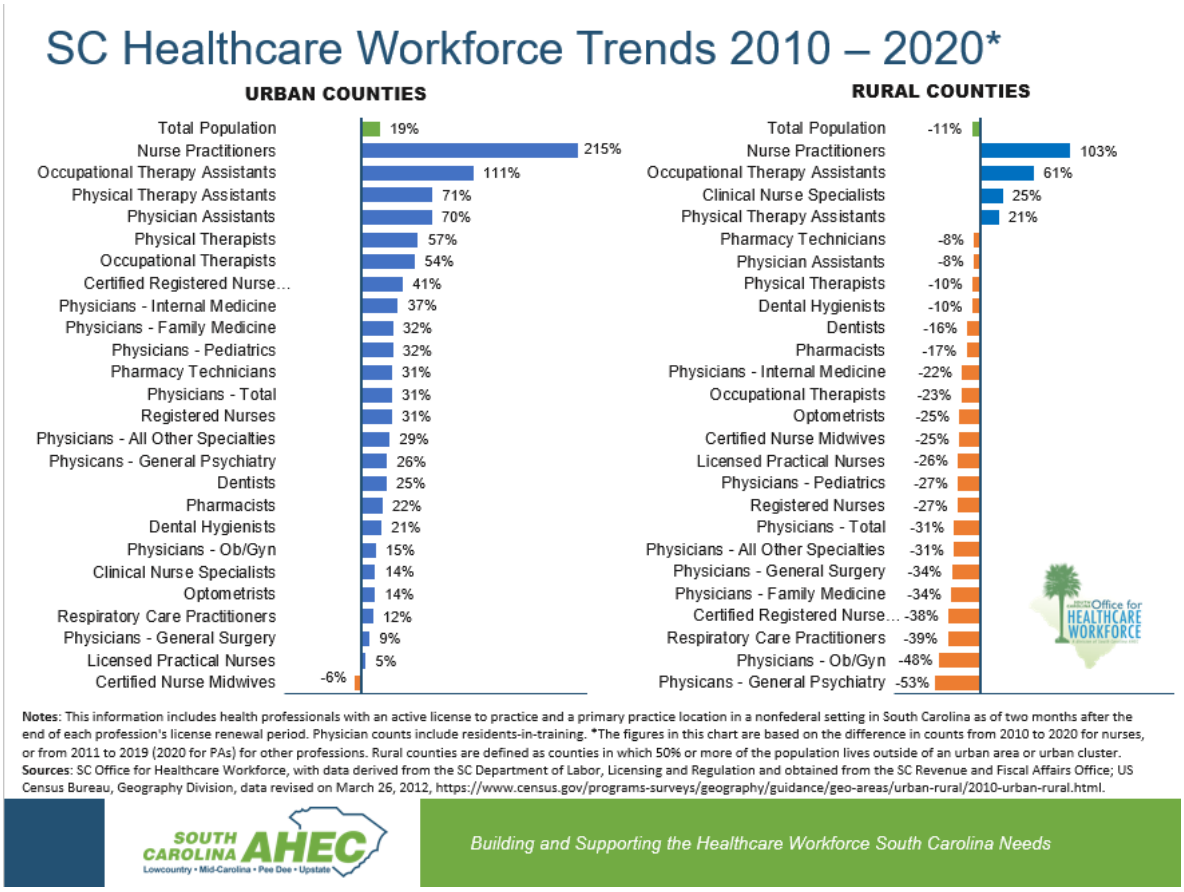
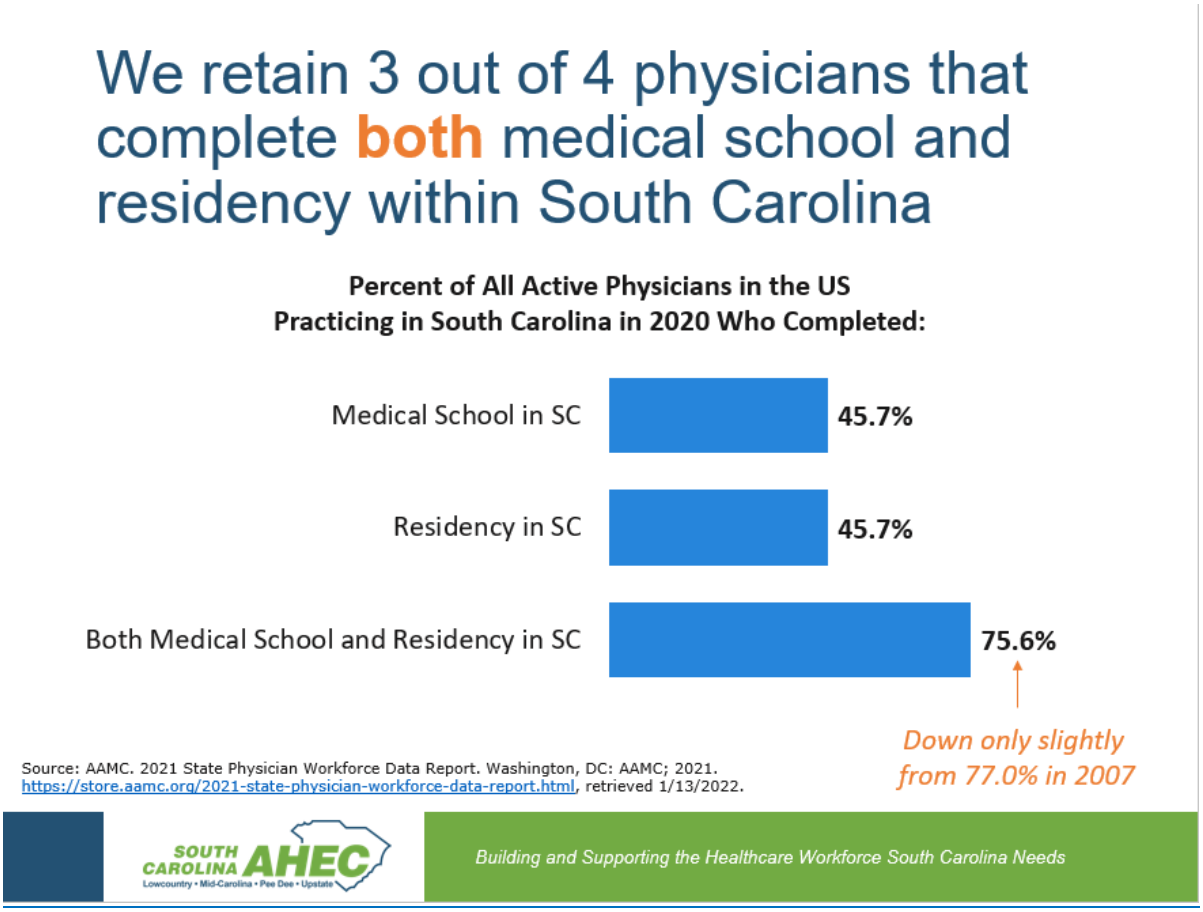


Figure 3 below demonstrates that South Carolina retains three out of four physicians if they complete both their medical school training and residency within the state. Unfortunately, there is currently a lack of residency and preceptorship opportunities in the UMRHN service area. Providers are often stretched thin, and the preceptorships accepted are often those with a monetary stipend, which are built into the tuition at non-state schools.

