

Rural Health Council Charter

Rural Health Council

A Rural Health Council at KUMC will continue expanding the KU SOM Rural Health Task Force's work and supporting the Kansas Center for Rural Health and its partners. The KUMC Rural Health Council membership will exhibit the multi-disciplinary and multi-sector engagement necessary to improve rural health disparities.

Purpose:

A Rural Health Council can improve alignment across KUMC, raise awareness of rural health disparities and current rural health-related activities from a holistic standpoint and develop opportunities for more effective collaboration across KUMC. Cross-disciplinary and cross-sector collaboration is key to improving population health and the performance of health systems, from local to regional settings. The Rural Health Council leadership will ensure that leadership, committees, and general membership represent a wide range of disciplines and sectors. Council committees will focus on specific areas of interest within or across the KCRH's pillars of research, service, and education.

Background:

Dr. Akinlolu Ojo, the University of Kansas School of Medicine Executive Dean, chartered the comprehensive Rural Health Task Force in February 2020. His charge to the Task Force was to determine the KU School of Medicine's role in improving rural health disparities in Kansas.

Significant improvement in the health of our citizens is not realizable without a robust, sustainable, and multifaceted rural health program that shapes all determinants of health – patient care, policy, environment, and behaviors. Dr. Ojo's guidance to the members was to formulate plans of action, create measurable objectives, develop an organizational framework, and identify resource needs for a multifaceted rural health program. This multifaceted rural health program would help support innovative healthcare delivery, educate and train the 21st-century rural workforce, and conduct meaningful and relevant biomedical and healthcare delivery research in rural Kansas. Creating a Kansas Center for Rural Health was one of the initiatives of the rural health task force, and a committee was established to help develop the organizational framework for the Center.

Kansas Center for Rural Health

The Kansas Center for Rural Health (KCRH) aims to identify and reduce rural health disparities and improve the rural healthcare workforce and care delivery through research, education, and service. An executive director will lead the KCRH, and staffed positions may come from any discipline. The executive director will be responsible for overseeing the KCRH's administration, staffing, programs, and strategic plan.

The KCRH office will be in the Salina Health Education Center, and its operation will reflect partnerships with all KUMC schools and external rural stakeholders who share its mission. A Rural Health Council will be established at KUMC to support the KCRH and identify opportunities for rural collaborative work across the University of Kansas Medical Center.

Membership and Structure:

Individuals across KUMC interested in rural health are invited to participate in the KUMC Rural Health Council. Membership will serve to keep rural health stakeholders internal and external to KUMC aware of rural health-focused research, education, workforce development, and service activities benefiting rural Kansas and addressing rural health disparities.

Rural Health Council Membership Roles and Responsibilities:

1. The first and foremost responsibility is to attend monthly and scheduled meetings. Members of the Rural Health Council should attend at least two meetings per year (or send their delegate) to be in good standing. Members can attend the KCRH Partners (rural stakeholders from various disciplines and sectors) group meetings. In this supporting role to the KCRH Partners, they can serve as a subject matter expert, provide information reports, and identify opportunities for participation in research or programming. Council members should help identify presentations or information appropriate to the mission of KCRH and interest to other rural health stakeholders to present at the KCRH Partners quarterly meetings.
2. Each new member needs to become familiar with the charge, history, current schedule, and other members.
3. Members should provide regular updates to other Rural Health Council members about ongoing programs, activities, or proposals at KUMC to promote networking and collaborations across stakeholders.
4. Members should help support and evolve the KCRH strategic plan developed by the KCRH Partners and KCRH leadership.
5. Members should help identify opportunities for cross-linking efforts or programs across KUMC.

Rural Health Council Members should be:

- Located at one of the University of Kansas campuses
- Faculty actively involved in rural health-related education, research, and/or service as evidenced by a teaching track record and record of peer-reviewed publications
- Staff actively involved in rural health-related education, research, workforce development, and/or service including rural-focused outreach and programming
- Supported in joining the Rural Health Council by their direct supervisor and/or department chair
- Ready and willing to collaborate with external partners
- Ready and willing to support students in rural health-related projects
- Ready and willing to respond periodically to rural data requests, contributing data and analytic skills as appropriate

- Prepared to present regularly at quarterly hybrid meetings of the members and partners. Members should be ready to present their ongoing activities relevant to rural health and engage in meaningful discussion, sharing their expertise.

Rural Health Council Leadership

- A Director and Assistant Director will lead the Rural Health Council (RHC) and both will serve on the RHC executive committee.

Executive Committee:

- In addition to the RHC Director and Assistant Director, the RHC executive committee will include ex officio members consisting of the KCRH executive director and KUMC campus Deans or their designees. No one school or program from KUMC will dominate the make-up of the RHC executive committee, so any vacated positions by ex officio members will be filled through requests for a designee to the appropriate KUMC campus Dean.
- The executive committee will help conduct the business of the Council between meetings and assist with developing the Council agenda.
- Each academic year the RHC members will elect an Assistant Director (AD) with the current Assistant Director assuming the role of Director for the next academic year. If the Director's position is vacated before the annual election, the executive committee will identify an interim Assistant Director until the annual election can occur where membership elects an Assistant Dean from volunteer candidates, which might include the interim AD.
- KCRH leadership and staff will participate in the Rural Health Council, but the KCRH executive director will not be eligible for RHC leadership positions, including chairing any RHC committees. Other KCRH leadership and staff are eligible to chair RHC committees.
- The KCRH staff will assist the Rural Health Council in the logistics, communications, and conduct of the Council meetings. KCRH staff will also communicate with Rural Health Council members between Council meetings about activities, grants or other funding opportunities, and additional Kansas rural health-related information.
- Meetings of the Rural Health Council executive committee should occur regularly, approximately monthly. The membership of the Rural Health Council should meet regularly, approximately monthly, to help elevate awareness across KUMC and its campuses about opportunities for collaboration and a broader understanding of ongoing and planned rural health activities.

