Expanding the Rural Public Health Workforce: An Advance Briefing on New Program Funding – 9/29/2021

Kristine Sande: Good afternoon everyone. I'm Kristine Sande, and I'm the Program Director of the Rural Health Information Hub. And I'd like to welcome you to today's webinar on a new grant program, focused on expanding the Rural Public Health Workforce. We're excited to hear from the Federal Office of Rural Health Policy about this today. Before we begin, I'll quickly run through a few housekeeping items; we are sending the link to the slides via the chat function. So, you can use the link there to look at the slides. If you do have any technical issues during today's webinar, please visit the Zoom help center, and you can access that at support.zoom.us.

We do hope to have time at the end of the webinar for questions, so if you have any questions for Tom or his colleagues during this webinar, go ahead and enter those in the Q&A box or Q&A feature. There should be an icon at the bottom of your screen that helps you access that. And now it's my pleasure to introduce our speaker for today's webinar; Tom Morris is the Associate Administrator for Rural Health Policy at the Health Resources and Services Administration, where he directs the Federal Office of Rural Health Policy. At this point, I'll turn it over to you, Tom.

Tom Morris: Great, thank you Kris. I appreciate you all hosting this webinar, and appreciate everybody joining us today. We wanted to tell rural stakeholders about some new funding we received through the American Rescue Plan. We're still working on the Notice of Funding Opportunity, and so some of the more drilled down details are yet to be determined, but we know the broad framework of the program. And while the Notice of Funding Opportunity probably won't be out until the end of November, we do want to start talking about it now, so that people who are interested in the funding could perhaps start thinking about who they want to partner with to apply, and then that might help them in terms of turning around their applications once it's out there. Because it's not clear how many days we're going to be able to post it in terms of its availability before the deadline, but we're pushing to do as much as we possibly can in terms of giving folks a lot of time.

And so, with that, let's go to the next slide. So, maybe a little less than a month ago, you might have seen an announcement by the administration where they talked about the new USDA Rural Emergency Health grants, and also released a Rural Health Fact Sheet. And in it, it talked about a range of activities that the group is sponsoring. And one of them was this new program, with $52 million in funding from the American Rescue Plan, from the public health portion of it. And it sort of very broadly laid out what we're trying to do here; we're defining public health pretty broadly. And what we really want to do is fund networks that link together, training programs, and that can be everything from people who have certificates in certain areas to junior colleges, technical colleges. But we want to link them to service providers; hospitals, clinics, human service organizations, area health education centers. All with the idea being that the key concept behind the program is one of which, we want to train people in a couple of distinct areas, but we don't want to do so in a vacuum. We want to make sure that we're training people that they could be seen as getting potential employment, or even expand their skills in either their network hospitals or clinics, or other folks that are in their service area.

So, in other words, we really did want a comprehensive network approach to this, in which providers are linked to trainers in a feedback loop that really, we hope, will make this sustainable in the long run. Next slide.

So, we have a couple of conceptual things we're trying out with this program. And I hinted at this in the prior slide, but so often when we put out funding, we'll give money to a college or university, and then they'll train folks and then the hope is that they get linked to clinical sites.

And by and large, that happens. But in this case, we wanted to be more explicit about it. And we wanted to make sure that we were getting practicum experiences for people as they get this training, and they're able to work and get the experience they need to then be competitive in the workplace. And we also wanted to make sure there was a direct sense of a focus on the community and/or region to be served. And that we wanted these networks to be networks in the truest sense. We're not seeking to fund top-down entities in which one large organization sort of dictates a direction, but rather a shared governance model in which everybody has an equal voice and everybody's focused on the same goals, and it's a truly distributed approach to how you would run the program.

We have four basic tracks that we're focusing on; one of them is a community health track, so community health workers. And we're defining community health workers really broadly, so it would include hopefully doulas, in case you were focused on, say, maternal care. Now, working in training community health workers is nothing new. Folks have been doing this in rural communities for many, many years. What we're trying out that would be a little bit different, is that we're trying to cross-train community health workers, in a way that would be more directly... The value of it would be more directly linked to the clinical sites in which they're either working in directly, or in the same service area that they have it.

So, for example, right now one of the challenges of sustaining community health worker programs is they can't necessarily bill for services. We've seen some success in them being able to bill... Get some financial support from say, Medicaid Managed Care Organizations, or Medicaid programs in general. But in that situation, the benefit accrues upstream to the insurer. And that's fine, there's no problem with that. But what we want to do, is figure out if there's ways that we can expand their skillset so that the benefit would not only accrue upstream, but it would also benefit more directly the hospital, the clinic that they're associated with. And so, I'll go into a little bit more detail on that and some of the ideas we have.