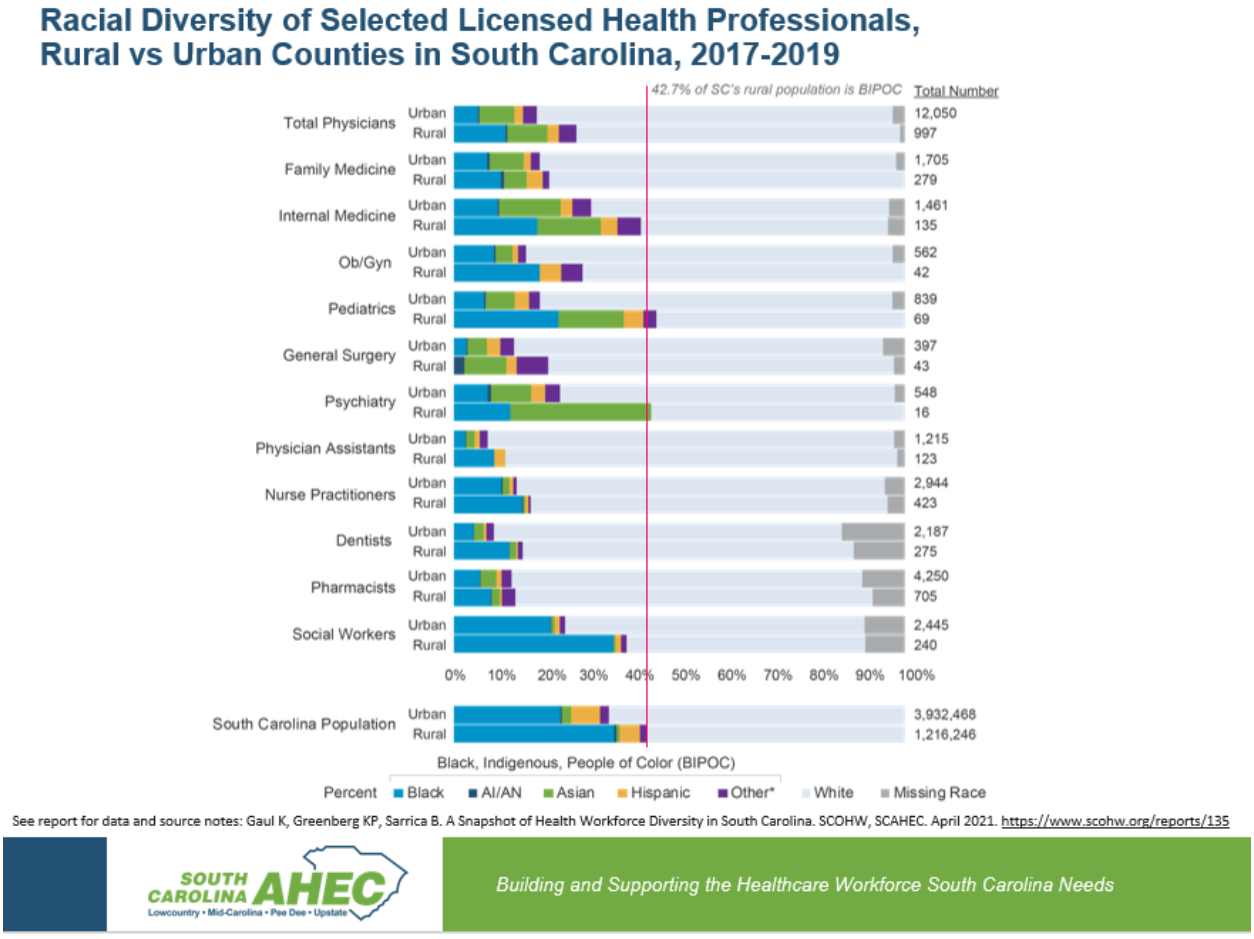
Figure 3



Target populations

The target populations for this project are racial and ethnic minorities and adolescents and youth. Data from South Carolina AHEC shows that all of the selected professions, as displayed in **Figure 4** below, have a higher proportion of BIPOC (Black, Indigenous, People of Color) providers in rural counties than in urban counties. A targeted workforce development program focused in a rural area will help to further diversify the field overall, whether the professionals ultimately choose to practice in a rural area or not.

Figure 4



According to the Robert Wood Johnson Foundation County Health Rankings, both Chester and Lancaster counties have challenging social and economic factors that contribute to poor health outcomes. As shown in **Figure 5** below, Chester and Lancaster counties have lower high school and college attainment, higher unemployment, and greater income inequality than either the state or national levels, or both. Increased training opportunities at all levels from K12 through Associate's to Bachelor's and beyond will have a positive impact on these social and economic factors while strengthening the healthcare environment.

Figure 5

Social & Economic Factors	Chester, SC	Lancaster, SC	South Carolina	United States
High school completion	84%	87%	88%	89%
Some college	52%	64%	64%	67%
Unemployment	8.9%	6.9%	6.2%	8.1%
Children in poverty	28%	14%	19%	16%
Income inequality	5.3	5.2	4.8	4.9
Children in single-parent households	32%	27%	31%	25%
Social associations	14.9	10.9	11.5	9.2
Violent crime	689	410	500	386
Injury deaths	133	102	94	76

Although South Carolina does not require cultural competency training, UMRHN members think it is important to utilize some of the methods outlined in the National Culturally and Linguistically Appropriate Services Standards (CLAS). In particular, this project seeks to utilize the CLAS standard "Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area."

