

RURAL HEALTH

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*Executive Director – Rural Health
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MISSION & ROLE



MISSION & ROLE

- Louisiana awarded **\$208,374,448** for Year 1 of Rural Health Transformation Grant.
- Estimated **\$1.4 billion** over 5 years.
- One of the top awards in the nation.
- **Every rural Louisianian deserves the same high-quality health and health care as anyone else in our state.** Through a five-year investment, we are building sustainable access to care so rural communities can thrive — today and for generations to come.



Rural Health Transformation Program logo

MISSION & ROLE

- Section 71401 of the Reconciliation Bill allocated transformative funding to rural health systems. Strategic readiness is critical.
- **\$50 billion** was earmarked over 5 years for rural health infrastructure, workforce, and access:
 - 50% evenly to all states; and
 - 50% based on rural data, quality of application, and state policy actions.
- Funding for future years will be based on state performance each year.



MISSION & ROLE

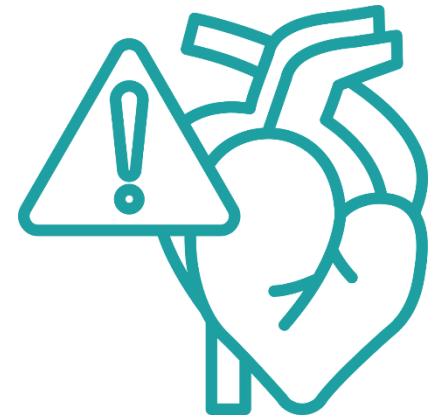
- Enhance **sustainability** of rural healthcare providers while ensuring Louisiana's **1.1 million rural residents**, particularly those with chronic and behavioral health needs, can access high-quality care close to home.
- **Build partnerships** across rural communities with all stakeholders.
- **Re-envision LDH's role** in rural health as a facilitator for collaboration.



Rural Health Transformation Task Force meeting

MISSION & ROLE

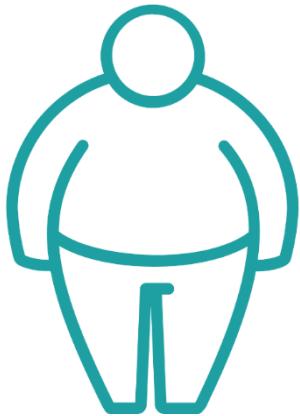
- 44 of Louisiana's 64 parishes are designated as **fully or partially rural**.
- Approximately **29.1%** of Louisiana's population lives in **rural areas**.
- Among adults in rural Louisiana:



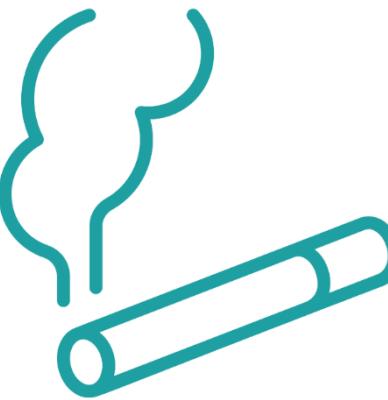
11% have heart disease, 32% higher than the urban prevalence of 8%.



20% have diabetes, 42% higher than the urban prevalence of 14%.



43% are obese, 21% higher than the urban prevalence of 38%.



39% use tobacco, 12% higher than the urban prevalence of 27%.

