Rural Health Transformation Project Stakeholder Survey

Overview: The One Big Beautiful Bill Act (OBBBA), enacted into federal law on July 4, 2025, created a national $50 billion fund called the *Rural Health Transformation Program*. All states are eligible to apply for this funding, and the State of Ohio will submit the state's application.

To assist development of Ohio's application, the State is seeking public input on the concepts and priorities outlined in the OBBBA. States must select at least three priorities to incorporate into a rural transformation plan. This survey provides an opportunity for stakeholders to provide input for activities that can be completed in the project's five-year period. The OBBBA provides one-time funding for the Rural Health Transformation Project. For concepts expected to last beyond five years, please identify how the work will be sustained without additional federal or state funding. Commenters may provide feedback on one or more concepts but are not required to respond to every question.
This survey is not an application for funding specific projects so commenters should refrain from submitting any sensitive, proprietary, or confidential information. All information is considered public record. Comments will be accepted through October 3, 2025.

Priority Area 1: Make Rural America Healthy Again

Support rural health innovations and new access points to promote preventative health and address root causes of diseases. Projects will use evidence-based, outcomes-driven interventions to improve disease prevention, chronic disease management, behavioral health, and prenatal care.

- **Describe immediate solutions which may alleviate some challenges associated with this area:**
    - Support lead prevention programs administered by the Department of Health including grant funding for local communities, ensuring lead safe work protocols during renovations and repairs, and parent education and resources.
    - Mobile and community-based care access: Invest in home visiting programs, mobile clinics, and telehealth-enabled community hubs (e.g., schools, libraries, early childhood centers) to deliver prenatal care, well-child visits, and behavioral health screenings in communities where rural families live.
    - Stabilize Medicaid coverage for eligible women and children: Prevent lapses in Medicaid coverage for pregnant individuals, infants, and young children through improved eligibility systems and outreach. This is particularly important in rural Ohio, where Medicaid churn significantly disrupts access to care.

    - Support rural communities in meeting the basic needs of residents: provide targeted resources to reduce food insecurity by enhancing access and benefit uptake for families eligible for SNAP and WIC. This would directly impact birth outcomes, child development, and chronic disease prevention.
- **Describe long-term strategies to address the challenges associated with this area. What is the impact of these strategies beyond five years and how will this work be sustained?**
    - Integrated rural health & early childhood systems: build durable partnerships between health systems, early learning providers, child welfare, and community-based organizations to create a continuum of care for families beginning in pregnancy.
    - Workforce development: rural-focused workforce initiatives (such as scholarships or residency placements) for health providers including OB/GYNs, midwives, pediatricians, early childhood mental health clinicians, and community health workers.
    - Data-driven public health planning: enhance data systems, allowing a way for the state to easily collect and evaluate rural maternal and child health data across sectors. This would not only identify gaps, but would assist in targeting future investments more effectively.
    - Beyond five years, these strategies can work together to reduce rural infant mortality, improve maternal health, decrease chronic disease prevalence, and strengthen early childhood development, resulting in lower long-term health care costs and a more resilient rural health system.
- **What are the key performance indicators to measure the success of the suggested immediate and/or long-term strategies?**
    - Reduction in rural maternal mortality and morbidity.
    - Increased prenatal care access in the first trimester of pregnancy.
    - Reduction in low birthweight and preterm birth rates.
    - Increased rates of well-child visits and developmental screenings by age three.
    - Reduction in childhood chronic conditions (such as asthma, obesity).
    - Number of new or expanded rural care access points (e.g., mobile units, telehealth hubs).
    - Reduction in Medicaid churn for pregnant individuals and young children.
    - Increased availability of behavioral health services, including early childhood mental health.
    - Improvements in social driver screening and referrals, such as food and housing insecurity.