The geographic area that will be the focus of this project will be rural Chester and Lancaster counties. Chester and Lancaster counties are designated as health professional shortage areas (HPSA) (**Figure 6**) and Medically Underserved Areas (MUAs), and Medically Underserved Populations (MUPs) (**Figure 7**)

Figure 6

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status
Primary Care	1451399788	LI - Chester County	Low Income Population HPSA	South Carolina	Chester County, SC	2.08	18	Designated
Primary Care	1455206287	LI - Lancaster County	Low Income Population HPSA	South Carolina	Lancaster County, SC	0.24	9	Designated

Figure 7

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status
Primary Care	03061	CHESTER SERVICE AREA	Medically Underserved Area	South Carolina	Chester County, SC	44.8	Designated
Primary Care	03079	Lancaster Service Area	Medically Underserved Area	South Carolina	Lancaster County, SC	49.3	Designated

Rural Service Area

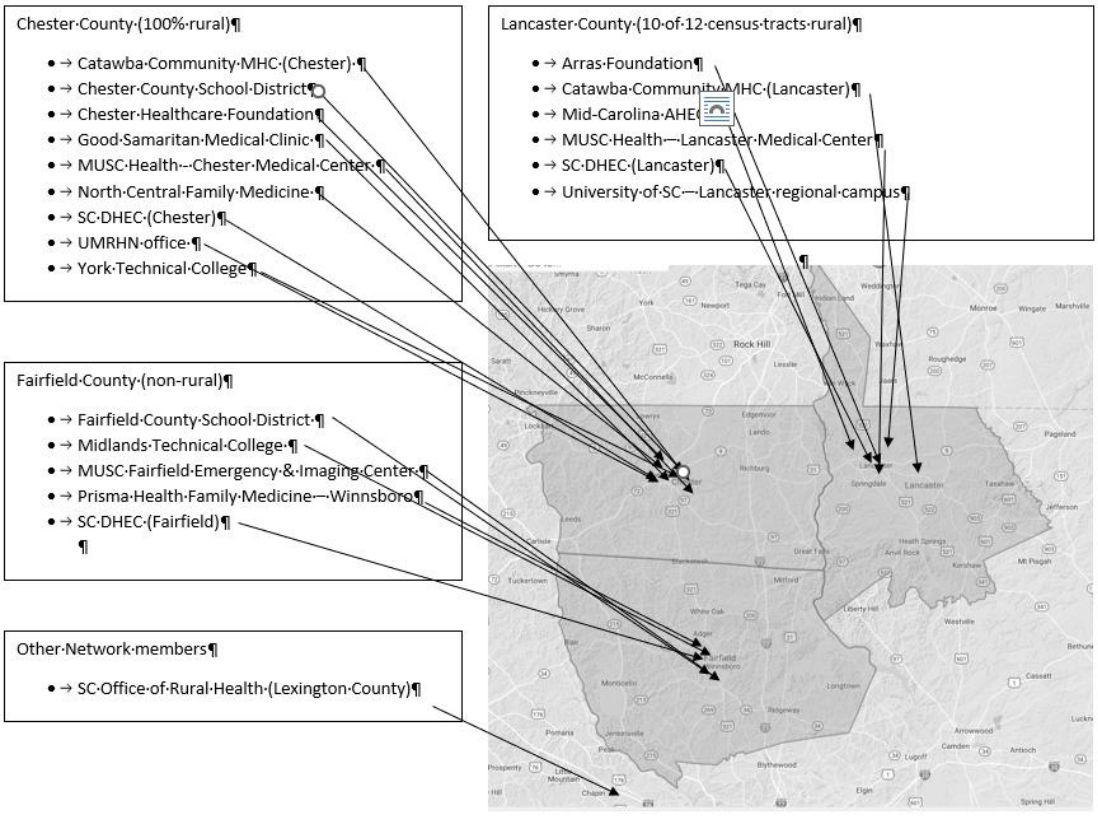
The UMRHN Network office along with twelve of seventeen members (76%) are located in rural areas. These Network members are:

- Arras Foundation
- Catawba Community Mental Health Center
- Chester County School District
- Chester Healthcare Foundation
- Good Samaritan Free Clinic
- Mid-Carolina AHEC
- MUSC Health-Lancaster Medical Center
- MUSC Health-Chester Medical Center
- North Central Family Medicine
- York Technical College
- University of South Carolina Lancaster Regional Campus
- SC Department of Health and Environmental Control

UMRHN also has four members in Fairfield County and one in Lexington County, which are not rural counties:

- Fairfield County School District
- Midlands Technical College
- MUSC Health - Fairfield Emergency & Imaging Center
- Prisma Health Family Medicine – Winnsboro
- SC Office of Rural Health – see letter in **Attachment 1**

More details can be found in **Attachment 3**.



b. Impact

Impact of Network Collaboration

UMRHN is uniquely experienced in bringing together various community agencies and organizations to address the full picture of health. As opposed to community coalitions, which consist primarily of case-level staff sharing information, the Network is made up of the top executives and decision makers from their agencies. The Network members can see the full picture of population health, forge new working relationships among agencies, and implement targeted changes accordingly. The Network members also have limited time, funds, and staff to seek innovative programs and funding. The Network meets this need through collaboration and direct assistance. By working together as a Network, identified community needs can be addressed more efficiently and timely.

Potential Impact of the Network's Activities on Providers

This project will have a positive impact on the Network region as a whole and its providers by enhancing the pool of future talent to provide quality health care in the future. A provider need not be a member of the Network to benefit from the results of this program, which will be a better trained workforce. It is anticipated that this program could be replicated in any community in the state of South Carolina.

METHODOLOGY

Methodology for Addressing Project Goals and Implementation

a. Project Goals

UMRHN members are committed to the Network and understand the value of its member organizations working collaboratively to meet goals. The expected result of these strategies will be an enhanced healthcare workforce model in rural areas through improved coordination of services and activities. Below is a summary of the goals, objectives, and strategies of the project.

Goal #1: Enhance interprofessional education (IPE) using state-of-the-art simulation and debriefing resources.

Objective: Increase number of student experiences by 20% in the simulation lab at USC Lancaster by hiring a full-time Sim Lab Coordinator to manage promotion and scheduling.

Strategies:

a) Hire 1.0 FTE person to be Sim Lab Coordinator/Project Director to coordinate scheduling and increase usage of the current simulation lab.
b) Focus on low-volume/high-risk simulations to improve health outcomes.
c) Create strategic partnerships with providers for future training in Lancaster & Chester.
d) Develop an IPE Academy in which students will rotate through.

This goal aligns with the RHND Program Domain II "expand the capacity and services" by increasing the usage of an existing asset, the simulation lab on the campus of USC Lancaster for enhanced training experiences.

Goal #2: Facilitate training opportunities in rural areas through enhanced partnerships.

Objective: Increase the number of preceptorship experiences for licensed healthcare professionals available in Chester and Lancaster counties by 10%.

Strategies:

a) Increase number of preceptor experiences by current preceptors (average baseline is 27 per year).
b) Increase number of precepting professionals (MD, DO, NP, PA, Pharmacy, and Social Work).
c) Develop structured and formalized process for helping students match with preceptors.
d) Secure stipends for uncompensated preceptors.