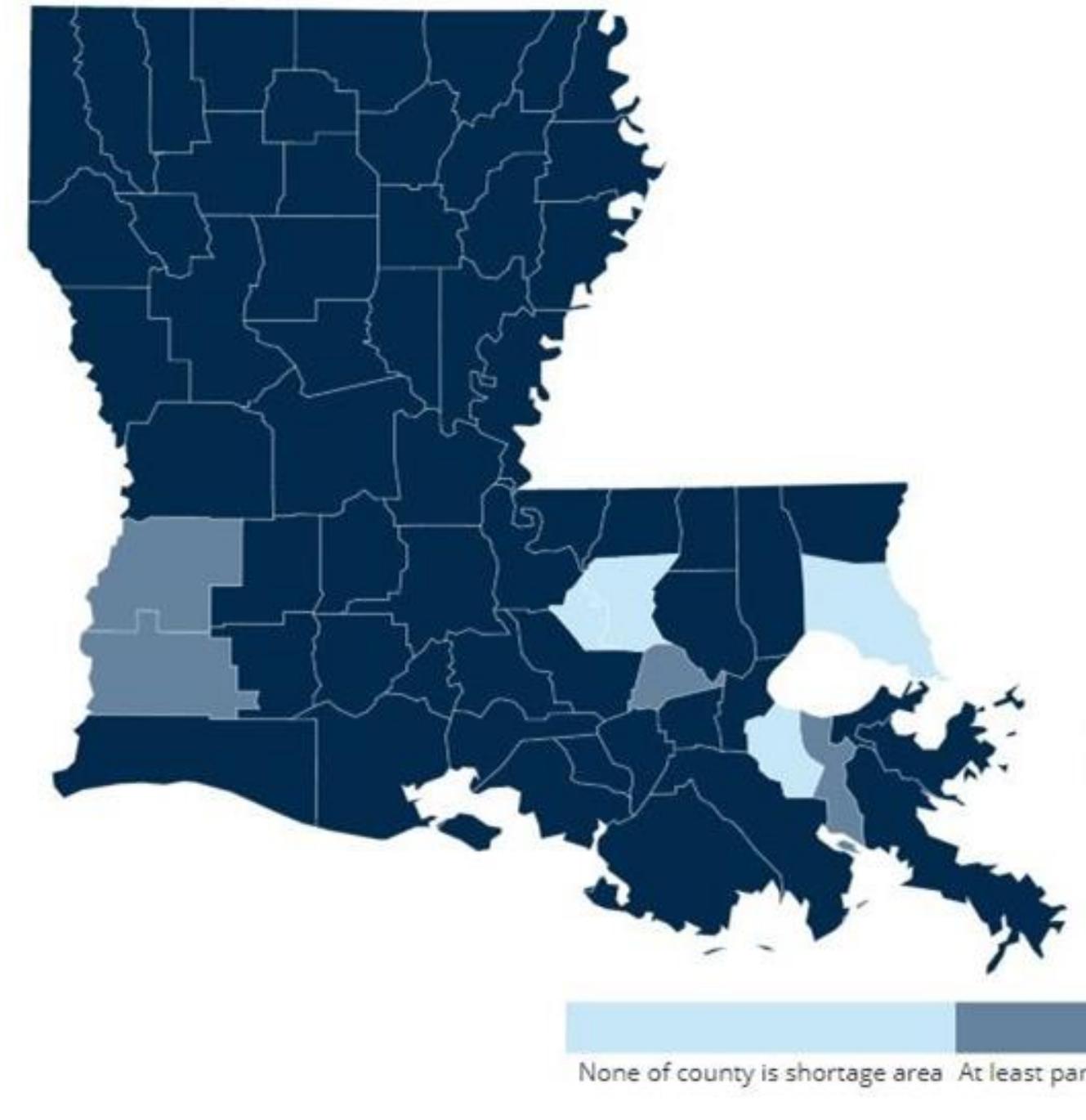
MISSION & ROLE

2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 **2025**

Nonmetro

Metro

All



73% of Louisiana residents live in a **Primary Care Health Professional Shortage Area**.

WellAheadLA.com/healthcare-access/health-professional-shortage-areas

Source: data.HRSA.gov.

MISSION & ROLE

Timeline	Key Activities
August 4 – November 4, 2025	<ul style="list-style-type: none">• Established and held task force meetings• Held community idea raisers and Request For Information for feedback• Centers for Medicare and Medicaid Services (CMS) released Notice of Funding Opportunities (NOFO): September 15, 2025• Submitted application: November 4, 2025
November 5 – December 31, 2025	<ul style="list-style-type: none">• Established mechanisms for funding per strategy• Communication on application• CMS expected award date: December 31, 2025
December 29, 2025	<ul style="list-style-type: none">• CMS announced award for all 50 states
December 29, 2025 – January 31, 2026	<ul style="list-style-type: none">• States update application based on CMS feedback
February 1, 2026 – March 2, 2026	<ul style="list-style-type: none">• CMS review period; engagement with states to ensure alignment with guardrails in grant
Estimated: mid-March 2026	<ul style="list-style-type: none">• Louisiana draws down funds from CMS and initiates funding activities

