

LDH ANNUAL SHAREHOLDER MEETING | JANUARY 21

RURAL HEALTH

Julie Foster Hagan

*Executive Director – Rural Health
Transformation and Sustainability*

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:



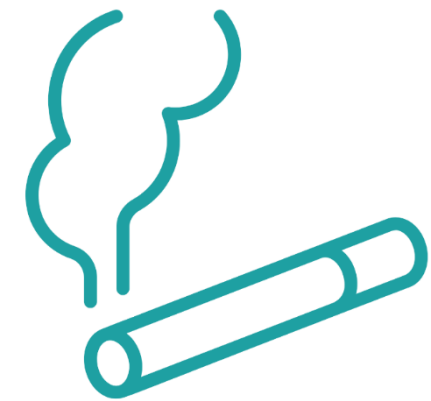
11% have heart disease, 32% higher than the urban prevalence of 8%.



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



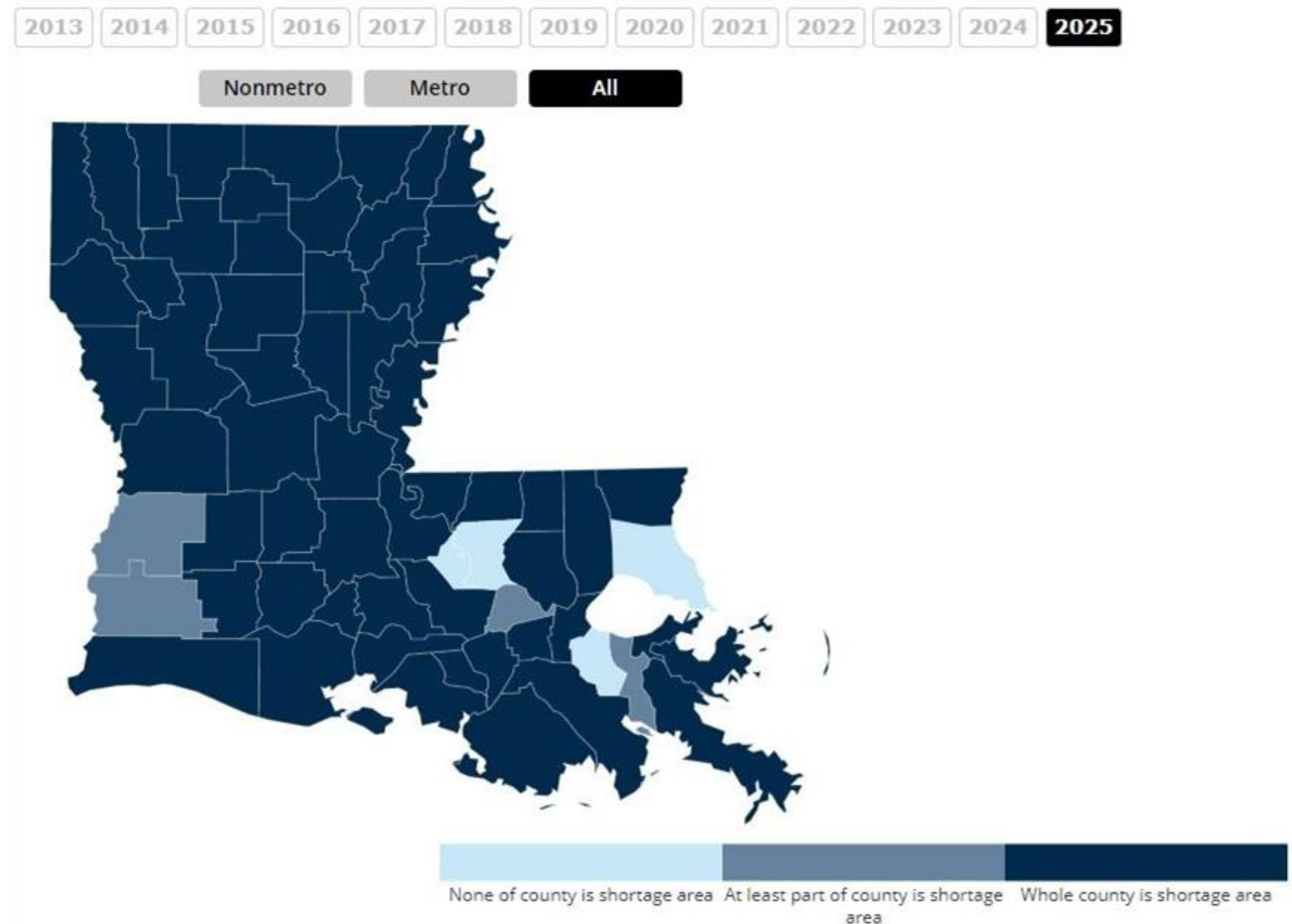
43% are obese, 21% higher than the urban prevalence of 38%.