This goal aligns with the RHND Program Domain III "enhance outcomes" by expanding and strengthening the Network's activities in workforce development and creating a more unified approach to training the next generation of healthcare providers.

Goal #3: Offer a high-quality health coaching training program that serves as a sustainable, evidence-based healthcare workforce development strategy aligned with accreditation standards for the region and state of South Carolina.

Objective: Prepare for an accredited health-coaching program at USC Lancaster which will equip Associate's and Bachelor's level students with skills that align with three new proposed CPT codes.

Strategies:

a) USC Lancaster faculty in the service area will become nationally-board certified in health coaching.
b) USC Lancaster faculty will receive departmental approval to instruct existing courses that are aligned with health coaching principles.
c) Pre-health students and allied health professionals in the service area will increase their knowledge and skills in health coaching offered through courses by trained USC Lancaster faculty in the service area.
d) USC Lancaster will partner with a non-academic continuing education entity to meet the needs of existing allied health professionals throughout the state of South Carolina interested in the health coaching skillset.
e) USC Lancaster will develop a multi-tiered academic pathway to meet the needs of pre-health professional students throughout the state of South Carolina interested in the health coaching skillset.
f) USC Lancaster will increase its capacity by internally preparing to apply for NBHWC accreditation that has the capacity to equip students and allied health professionals

throughout the state of South Carolina interested in pursuing the profession of a certified health coach and are qualified to sit for the national exam.

g) Pre-health professional students in the service area who intend to seek the health coaching pathway through USC Lancaster will be prepared to provide health coaching in their health profession.
h) Students trained in the health coaching pathway will add value to the healthcare workforce by integrating health coaching skills into the health systems in the service area, integrating their services with the three new proposed CPT codes.

This goal aligns with the RHND Program Domain I "improve access" by developing more trained health coaches that can be utilized in a variety of settings.

Goal #4: Explore a career ladder program for K-12 students.

Objective: Explore/enhance a variety of healthcare training opportunities for K-12 students to create awareness of future career paths.

Strategies:

a) Connect with K12 school districts and technical colleges to expand career exploration opportunities with Network Members.
b) Work with Mid-Carolina AHEC Health Careers Program
c) Connect with STEM school and other nontraditional educational programs to expand career exploration opportunities with Network Members.

This goal aligns with the RHND Program Domain II "expand the capacity and services" through the creation of a comprehensive workforce pipeline program.

Goal #5: Strengthen the Network and its effectiveness in improving the system of healthcare in the service area.

Objective: Build capacity of the Network and enhance collaboration among Network members.

Strategies:

a) A Steering Committee, consisting of the Network Director, Project Director, and UMRHN Officers, will be developed to ensure the work plan is being followed and to keep the project on track.

b) Annually, UMRHN will submit a progress report and a performance improvement measure report, according to the guidelines in the Notice of Award (NOA).

c) By October annually (2023, 2024, 2025, and 2026) the Network Director, UMRHN Outreach Advisory Committee, and Mid-Carolina AHEC will provide continuing education for Primary Care and School Nurses to improve competencies in managing chronic conditions.

d) Throughout the project period, UMRHN will keep a data dashboard to report on key project data across the period of performance as well as resulting project outcome data.

e) During Year #1, UMRHN will submit a multi-year strategic plan, according to the guidelines in the NOA, to provide guidance for program development throughout the award period and beyond.

f) During Year #1, UMRHN will submit a robust evaluation plan, according to the guidelines in the NOA, that will be used to evaluate the effectiveness of the Network and program activities throughout the project period.

g) Annually, UMRHN will establish and submit a data dashboard of key project measures to support the ongoing data collection, documentation, and tracking of resulting outcomes.

h) During Year #3, UMRHN will develop and submit a marketing plan, according to the guidelines in the NOA, that will be used to promote the Network's products and services.

i) During Year #4, UMRHN will develop a final sustainability plan and business model, according to the guidelines in the NOA, that illustrates how revenue will be generated by the Network. There are plans to continue the Give Local event each year of the project.

j) Within 90 days of the conclusion of the project, UMRHN will develop a final program evaluation report that demonstrates sustainable impact.

k) Within 90 days of the conclusion of the project, UMRHN will develop a final report, according to the guidelines in the NOA.

This goal aligns with the RHND Program Domain IV "sustainability." The development of a multi-year strategic plan, evaluation plan, and sustainability plan will position the network to prepare for sustainable health programs through value-based care and population health management.

b. Promising Practices

According to the Rural Health Information Hub, maintaining healthy rural communities depends on proper preparation and supply of a rural health workforce, which includes professionals living and working in rural communities and distant providers who provide services or support through telehealth and referral services. This involves ensuring that physicians, nurses, and other healthcare professionals are well-educated, well-trained, and have had experiences that expose them to and prepare them for rural practice and supporting healthcare services in a rural context.[3] Strategies, programs, and activities used to educate and train the rural health workforce include:

Grow-Your-Own and Career Ladder Programs

- Programs like job shadowing, career fairs, and scrubs camps, that introduce rural students to health careers

[3] https://www.ruralhealthinfo.org/topics/workforce-education-and-training#grow-your-own

- Healthcare facility programs that help employees advance their education and careers, including apprenticeships

Education and Training Provided in Rural Areas

- Nursing and allied health education at rural community colleges
- Rural rotations or curricula, including rural interprofessional education experiences
- Residency programs and fellowships specifically designed to train physicians and nurse practitioners for rural practice
- Continuing and professional educational opportunities for rural health professionals

Technology to Educate the Rural Health Workforce

- Simulation
- Distance learning
- Telehealth applications for learning

Utilizing all except the last two bullet points above, UMRHN proposes to replicate the FORWARD NM Pathways to Health Careers program, which was focused on three counties located in the southwest corner of the state that experienced ongoing and severe shortages of primary care providers. In this intervention, a comprehensive workforce pipeline program, including programming for middle and high school students, undergraduate and graduate students, primary care program students, and medical and dental residents, was developed. **This selected approach was chosen for the UMRHN community because the area is facing a similar dynamic with chronic shortages of primary care providers.** The approach will be tailored by removing dental residents since UMRHN does not have established relationships with a dentist or dental school. An abstract of the FORWARD NM Pathways to Health Careers program is included in **Attachment 11**.

Methodology for Meeting Rural Requirements

c. Local Rural Community

The UMRHN Network office, along with twelve of seventeen members (76%), are located in either rural Chester or Lancaster county. The Network held a comprehensive strategic planning session in May 2019 and identified its top three priorities at the time. Workforce Development ranked as the 4th priority; however, the Board members felt that the topic was too important to leave behind. Therefore, workforce development has been a standing item on the UMRHN Board agendas since July 2019. This agenda item allowed dedicated time for challenges to be identified, resources to be shared, and resolutions to be considered. Once the RHND grant announcement was released, the Board diligently met eight times to pull this comprehensive plan together to address this multi-faceted issue. As longstanding members of this rural community, the Network members have a thorough understanding of the needs and challenges facing the rural healthcare workforce.