MISSION & ROLE

Goal	Strategy
Workforce	Strengthen health and emergency systems through workforce expansion and integration
	Rural HERO grants New education/training pathways
	Rural Clinician Credit Bank Local workforce pipelines
	State income tax credit program Collaborative provider models
Tech Innovation	Modernize technology infrastructure and capacity for efficiency and care coordination
	Single, net new state-managed EHR instance Remote-monitoring devices
	Milestone-based, reimbursable Louisiana Rural Tech Catalyst Fund (RTCF-LA) Access to digital literacy
Innovative Care	Reinforce innovative, outcomes-based care delivery in rural areas
	Risk-sharing value-based arrangements
	Innovative care models not traditionally billable
MRAHA	Expand physical activity and nutrition interventions through community-based partnerships
	Food pharmacy programs
	Community-based nutrition and fitness through partnerships
MRAHA	Strengthen care integration for high-needs populations through coordinated, multi-modal models
	Regional care conveners and navigation networks Partnerships for mental health/substance use facilities
	Telehealth infrastructure Alternative PACE sites
Sustainable Access	Strengthen access to essential health services through capital investments
	Rural health facility Capital Improvement Initiative

2025 PERFORMANCE



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- **64-member task force** comprised of health-related organizations and rural community-based organizations
- **Community idea raisers** across the state with over 100 representatives
- Over **250** responses to a **Request for Information** to guide activities
- Application with **transformative initiatives** and **sustainable impact**
- Louisiana recognized as a **role model** for successful implementation



Community idea raiser meeting in Franklinton

FINANCIAL STEWARDSHIP



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- **No more than 1%** on LDH administrative costs to ensure funding goes to rural communities
- All relevant state departments engaged to **ensure funding distributed quickly**
- **Transparency** in funding, milestones, and outcomes through public reports and Advisory Council meetings
- **Hiring professionals** across the state, with many positions located in rural areas to allow for hands-on work directly with communities; apply online at governmentjobs.com/careers/louisiana
- **Sustainability planning** from program inception



2026 STRATEGIES & PRIORITIES



2026 STRATEGIES & PRIORITIES

Patient over Bureaucracy

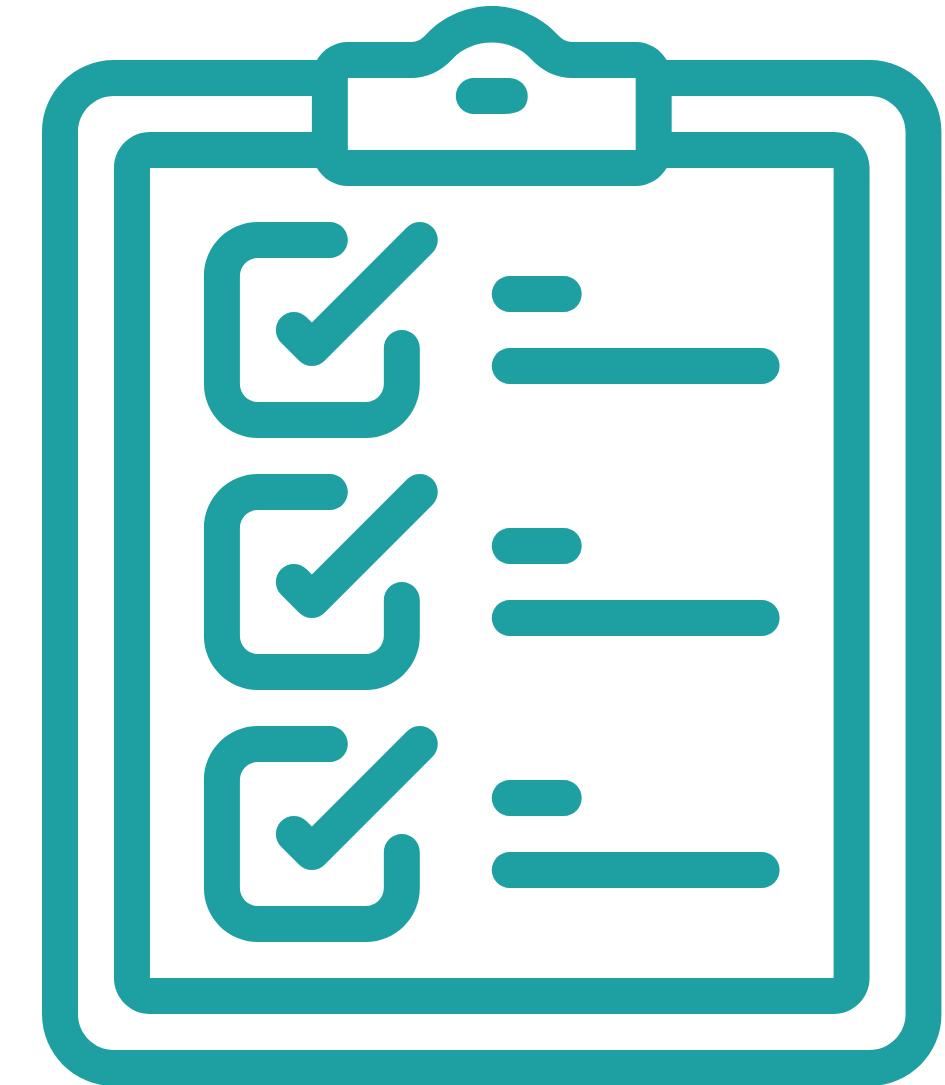
- Combine all LDH rural health initiatives into one **Office of Rural Health Transformation and Sustainability**.
- Implement the Rural Health Transformation Advisory Council.
- Facilitate **regional community partnerships** through town halls, visits to rural facilities, and targeted meetings.
- Conduct GIS-mapped **gap analysis** for rural communities, including transportation, broadband, and specialty care access to inform needs.
- Establish a **simple process** for sub-grant applications with outreach and technical assistance.