- **Describe any Ohio-based stakeholders with whom you have discussed these ideas. What was their feedback?**
    - Groundwork convenes a multiprong stakeholder audience including: 1) our Family Action Network, comprised of families with young children around Ohio who share their lived experience navigating health and education systems, 2) our Early Learning Advisory Council that includes preschool system leaders as well as large and small child care and early learning providers from the for-profit and non-profit sectors, and 3) our Maternal and Young Child Health Advisory Council that includes health care practitioners, mental and behavioral health specialists, community health workers, hospital systems, and birth workers.

Priority Area 2: Sustainable Access

Help rural providers become long-term access points for care by improving efficiency and sustainability. With RHT Program support, rural facilities work together—or with high-quality regional systems—to share or coordinate operations, technology, primary and specialty care, and emergency services.

- **Describe immediate solutions which may alleviate some challenges associated with this area.**
    - Enhanced care coordination for high-need rural ZIP codes: Fund care coordination for pregnant and postpartum people, infants, and young children in high-risk ZIP codes, assisting with multi-service navigation (medical, behavioral, social services), reducing avoidable ER use and keeping primary care as the hub.
    - Enhanced rural transportation networks: Create regional non-emergency transport options to reduce missed appointments in communities with limited transit.
- **Describe long-term strategies to address the challenges associated with this area. What is the impact of these strategies beyond five years and how will this work be sustained?**
    - Community governance and family engagement: Ensure community and family representation in governance so services match local needs and maintain political and financial support over time.
- **What are the key performance indicators to measure the success of the suggested immediate and/or long-term strategies?**
    - Rate of completed prenatal visits and well-child visits among Medicaid-enrolled pregnant people and children (0–5).

- Reduction in missed appointments due to transportation or broadband barriers.
- Patient/family-reported access and satisfaction scores.
- Percent of services co-located with early childhood or social service partners.

- **Describe any Ohio-based stakeholders with whom you have discussed these ideas. What was their feedback?**
  - Groundwork Ohio's Family Action Network, which includes rural parents/caregivers, have reported that consolidated local access points (co-located services and telehealth hubs) and reliable transportation are top priorities. Families have indicated a need for single-stop sites where they can address medical, developmental, and social needs in the same visit.

Priority Area 3: Workforce Development

Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities. Help rural providers practice at the top of their license and develop a broader set of providers to serve a rural community's needs, such as community health workers, pharmacists, and individuals trained to help patients navigate the healthcare system.

- **Describe immediate solutions which may alleviate some challenges associated with this area.**
  - Training & certification: Fund competency-based training for community health workers (CHWs), behavioral health paraprofessionals, and care navigators so communities can quickly expand capacity for prevention, care coordination, and early childhood mental health screening.
  - Relocation supports to promote rural health workforce growth: Offer stipends for critical roles (nurses, midwives, pediatric nurse practitioners) or valuable relocation supports, including child care or housing stipends to reduce barriers to accepting rural jobs.
- **Describe long-term strategies to address the challenges associated with this area. What is the impact of these strategies beyond five years and how will this work be sustained?**
  - Community supports that retain staff: Connect workforce retention strategies to community investments and services, including affordable housing, reliable broadband, affordable/quality child care, so clinicians and their families can thrive.
  - Impact beyond five years: Stable health and well-being of employees strengthens local economies and boosts workforce participation. By

investing in strategies that support basic needs for the rural health workforce, local health systems may expect reduced vacancy rates, improved continuity of care, and stronger care capacity for perinatal and early childhood needs.

- **What are the key performance indicators to measure the success of the suggested immediate and/or long-term strategies?**
    - Vacancy rate for primary care, OB/maternity, pediatrics, behavioral health clinicians in participating counties.
    - Retention rate at 1, 3, and 5 years for clinicians hired under program supports.
- **Describe any Ohio-based stakeholders with whom you have discussed these ideas. What was their feedback?**
    - Groundwork convenes a multiprong stakeholder audience including: 1) our Family Action Network, comprised of families with young children around Ohio who share their lived experience navigating health and education systems, 2) our Early Learning Advisory Council that includes preschool system leaders as well as large and small child care and early learning providers from the for-profit and non-profit sectors, and 3) our Maternal and Young Child Health Advisory Council that includes health care practitioners, mental and behavioral health specialists, community health workers, hospital systems, and birth workers.