Methodology for Addressing Systems of Care

d. Addressing Systems of Care

Since inception, UMRHN has been a vertical network, comprised of different types of healthcare providers. The founding members were two local hospitals, a rural clinic, and the Health Department. The Network has since expanded to include a broad array of members, particularly in the education sector, such as the school districts, the community colleges, and the regional Area Health Education Center (AHEC), among others. This interagency collaboration ensures that strategies are woven together to create the broadest possible solution and impact. A comprehensive approach to training the next generation of healthcare providers will ensure that value-based care is at the forefront. In particular, Goal #3 (industry-recognized health coaching training program) is geared strategically towards the emerging payment model under the following CPT codes:

- 0591T Health and Well-being Coaching face-to-face; individual, initial assessment
- 0592T individual, follow-up session, at least 30 minutes
- 0593T group (two or more individuals), at least 30 minutes

A trained workforce of individuals who represent the diversity found in rural areas, along with an emphasis on health coaching, will ultimately result in better patient outcomes.

e. Sustainability

The Upper Midlands Rural Health Network has been sustained since 2004 because it has the particular characteristics identified by the National Cooperative of Health Networks as imperative to long-term success. These characteristics are:

- an effective Network Director;
- well-defined mission, vision, and values;
- Network flexibility to adapt to changing situations;
- practical strategic planning;
- effective communication systems; and
- a formalized organizational structure.

The preliminary Sustainability Plan for this program is included in **Attachment 9**.

WORK PLAN

Work Plan Information

a. Work Plan Table

A work plan in tabular format is provided in **Attachment 4**. Goals, objectives, strategies, activities, outputs and outcome measures, individual or organization responsible, and timeline are all elements provided in this table. As demonstrated in the Introduction section, each of the project goals align with the RHND Program Domains as well as the Needs Assessment.

b. Work Plan Narrative

Collaborative and sustainable effort across network member organizations
All Network members play a vital role in strengthening the Network and its effectiveness in improving the system of healthcare in the service area. Each Network member has at least one role in the project, as identified in the Work Plan Table. Several of the activities in the Work Plan will also be addressed in the regular monthly Board meetings and/or the Network Committee meetings. This project will be a standing item on the agenda for the monthly Board of Director's meetings. The project milestones will also be documented on the dashboard that is reviewed at the monthly UMRHN Board meetings.

Shared responsibilities and collaboration in carrying out work plan activities
The Board will provide input, guidance and direction over the activities. Further detailed work will occur through the project's Steering Committee as well as through UMRHN's standing committees: *Finance & Sustainability, Marketing, and Outreach*.

Integration of work plan activities into network member's organizational activities
Network members often bring Network-identified initiatives back to their organization to apply. Many of the Network members will have activities that will become part of their organization after the project period is complete. For example, all of the clinical members will have a preceptor handbook/toolkit that can be sized according to their organization, from a larger hospital to a free clinic. Not only will USC Lancaster have a broader base of simulation lab partners, it will have new updated coursework to meet the latest industry demands for health coaching. The educational members will have a Healthcare Career Manual to share with students well into the future.

Tracking and reporting progress
A Steering Committee will be formed to supervise the implementation of the project. It is anticipated that the Steering Committee will meet weekly for the first six months, twice a month for the second half of Year 1, and then monthly as implementation continues through all years of the project. The Network Director will provide updates and reports on progress, which will be shared at the monthly Board meetings. UMRHN has developed a dashboard for overall Network activities as well as key program details. The dashboard is now part of every Board meeting to give a quick, visible snapshot of the status of current initiatives. If certain indicators stand out, they are discussed as a group to evaluate whether a change is needed. When needed, Network members are open to collaborating on new or emerging issues. Issues are discussed collectively and new strategies are identified through consensus.

Program Impacts
The main program outcomes of this project are: *Improve rural health care services, development of training directly related to the evolving health care environment, and build capacity and collaboration.* These outcomes have widespread impact on the target population, community, system of care, and economics. The outcomes in relation to the RHND Program Domains are depicted in the table below.

RHND Program Domains	Project Goal(s)	Impacts on target population	Impact on community	System of care improvements	Economic impact
I.) Improve access	Goal #3 – health coaching pathway	Addressing gaps in care	Better workflows	Improving the quality of health care services	Skills aligned with three new CPT codes
II.) Expand capacity and services	Goal #1 – sim lab and #4 – K12 career ladder	Development of knowledge and skills	Creating effective systems	Focus on low-volume/high-risk conditions	Better use of existing asset
III.) Enhance outcomes	Goal #2 – more preceptorships	Expanding activities	Expanding services	Expanding interventions	Building rural workforce
IV.) Sustainability	Goal #5 – strengthen Network	Population health management	Sustainable health programs	Capacity and collaboration	Value-based care

The Network Director is already working for the Network and can serve as the Interim Project Director until that person is hired. Through the course of planning and discussing this project, four or five candidates have expressed interest and/or have been referred for the Project Director role. All of these individuals are currently working for other agencies in this community, so for confidentiality reasons, none of them were approached to write a letter of commitment. A job description is already written and will be posted immediately upon notification of award. The other key personnel/contractors on this project are well-established in their careers and ready to take on a new professional challenge.

The first item on the Board's monthly dashboard review is "Strengthen the Network for Sustainability." Specific activities that are discussed on a regular basis include: Pursue private funding or matching of donations; Hold fee-for-service School Health Workshops; Joint grant applications. Through these activities, UMRHN has identified and successfully secured contractual arrangements to provide services to Network members undertaking new projects. In addition, the activities listed above also uncover new priority areas which can be funded from other sources. The Network has successfully diversified its funding sources over the last several years by concentrating specifically on sustainability.

Key strategies for sustaining the services established through this *Pathways to Health Careers Pipeline* program include:

- Documenting the value of the network programs and services to its member organizations
- Continuing to work together after the HRSA-funded project ends
- Integrating the proposed program into the routine workflow of the network member organizations

The preliminary Sustainability Plan for this program is included in **Attachment 9**.

RESOLUTION OF CHALLENGES

a. Challenges and Solutions

A Steering Committee, consisting of the Network Director, Project Director, and UMRHN Officers, will be developed to ensure the work plan is being followed and to keep the project on track. It is anticipated that the Steering Committee will meet weekly for the first six months, twice a month for the second half of Year 1, and then monthly as implementation continues through all years of the project. The Project Director will provide updates and reports on progress, which will be shared at the monthly Board meetings. This frequency of meetings will ensure that the project is progressing as planned and the team is on track to meet all deliverables. Nevertheless, there can be challenges with any project. Several potential challenges have been identified. Plans to address these challenges are listed below.