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

MISSION & ROLE

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 Rural Clinician Credit Bank State income tax credit program Community paramedicine New education/training pathways Local workforce pipelines Collaborative provider models	
Tech Innovation	Modernize technology infrastructure and capacity for efficiency and care coordination
Single, net new state-managed EHR instance Milestone-based, reimbursable Louisiana Rural Tech Catalyst Fund (RTCF-LA) Remote-monitoring devices 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 Telehealth infrastructure Partnerships for mental health/substance use facilities 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



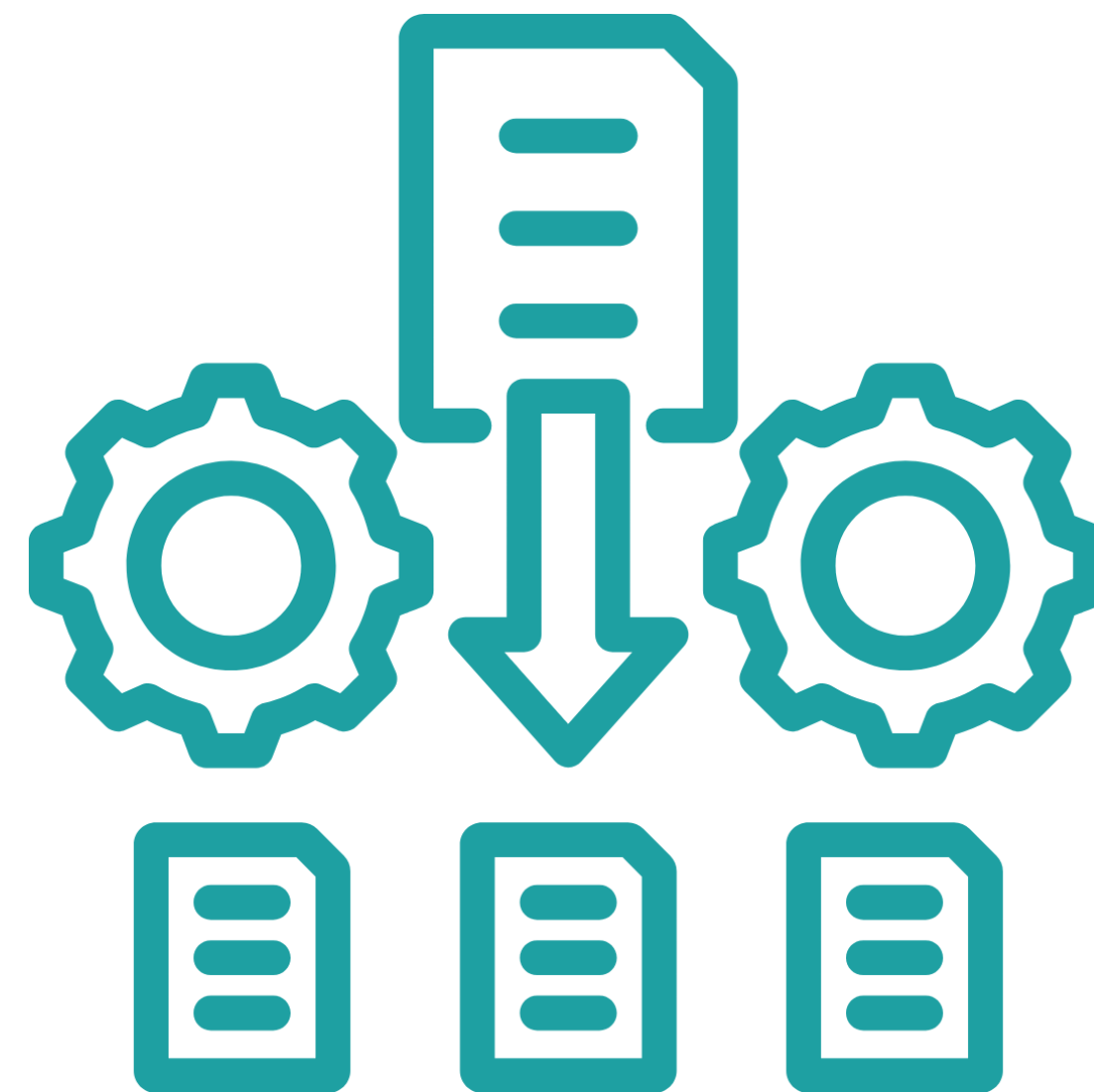
2026 STRATEGIES & PRIORITIES



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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



RESIDENT IMPACT & ENGAGEMENT

- **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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