Priority Area 4: Innovative Care

Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements. Develop and implement payment mechanisms incentivizing providers or Accountable Care Organizations (ACOs) to reduce health care costs, improve quality of care, and shift care to lower cost settings.

- **Describe immediate solutions which may alleviate some challenges associated with this area.**
    - Improve care-coordination: support rural health care access for families with young children through increased home visiting service access.
    - Support housing for pregnant mothers through existing under-funded Healthy Beginnings at Home program.
    - Prioritize lead abatement in homes built prior to 1978 to prevent exposure of elevated blood lead levels in young children before such exposure generates lifelong chronic health conditions.
- **Describe long-term strategies to address the challenges associated with this area. What is the impact of these strategies beyond five years and how will this work be sustained?**

    - Institutionalize CHWs and care navigation as reimbursable, credentialed roles: Create statewide billing pathways and credential ladders so CHW/home visiting/care navigation services are funded in fee schedules or bundled payments.
- **What are the key performance indicators to measure the success of the suggested immediate and/or long-term strategies?**
    - Percent of pregnant people with first-trimester prenatal care.
    - Postpartum visit completion rate within 7–12 weeks and extended postpartum contact at 6–12 months.
    - Rate of preterm birth and low birthweight.
    - Well-child visit completion (0–15 months, 3 years) and developmental screening rates.
    - Number of CHW/care coordination billable encounters and households reached.
- **Describe any Ohio-based stakeholders with whom you have discussed these ideas. What was their feedback?**
    - Groundwork convenes a multiprong stakeholder audience including: 1) our Family Action Network, comprised of families with young children around Ohio who share their lived experience navigating health and education systems, 2) our Early Learning Advisory Council that includes preschool system leaders as well as large and small child care and early learning providers from the for-profit and non-profit sectors, and 3) our Maternal and Young Child Health Advisory Council that includes health care practitioners, mental and behavioral health specialists, community health workers, hospital systems, and birth workers.

Priority Area 5: Tech Innovation:

Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients. Projects support access to remote care, improve data sharing, strengthen cybersecurity, and invest in emerging technologies.

- **Describe immediate solutions which may alleviate some challenges associated with this area.**
    - Expand perinatal telehealth services for pregnant and postpartum individuals: Telehealth can help overcome barriers such as distance, transportation challenges, and child care constraints, making it easier to receive timely care that supports positive pregnancy, birth, and postpartum outcomes. Services such as virtual prenatal counseling, telelactation

support, mental health consultations, and remote patient monitoring for conditions like hypertension can be implemented quickly using existing telehealth platforms. In maternity care disparity areas, telehealth can connect patients with providers and subspecialists who may not practice locally, ensuring continuity of care and reducing preventable complications (PN-3 Roadmap, 2025).

- **Describe long-term strategies to address the challenges associated with this area. What is the impact of these strategies beyond five years and how will this work be sustained?**
    - Expand Medicaid coverage and reimbursement policies: ensure full-spectrum telehealth service, including audio-only, remote patient monitoring, and store-and-forward, are covered at parity with in-person services.
    - Invest in in broadband expansion: leverage federal funds and state-level infrastructure investments to close rural connectivity gaps.
    - Integrate telehealth into maternal care models to promote sustainability beyond short-term grant cycles.
    - Over five years and beyond: these strategies can reduce maternal health complications, improve postpartum follow-up rates, and lower preventable negative outcomes by ensuring continuous access to care in rural areas.
- **What are the key performance indicators to measure the success of the suggested immediate and/or long-term strategies?**
    - Public data systems: Create cross-agency public data systems indicating health outcomes and trends to better inform the public of opportunities for improvement as well as areas of strength. Greater access to public data would not only enable stronger legislative and budgetary action at state and local levels to be responsive to emerging needs, but also enables data-driven local responses from local leaders to design and implement programs and solutions to address gaps.
    - Access metrics: number of rural patients utilizing perinatal telehealth services and broadband access expansion.
    - Health outcomes: reductions in pregnancy-related complications, improved hypertension management, and maternal mental health screening and treatment rates.
    - System efficiency: reduced missed appointments and increased provider-to-provider teleconsultations.
- **Describe any Ohio-based stakeholders with whom you have discussed these ideas. What was their feedback?**