Anticipated Challenges	**Proposed Solutions**
Staff turnover at UMRHN	Maintaining a positive work environment can help with retention. If staff were to leave, the effects can be minimized by keeping job descriptions updated, maintaining a strong professional network to identify good candidates, and maintaining files in a shared system so data is not lost**.**
Leadership turnover at partner agencies	Engage with new leadership right away and provide update on project. Conduct a one-on-one meeting to identify the priorities of the new leadership to see how the Network can assist.
Lack of preceptors	Provide incentives for current staff to serve as preceptors. Arrange preceptor role to be incorporated into job descriptions for new staff.
Disagreement about strategy among Network members	Conduct discussion and hold a vote according to process outlined in Network bylaws
Member disengages from the Network	Conduct a one-on-one meeting to determine what challenges the member is facing and how the Network can be of service
Member withdraws/resigns from the Network	Conduct an exit interview to determine if there is a systemic cause/problem that needs to be addressed before it impacts additional members
Member does not see direct benefit of this project to their agency	Stress the improvement of improved population health and a strengthened healthcare system that will result. Re-confirm mutual commitment to the vision/mission; conscientious planning; and keeping focus on the big picture.

EVALUATION AND TECHNICAL SUPPORT CAPACITY

a. Data Approach

In order to track and measure progress, the following data sources will be used:

- Certificates of completion
- Internal documentation
- Number of students passing national exam
- Number of students working in health coaching capacity
- Visitor logs/records; student post-assessments
- Attendance sheets
- Mid-Carolina AHEC training records
- Graduation assessments
- Progress reports
- Performance Improvement Measure Report
- Data Dashboard
- Multi-year strategic plan
- Evaluation plan
- Marketing plan
- Sustainability plan
- Business plan

Progress will be communicated in the following ways:

- Presentations at state, region, and national conferences to demonstrate the process, educational, and workforce outcomes data of the health coaches training program
- Dissemination of healthcare career manual throughout region
- Internally at each Network Member organization
- Through Steering Committee and at Network Board meetings

A preliminary evaluation plan is provided in **Attachment 8**. A robust evaluation plan will be created after the grant award is made by consulting with the granting agency's technical assistance provider, discussing any changes since the application was submitted, and identifying dates for the annual assessments and other key deliverables.

b. Use of Data

To track and measure progress towards award-funded goals, qualitative methods, such as records review (e.g. meeting minutes, agenda items, and other official documentation) and key informant interviews will be employed. Key milestones will also be monitored to determine effectiveness.

Evaluation of progress will be assessed by a combination of process and outcomes measures. First, the time to achieve specific milestones will be noted, with meeting minutes and other documentation utilized to assess its completeness. Key informant interviews will also help determine barriers and facilitators to establishing and implementing these systems. This will happen on an annual basis, rather than at the end of the project period, to ensure that the data is routinely monitored and informs program development. The Steering Committee will meet regularly to assess progress. If targets are not being met, the Steering Committee will discuss with the UMRHN Finance and Sustainability Committee for guidance. If necessary, the UMRHN Finance and Sustainability Committee will bring matters to the attention of the UMRHN Board of Directors for input, suggestions, and assistance.

c. Baseline Measures

Outcomes measures will include:

- USC Lancaster Simulation Student Encounters per year (baseline 598)
- Number of preceptor experiences by current preceptors (baseline 27 per year)
- Number of preceptor experiences by new preceptors (baseline 0)

The evaluation questions are organized below according to the RHND Program Domains.

Domain I: Improve Access (Goal #3) - Did USCL faculty become nationally-board certified in health coaching? Did USC Lancaster faculty receive departmental approval to tailor existing courses?
Domain II: Expand capacity and services (Goal #1) – Did usage of simulation lab increase? (Goal #4) – Did educational experiences of K12 students in healthcare field increase?
Domain III: Enhance outcomes (Goal #2) - Did current preceptors take on additional students? Were there new preceptors? Did students transition to practice in a rural area?
Domain IV: Sustainability (Goal #5) - Was the Network capacity improved? Was collaboration enhanced among Network members?

ORGANIZATIONAL INFORMATION

1) Applicant Organization

UMRHN's mission and vision and how it aligns with the goals of the program

UMRHN's mission is to improve health through a collaboration of a diverse group focused on access to care, health promotion, and education. This mission is directly aligned with the goals of this proposed project. Network members are engaged with this program because they are all affected by healthcare workforce issues, challenges, trends, and strategies.

Structure, leadership, size of organization and staffing

Established in 2004, UMRHN is a 501(c)(3) organization dedicated to improving access to health care and securing healthcare safety nets. The Network Board of Directors is comprised of 12 voting members. Five affiliate (non-voting) members serve in an advisory capacity. The smoke-free UMRHN Network office along with twelve of seventeen members (76%) are located in HRSA designated rural areas. An organizational chart, demonstrating clear and distinct organizations among the network, the applicant organization and network member organizations, is included in **Attachment 7** along with proof of non-profit status. The structure of the Board and bylaws stipulate that the top leaders of each agency are represented. These leaders have the decision-making authority on behalf of their agency. This top-down approach ensures that resources such as staff, time, and funding is allocated towards helping to make new initiatives a reality.

Location relative to the target service area
UMRHN is three-county network of health, human service, and educational providers located in north central South Carolina. UMRHN is the only organization of its kind in this region. The primary Network office is centrally located in rural Chester County.

Scope of current activities
The Network Director is actively involved in the community through volunteering, attendance at meetings, and participation in coalitions and grassroots committees. This bottom-up approach ensures that the community is involved in helping to identify new initiatives and provides for those project champions that are vital to keeping the momentum going. These non-traditional health care entities play a big role in population health. The Network leaders and coalitions work synchronously to ensure decisions, projects, and programs are in the best interest of the rural area.