2026 STRATEGIES & PRIORITIES

Improving Health Outcomes

- Establish a **Rural Clinician Credit Bank** with funding to at least **40** rural facilities.
- Develop **new education and training pathways** with **at least 4** teaching institutions and bordering rural facilities.
- Initiate **5-10 collaborative provider model partnerships**.
- Begin implementation of a **statewide electronic health record system**.
- Provide at least **100** high-risk people with **access to digital literacy education and training**.
- Develop **3-5 regional care convener and navigation networks**.
- Establish a **Rural Health Facilities Capital Improvement Initiative** with funding to at least **30** rural facilities.



RESIDENT IMPACT & ENGAGEMENT



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- **Community idea raisers** brought multiple stakeholders together
- **Shared resources** that were unknown to all community
- **Built relationships** and made opportunities for **partnerships** — just by bringing people together



Community idea raiser meeting in Monroe

RESIDENT IMPACT & ENGAGEMENT

Metric	Baseline	Target / Milestone
% increase patients receiving primary care services in their parish of residence	Est. calculation 60%	Year 3: 1% increase in coverage Year 5: 3% increase in coverage
% increase of specialty care provider coverage across rural parishes	Est. 23 specialty providers per 100,000	Year 3: 3% increase in coverage Year 5: 5% increase in coverage
% decrease in emergency medical services (EMS) response time to high acuity incidents in rural areas	Est. 18-min. response time	Year 3: 5 pp coverage increase Year 5: 10 pp coverage increase
% increase of rural providers leveraging data exchange for care coordination via interoperable platform	36% of national rural facilities	Year 3: 5 pp increase Year 4: 10 pp increase Year 5: 15 pp increase
% reduction in non-emergent emergency department (ED) visits	Est. 75,000-85,000 potentially preventable ED visits	Year 4: 2 pp reduction Year 5: 5 pp reduction
% improvement in health markers among target populations	60.5% of pop. with high BP control and 63.7% of pop. with A1c control	Year 2: 10% uptake increase Year 4: 20% uptake increase Year 5: 30% uptake increase

RESIDENT IMPACT & ENGAGEMENT

Metric	Baseline	Target / Milestone
% participation in school-aged physical fitness programming in rural parishes	31/64 parishes participate in PFT	Year 2: 10% increase Year 3 – 5: 10% increase over prior year
% adult population referred for mental health/substance use disorder (SUD) consult within 30 days of screening	57.9% initiation and engagement for new SUD	Year 3: 5 pp increase Year 4: 15 pp increase Year 5: sustain 15 pp increase
% decrease in inpatient admission among adults in new Program of All-Inclusive Care for the Elderly (PACE) geographies	78 per 100 participants in existing sites	Year 3: 1 – 3 pp reduction Year 5: 4 – 10 pp reduction
% clinical outcomes for target conditions	60.5% pop. With high BP control; 63.7% of pop with A1c control	Year 3: 1 – 3 pp reduction Year 5: 4 – 10 pp reduction
% reduction in time to specialized care in rural parishes	>30 minutes	Year 3: 5% decrease in time Year 5: 10-15% decrease
# new diagnoses overall after screening among target populations	153,673 women screened/ diagnostic breast imaging	Year 3: 500 increase over existing Year 5: 3,000+ increase

CONTACTS

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THANK YOU

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