- Groundwork convenes a multiprong stakeholder audience including: 1) our Family Action Network, comprised of families with young children around Ohio who share their lived experience navigating health and education systems, 2) our Early Learning Advisory Council that includes preschool system leaders as well as large and small child care and early learning providers from the for-profit and non-profit sectors, and 3) our Maternal and Young Child Health Advisory Council that includes health care practitioners, mental and behavioral health specialists, community health workers, hospital systems, and birth workers.

Priority Area 6: Other Activities

Other activities and strategies that would improve the health of rural Ohioans through innovative, transformative approaches and models.

- **Describe immediate solutions which may alleviate some challenges associated with this area.**
  - Create a pilot of administrative practices that minimize unnecessary Medicaid churn for young children ages 0-3 who are eligible for coverage but are at risk of disenrollment due to paperwork and administrative barriers. The pilot of administrative practices could include strategies such as auto-renewals, text reminders, and phone-based renewal assistance. Health coverage is the foundation of health care, and parents who are uninsured themselves are significantly more likely to have young children who are uninsured. By creating a pilot in rural and Appalachian areas of the state where challenges around health care access, prenatal and postpartum care, and infant mortality abound, enhancing administrative processes to minimize churn for young children is an important lever to save lives and improve developmental outcomes for young children.
  - Integrate family coverage strategies: Because uninsured parents are far less likely to have children with consistent coverage, immediate outreach could target family units, not just children. Parents' coverage status and engagement strongly influence children's enrollment and continuity of care.
- **Describe long-term strategies to address the challenges associated with this area. What is the impact of these strategies beyond five years and how will this work be sustained?**
  - Use pilot findings to craft a state-level policy package to demonstrate feasibility, budget impacts, return on investment (ROI), and health benefits.

    - Develop state legislative and administrative approaches that ensure streamlined redetermination, simplified verification rules, and passive renewal expansions that help keep young children insured.
    - Institutionalize cross-agency data sharing: Create durable, public-facing data dashboards to monitor enrollment duration, churn, utilization, and outcomes for young children ages 0–3, and embed reporting requirements in MCO contracts (EPSDT, outreach, reenrollment metrics).
    - Impact beyond five years: Maintaining Medicaid coverage for eligible young children birth through age three leads to higher rates of preventive care access, fewer avoidable ED visits and hospitalizations, better early developmental screening and kindergarten readiness, and reduced infant and child morbidity over time.
- **What are the key performance indicators to measure the success of the suggested immediate and/or long-term strategies?**
    - Assess health coverage & churn rates for infants and young children who are eligible for Medicaid by monitoring:
        - Monthly and annual enrollment counts for ages 0–3 and 0–5.
        - Average and median duration of Medicaid enrollment for birth cohorts at 1 year, 3 years, and 5 years.
        - Monthly/annual disenrollment and coverage interruptions for 0–3 and 0–5, disaggregated by reason (procedural vs. ineligibility).
        - Percent of children terminated who are reenrolled within 6 months and within 12 months.
    - Well-child visit rates (0–3 and 0–5) by age and year.
    - Prenatal and postpartum visit rates for Medicaid-covered pregnant women.
    - Utilization of preventive services (immunizations, developmental screening) and behavioral health follow-up.
    - Infant mortality rate and perinatal morbidity indicators in pilot counties.
    - ED visit and hospitalization rates for conditions among 0–3 children.
    - Projected and actual cost per child for continuous coverage vs. baseline churn costs; cost offsets from reduced ED/hospital utilization.
- **Describe any Ohio-based stakeholders with whom you have discussed these ideas. What was their feedback?**