How the applicant organization will exercise administrative, accounting capabilities, and programmatic direction over award activities and funds
UMRHN has comprehensive financial policies and procedures to ensure that costs charged to HRSA awards are allowable, allocable to the HRSA award, reasonable, necessary, and documented. In order to provide for proper separation of accounting duties, UMRHN has an arrangement with the SCORH to provide accounting and reporting functions for the grant. SCORH, a nonprofit organization, has been managing federal grant accounting and reporting since 1991. Both SCORH and UMRHN comply with 45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. SCORH has received unqualified opinions on each financial statement since inception. SCORH currently accounts and reports for over $6 million in annual revenues. Accounting and reporting activities that SCORH has provided UMRHN includes:

- Bookkeeping function - writing expense checks, drawing down grant funds;
- Payroll function - produce payroll checks and file quarterly reports with the Internal Revenue Service (IRS), South Carolina Department of Revenue (SCDOR), and South Carolina Department of Employment and Workforce (SCDEW) and year-end filings;
- Reporting function – weekly reports to management, monthly/other reports to Board;
- Grant required Reporting – quarterly and annual reports;
- Prepare Annual Tax Return; and
- Work with auditors, if applicable

SCORH prepares monthly financial statements which are reviewed monthly, first by the UMRHN Finance Committee and then by the UMRHN Board of Directors.

How the applicant organization will manage the award-funded staff
The Network Director serves at the pleasure of the Board and is evaluated annually. First, the Network Director provides a written summary of the preceding year's events and activities, including progress towards stated goals and objectives. Then, the UMRHN Executive Committee (officers) reviews and discusses the report and provides input on satisfaction regarding the level of achievement. A final review is conducted by the Board of Directors to provide input and recommendations.

2) Project Staffing

Identify the project director, as well as key personnel on the award.
This project will benefit from a 1.0 FTE serving jointly as a Simulation (Sim) Lab Coordinator and Project Director. A job description is included in the staffing plan in **Attachment 5**, and the position will be an employee of USC Lancaster. The job description will be posted immediately upon notification of award. USC Lancaster has a robust human resources department to handle promotion, interviewing/ hiring, onboarding, and evaluation of the position. The Network Director and the Clinical Practice Integration Consultant, Courtney Catledge, will jointly manage the Sim Lab Coordinator / Project Director to ensure the project is meeting goals and deliverables.

Status of project director (or interim)
The Network Director is the only UMRHN staff member and will serve as the Interim Project Director until that person is hired. Although she is not currently funded under another Federal award, she has prior experience with managing Federal awards and is familiar with the cost principles and financial policies necessary to ensure accountability and integrity of grant-funded activities, such as keeping timesheets. The job description for the Sim Lab Coordinator / Project Director is ready to be posted around June 1, with an anticipated start date of July 1. Through the course of planning and discussing this project, four or five candidates have expressed interest and/or have been referred for the Project Director role. In addition to the more traditional channels, this opportunity will also be spread through word-of-mouth, which is sometimes the most effective method in a rural area.

Allocated time for the Project Director role
The Sim Lab Coordinator / Project Director will be an employee of USC Lancaster, and funding for 0.75 FTE of this role will be provided by this grant, if awarded, via a subcontract through UMRHN. USC Lancaster has 0.25 FTE funding to contribute to this role. A minimum of 0.25 FTE will be spent on Project Director activities.

Describe key personnel roles and how they relate to the proposed project
The Network Director has been actively involved in healthy eating, active living, and smoking cessation projects for the last eight years with the goal of implementing policy, system, and environmental changes that will have a sustainable, positive impact on population health throughout the region. This strategy will continue with this *Pathways to Health Careers Pipeline* project. UMRHN has had the same 1.0 FTE Network Director since 2014. The Network Director is evaluated annually by the Board of Directors. Her biographical sketch, along with other key staff's, can be found in **Attachment 6**.

The three USC Lancaster faculty will serve as contracted positions. There will be an agreement drawn up between the UMRHN Board and each individual. Half of the payment will be made at the beginning of each grant year and the remainder will be paid at the end of each grant year, which will ensure ongoing communication, cooperation, and commitment to achieving the goals of the project. UMRHN has fully developed written procedures for awarding and monitoring all contracts.

3) Network Information

a. Network Composition

Network Members and Organizational Chart

UMRHN is a three-county network of health, human service, and educational providers located in Chester, Fairfield, and Lancaster counties, in north central South Carolina. The Network governing board is comprised of 12 voting members and 5 affiliate members. All of these members operate independently under their own EIN numbers. A one-page organizational chart (in a tabular format) of the network is provided in **Attachment 7.**

Network Vision and Mission

UMRHN's mission is to improve health through a collaboration of a diverse group focused on access to care, health promotion, and education. This mission is directly aligned with the goals of this proposed project. Network members are engaged with this program because they are all affected by healthcare workforce issues, challenges, trends, and strategies.

b. Network Control

Network Leadership

UMRHN officers include the Board Chair, Vice-Chair and Secretary/Treasurer. The strength of the Network is found in a robust committee structure to provide the essential communication and implementation plans for Network activities. There are three standing committees: *Outreach Advisory, Marketing & Communications, and Finance/Sustainability*. Each committee is chaired by a voting member of the Network. Each chair is responsible for holding monthly meetings, reviewing minutes for accuracy, and forwarding specific recommendations for vote to the UMRHN Board that meets on the 2nd Wednesday of each month. Projects and activities are identified that will not only benefit the Network members but also the local community to improve health and well-being. A complete roster, including address, primary contact person, contact information, and current role in the community is included in **Attachment 7**.

Network Director

Karen Nichols has served as the 1.0 FTE Network Director since June 2014. Ms. Nichols holds a Master of Business Administration from Virginia Polytechnic Institute and State University. The Network Director strives to keep abreast of current and future challenges the Network members face, both collectively and independently with their specific organizations. In addition to the monthly group meetings, time is spent individually with the Network members to learn about priorities, initiatives, and to look for new collaborative opportunities. The group recently implemented an annual sharing day where members present the top three goals for their agency in the coming year. This prompts several discussions and ideas, which can either be added to the group's monthly meeting agenda and/or researched further by the Network Director to identify alternative funding sources.

