



April 1, 2021

*The **SORH Short Rows** is the quarterly newsletter from the Georgia State Office of Rural Health for all matters rural. It provides an update on the progress made to improve rural health in Georgia to hospitals, primary care practices, FQHCs, stakeholders, vendors, health care advocates, and legislators.*

Leading the Fight Against Rural Health Disparities

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Springtime Brings Season of New Hope

When you sit and ponder about Springtime, what do you think of? I think about the grass turning green, flowers starting to bloom, the weather warming up and the overall feeling of joy of spending more time outdoors with family and friends. Even though we are still experiencing the effects of Covid-19 in our work, family and activities, I can't help but think that tomorrow will be a brighter day filled with the joy of Spring.

As we approach Spring and Summer, SORH is still very much dedicated to the fight against rural health disparities and will continue to forge ahead into this season with hope, hard work and determination in this battle. We are excited about the stories we continue to hear from Georgia's healthcare workers and institutions. We are encouraged daily by their perseverance and commitment to provide access to medical care to the rural Georgians they serve.



That said, I encourage you to remain vigilant in the fight against the various health disparities we face in our rural communities and to hold fast to the hope of "Spring".

Stephen Register
SORH Executive Director



Sheryl McCoy Retires from the SORH After 20 Years of Service



The SORH staff said goodbye to a great friend and colleague in February when SORH Administrative Assistant Sheryl McCoy retired from the Department of Community Health after 20 years of service.

Sheryl began her career with SORH in January 2001 when she accepted a secretarial position from the Department of Community Health to support the State Office of Rural Health. Sheryl was quickly promoted into the position of Administrative Assistant and served under all four of the SORH Executive Directors. Having supported the office through many years of change and growth, Sheryl has been our "resident historian" and always made herself available to assist new staff as we grew comfortable within our positions. She has certainly been the cornerstone of the SORH office.

The State Office of Rural Health was assigned to the Department of Community Health in 1999 when the Department was established by Executive Order. In 2000 the decision was made to place the State Office of Rural Health in a rural community and the search began to find a permanent home for SORH. In 2001, the final decision was made to establish a residence in Cordele, about 150 miles south of Atlanta.

[Read the full article here.](#)

Focus on Rural Health

GCCN and SORH - A Partnership That Continues to Benefit the Underserved

The Georgia SORH office is proud to continue its partnership with the Georgia Charitable Care Network (GCCN), headquartered in Atlanta, which comprises a network of charity clinics around the state that work in their local communities to fill a gap to provide healthcare services to the most vulnerable between the ages 18-64.

Donna Looper, who is entering her fifteenth year as Executive Director of GCCN, highlighted the important relationship between her organization and that of the Georgia SORH office. “We couldn’t do what we do without the SORH office,” said Looper. “The office has always recognized the importance of what our clinics do and has continually provided us with the necessary support to continue our work of serving the underserved population.”



Looper explained that funding from the Georgia legislature since 2016 has increased GCCN’s capacity to serve more people within the clinics. “When we first received the funding from the state, we requested the grant go through the SORH office because we had already established such an awesome partnership with SORH based on our prior work together,” said Looper. “The oversight of state dollars by the SORH office helps ensure every aspect of our work is working the best way it can.”

[Read the full article here.](#)



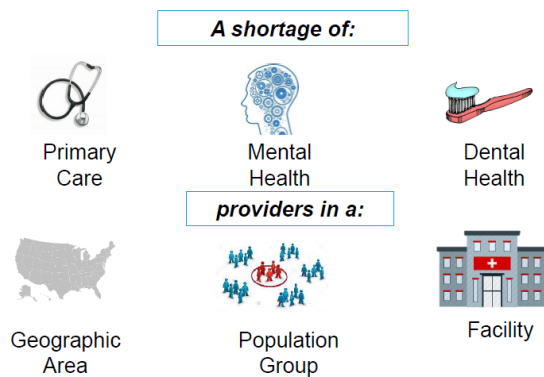
From the Primary Care Office

What is a Health Professional Shortage Area?

Health Professional Shortage Area (HPSA) designations are used to identify areas and population groups within the state that are experiencing a shortage of health professionals. There are three categories of HPSA designations based on the health discipline that is experiencing a shortage: 1) primary medical; 2) dental; and 3) mental health.

The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. Federal regulations stipulate that in order to be considered as having a shortage of providers, an area must have a population-to-provider ratio of a certain threshold. For primary medical care, the population to provider ratio must be at least 3,500 to 1 (3,000 to 1 if there are unusually high needs in the community).

Types of Health Professional Shortage Areas



HPSA scores are based on a variety of factors and range from 0 to 25 in the case of Primary Care and Mental Health, and 0 to 26 in the case of Dental Health. The higher the score, the greater the need for additional medical services.

[Read the full article here.](#)

From Hospital Services

Monroe County Hospital Shares "ACRONYM" During Flex Professional Monthly Mingle

The Medicare Rural Hospital Flexibility (Flex) Program, funded by the Federal Office of Rural Health Policy, encourages the development of cooperative systems of care in rural areas, joining together Critical Access Hospitals (CAHs) emergency medical service (EMS) providers, clinics, and health practitioners to increase efficiencies and quality of care. The Flex Program requires states to develop rural health plans and funds efforts to implement community-level outreach for CAHs. Georgia's Flex Program focuses on three program areas; CAH Quality Improvement, CAH Operational and Financial Improvement, and CAH Population Health Improvement.



The Flex Program contains a special project, the Medicare Beneficiary Quality Improvement Program (MBQIP), which focuses on improving the quality of care that CAHs provide. CAHs that wish to participate in Flex-funded activities must participate and report in MBQIP core quality measures. The Georgia Hospital Association Research and Education Foundation (GHAREF) partners with the SORH to provide the Quality Improvement Program initiatives for Georgia's 30 CAHs. Part of that role is to support CAH quality professionals or infection preventionists in reporting and submitting their MBQIP data.

[Read the full article here.](#)



GFHP Continues to Conquer Adversity Despite COVID-19 Challenges

The Georgia Farmworker Health Program has faced many challenges since March 2020 when COVID-19 put everyone on high alert. The impact that it has had on the rural health clinics that make up the Georgia Farmworker Health Program has, at times, been drastic but it has also forced patients and healthcare workers to become more aware and educated for the greater purpose of saving lives.

In March, the number of patient visits for GFHP clinics fell drastically and new patient encounters dropped well below 60% in part due to mandatory quarantines and fear of contracting the virus. Workforce for the



farmworker program endured staff shortages as well when employees were forced to quarantine at home due to COVID-19 exposure. To decrease the risk of virus transmission to patients GFHP clinics were forced to defer elective visits until it was deemed safe by the Department of Public Health, which also contributed to the decrease in patient visits.

[Read the full article here.](#)



*...you get to enjoy the beautiful colors of Springtime
as Mother Nature paints her new artwork!*



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DCH Mission Statement

The Department of Community Health will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

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