Rural Health Council Committees:

Rural Health Council Committees serve to strengthen the work of the RHC in identifying opportunities for collaboration and a broader understanding of ongoing and planned rural health research, education, and service. Committees address various issues such as identifying and

responding to gaps that contribute to rural health disparities, and developing or supporting initiatives and programs of research, education, and service related to rural health. Six committees outlined below were established in 2022 to collectively support the work of the RHC and the KCRH's pillars of rural research, education, and service.

1. **Workforce/Pathway.** The purpose of the W/P committee is to examine and improve the healthcare workforce needs of rural Kansas. Initiatives, work, and activities of interest to this committee include but are not limited to:
 - a. Pipeline Programs (i.e., partnering across KUMC with ICE/AHEC HOSA, etc. to support rural communities in developing healthcare workforce pipeline programs)
 - b. Current incoming and graduate practice/location assessments
 - c. Training sites support and development across all KUMC schools (i.e., shared affiliation agreements, central tracking and communications)
2. **Maternal, Child, and Family Health.** The purpose of the MCFH committee is to improve maternal, child, and family health outcomes in rural Kansas. Initiatives, work, and activities of interest to this committee include but are not limited to:
 - a. Access and availability of obstetrical services
 - b. Pre- and post-natal programs
 - c. Reducing infant and maternal morbidity and mortality
 - d. Health promotion and intervention programs
3. **Behavioral Health/Mental Health.** The purpose of the BH/MH committee is to facilitate collaboration and coordination of behavioral and mental health activities to improve access and outcomes in rural Kansas. Initiatives, work, and activities of interest to this committee include but are not limited to:
 - a. Activities across all campuses that could be
 - i. Age-based vs condition-based (SUD)
 - ii. Methodologies of assessment/management
4. **Multi-specialty Rural Practice-Based Research.** The purpose of the MSRPBR is to facilitate the collaboration of practitioners and researchers in rural health. Initiatives, work, and activities of interest to this committee include but are not limited to:
 - a. Expand rural health task force PBR committee across schools and campuses, including connections to KU CC, MCA, RI/CTSA, etc.
5. **Community Health Across the Lifespan.** The purpose of the CHAL committee is to assess and implement models of care that address the disparities in rural Kansas. Initiatives, work, and activities of interest to this committee include but are not limited to:
 - a. New models of rural community health assessments and improvement plans
 - b. Assessing SDOH impacting rural disparities at local level, even with small numbers
 - c. Assessing ROI on improvement plans, particularly new service lines or programming
 - d. Supporting community collaboration efforts and opportunities

Subcommittees may be formed within the CHAL to address particular chronic health needs in rural Kansas such as Aging, Cancer, etc.

6. **Data.** The purpose of the Data committee is using data to improve rural health and support the mission of KUMC. Initiatives, work, and activities of interest to this committee include but are not limited to:

- a. Research focused across clinical and community settings
- b. Large data sets/common DUAs – collaboration with ongoing work/efforts
- c. Efficient use of funds/skills

Additional committees may be formed as needed and approved by the RHC Director and Assistant Director to guide and move the work or activities of the Rural Health Council.

Committees will consist of at least five Rural Health Council members from more than one discipline and school. The committee will elect co-chairs to help guide the committee's work. Each committee will appoint a member to serve as program manager to coordinate scheduling of meetings and activities and record the minutes. The Kansas Center for Rural Health staff will assist with the work of the RHC committees created. Co-chairs will serve as ex officio members of the Executive Committee. At least one co-chair will be present at each Executive Council meeting to report out on the committee's work and needs. Each committee will maintain meeting minutes, which will be stored on the KCRH S drive. Committees will provide updates during the RHC meetings as requested by the RHC Director and/or Assistant Director.

KCRH Joint Executive Committee: See Diagram 1 below

A larger membership organization supporting the Kansas Center for Rural Health is the KCRH Partners group. The KCRH Partners group will include individuals, groups, or organizations across Kansas with interests in rural health. Rural Health Council members can participate in the KCRH Partners group, particularly the committees or special interest groups, and when identified as a subject matter expert.

A Joint Executive Committee will consist of the executive committee of the KCRH Partners and the Rural Health Council Director, plus the KCRH executive director. The KCRH Partners and the Joint Executive Committee will help develop the Kansas Center for Rural Health strategic plan and support KCRH's mission.

Recordkeeping:

Committees or other subgroups of this membership will generate the records of meetings and formally established minutes of all meetings. Documentation will be stored on the Kansas Center for Rural Health S: drive and shared on the Kansas Center for Rural Health website unless the information contains information that needs to be deidentified before public consumption.

Diagram of Organizations