Network Director Role

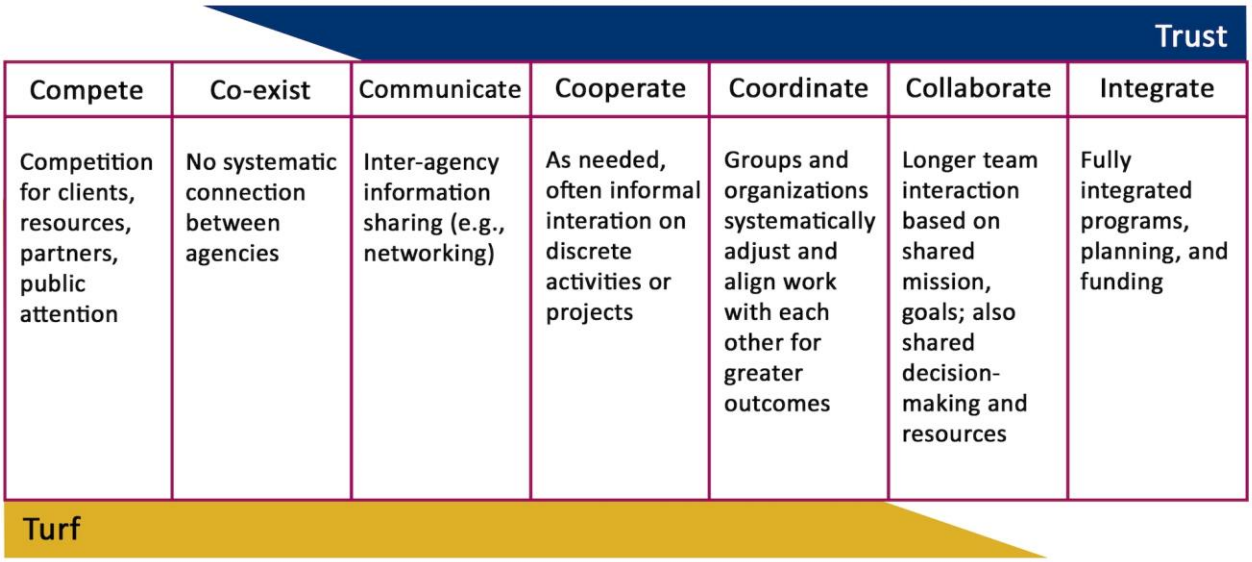
Over the last eight years as Network Director, she demonstrated abilities in facilitation and collaborative management by successfully engaging new members to the Network, reengaging disconnected members, and managing projects that overlap disciplines. The Network Director is evaluated annually. First, the Network Director provides a written summary of the preceding

year's events and activities, including progress towards stated goals and objectives. Then, the UMRHN Executive Committee reviews and discusses the report and provides input on satisfaction regarding the level of achievement. A final review is conducted by the Board of Directors to provide input and recommendations.

Role of Network Member Organizations

The Tamarack Institute, a group with 15 years of experience in improving collective impact and collaboration, has developed a spectrum (Figure 8) that highlights different levels of collaboration. The spectrum describes where a partnership is at a single point in time, which can help grantees understand where their partnerships stand. The spectrum can also help grantees and partners set goals for collaboration levels. At the low end of the spectrum, groups often try to maintain control and trust is low. The high end of the spectrum reflects when groups have enough trust that they can cede a fair amount of their own organization's control in favor of the group as a whole.[4] The UMRHN Board of Directors is in the "Collaborate" column, meaning that there is a shared mission, shared-decision making, and long-term interaction. Each member is important, has an equal voice in decisions, and a quorum must be present for all votes. Projects and activities are identified that will not only benefit the Network members but also the local community to improve health and well-being.

Figure 8. Tamarack Collaboration Spectrum[5]



As with all rural areas, there are limited resources to address the many and varied needs in the community. This project complements the work of the UMRHN thus far including an overall better utilization of resources and better health care for the community. The UMRHN Board of

[4]U.S. Department of Health and Human Services https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/community-mobilization-and-sustainability/tools/levels-of-collaboration.html

[5] Tamarack Institute http://www.tamarackcommunity.ca/library/author/tamarack-institute

Directors is committed to changing the face of service delivery in the region for the betterment of consumers and providers and as such will be actively involved with this project according to the mission of the UMRHN. UMRHN currently meets at least once a month and will continue to do so throughout the duration of this project.

Communication Plan

UMRHN Board members, Committee chairs, and program staff utilize several strategies to make expedient decisions. Strategies include regular use of email, DropBox file sharing, hybrid (virtual and in-person) Board meetings, and phone-based Committee meetings. All major programmatic decisions, personnel actions, and expenditure activities require approval by the UMRHN Board of Directors, and a quorum must be present. If there is an urgent program matter that cannot wait until the regularly scheduled UMRHN Board meeting, an emergency Board session could be initiated where 2/3 of the Board is required to meet the quorum for a vote.

c. Network Governance and History

Governance Structure

As a mature Network, UMRHN bylaws have been in place since 2005 and are reviewed regularly. The most recent revision was in January 2021 to make minor updates to the member organizations. This program will fall under the organizational umbrella of the UMRHN. Members of the governing body are typically selected after they express interest in joining the Network and demonstrate a commitment to attend meetings and be involved on an ongoing basis. UMRHN's vertical framework allows for inclusion of non-traditional healthcare entities such as education institutions. Financial commitment from Network members comes in the form of in-kind resources, fee-for-service, and collaboration on multi-sector grants.

UMRHN has the necessary full-time Network Director in place to run the Network and oversee this proposed project. The Network also has a Personnel Policies and Procedures manual, which was structured after a legal human resources guide and approved by the Board of Directors. This comprehensive manual includes topics such as travel, procurement, vacation and sick leave, conflicts of interest, and ethics. Revisions are completed periodically to ensure the policies remain current. UMRHN also has a Financial Policies and Procedures manual which has been approved by the Board of Directors.

MOU/MOA

The members are committed to the Network and understand the value of its member organizations working collaboratively to meet goals. The Network has a signed Memorandum of Understanding (MOU) in place, and it is included as **Attachment 2**.

History and Collaboration Examples

UMRHN has a rich history of collaborative activities carried out by the members in the Network. The UMRHN has been meeting together since 2004 and has successfully implemented a number of federal and private foundation funded projects. Collaboratively, the Network has accomplished the following:

- Funded a school nurse in the middle school in Chester and Fairfield School Districts
- Supported implementation of electronic health records (Health Office by HealthMaster) in Chester and Fairfield county middle schools

- Facilitated implementation of a Coordinated Approach to Child Health (CATCH) in Chester and Fairfield county schools
- Implemented Exploring Healthy Lifestyles classes in Chester middle schools, a nutrition and physical activity elective class modified from "Up for the Challenge" with Clemson Extension and Chester 4-H
- Provided assistance with student health screenings in Chester and Fairfield Schools
- Assisted Network members to reach a fully operational electronic health record systems
- Provided continuing education programs for school nurses throughout the region
- Assisting with implementation of a school-based telemedicine program partnering with Chester Regional Hospital's Lowrys Family Medicine and Chester School District
- Provided healthy lifestyles education opportunities for community residents

There have also been challenging times the Network has been able to overcome through collaboration. In the 2011-2012 timeframe, the Network was without a paid Director and an external funding stream. The Board had a strategic meeting to discuss the commitment and future direction of the Network. The Board continued to meet monthly, and various Board members stepped in to address various roles, such as coordinating meetings, taking meeting, minutes, holding planning session, and searching for new projects and grants. Members supported the continued efforts of the Network and helped pull together to meet needs until funding was appropriated.

Previous FORHP Funding

The Network has not had FORHP funding in the last five years.