The second track would be one that should be familiar to many people, because it's already in a number of rural communities. But we think that there are more areas that could benefit from it, and that's the notion of community paramedicine. The third area is around health IT and it sort of developed with the knowledge that in the past year, obviously, telehealth has expanded dramatically as people turned to it during the pandemic. And there's a need to maintain those telehealth systems. And even beyond that, there's also a need to provide support for electronic health records, for mobile health applications, for home monitoring equipment. And given the limited workforce in rural areas, we wanted to test out two things; one is, is there an opportunity for us to enhance the skillset of people already working in those clinics? Or, is there a way that if a hospital or a clinic didn't have the need for a full-time health IT person or tech support, could they share one in a way that would be more economically feasible than one person employing them full-time? So, that's the third track.

And then the last track very much has a link to COVID-19. And it's around respiratory therapy and case management chronic disease coordination. With a nod towards the fact that given the long-term effects that COVID is having on some people, that a lot of that is pulmonary related and that there will likely be a need for expanding access to pulmonary services and respiratory

therapy services. And then, more broadly, the management of what are going to be fairly complex patients. So, with that, let's go to the next slide.

A little bit about the timing. Before I do that, let me... I meant to do this at the very top. Kathryn Umali is the head of our community-based division. And Kathryn's division is going to be... They're drafting the guidance for this and they'll be managing the program. And I just wanted to turn to her for a quick minute, so she can introduce herself and just also provide some high-level comments about how they're viewing this program.

Kathryn Umali: Thanks, Tom. As Tom mentioned, my name is Kathryn Umali, I am the Director of the Community-Based Division in the Federal Office of Rural Health Policy. We will be administering and helping in managing this program within the division. And so, we're really excited to work with you all and receive applications from you all, and really see what kind of projects we will get from the applicants. We've had several pilot workforce programs in the past, and so we are really excited about this opportunity to have another workforce grant that's really community based and is surveying four tracks, a more targeted platform of four tracks. So, really excited about this and we hope that you apply for this opportunity, and we hope to work with you all soon. And Tom, I'll turn it back to you.

Tom Morris: Great, Thank you, Kathryn. So, a little bit just about the structure of this. We are hoping to have the guidance for the program, what we call notice of funding opportunity out on the street in late November. That will allow us then to do the reviews in the spring, and then make awards hopefully by early to mid-summer. We expect to make a single award to folks, so it would not be in any sort of non-competing application, you would get all the money upfront. We are not sure of the amount yet; we're thinking anywhere from $800,000 to $1.5 million. That's sort of the range we're working with. And the project period would likely be three years, we're still figuring out what we can do there. But those are the basics as we've got them drafted right now.

So, the reason we really wanted to do this call now, well in advance of the release of the Notice of Funding Opportunity, is because we know putting these networks together is a challenge. Figuring out a governance model that makes sense can be a challenge. It's not something you can do overnight. We also know that putting these sorts of networks together is tough during a pandemic, when we're not all meeting face-to-face and involved in those sorts of regular meetings where people can brainstorm this sort of operation. And so, we didn't want to lose any valuable time in telling people about what we're trying to do here. And then, letting them then start engaging in the discussions with potential partners, so that they can get all that part figured out. So that when we do release the guidance, they can then focus on the intent of the grant and filling out the application, and they won't have to hit the ground starting from scratch right there. So, that's the approach we're taking. Next slide.

All right, let's talk a little bit about the first track, this community health track. And again, like I said, we really are defining this broadly. And what we want to do is look at cross-training models in which we can show... And think about it, if you're the CEO of a small rural hospital, mental health clinic or a rural health clinic, or a community health center, I mean, inherently you know the value of a community health worker or a doula. And yet, your revenue is limited, you have to very tough choices about what positions you can support. And so, we wanted to think about ways that it would be easier to identify and point directly back to the benefit; either to the organization's financial status, or to the larger public health work goals they have in the community.

So, for instance, in the way we're framing this, you could have a community health worker who does all the normal things that a community health worker does, or a doula. And the curriculums are all out there, and there's a lot of resources for that. But could they do also other things? Could they do benefits counseling and help people sign up for, say, Medicaid if they were eligible? Or could they sign up their children for the Children's Health Insurance Program? If they had a family that was eligible for the marketplace plans, and maybe didn't know they were eligible for cost supporting or subsidies to get their insurance, could they do that? So, that is a way that you could reduce bad debt and uncompensated care for a hospital or for a clinic.

The other thing we thought about was coding and billing. A lot of times, these are... You're facing an ever-changing atmosphere in terms of how you charge and bill for services. And so, maybe there's some coding... There's a lot of coding and billing training that goes on out there, maybe a community health worker could be trained in this. And maybe that's a career path, also, that enables them to be more employable down the line. We also thought about work as scribe. So often, it's tough for clinicians as they're dealing with patients to click through an EHR. If somebody was there doing the scribe work, the clinician could then focus more directly on that engagement with the patient. Similarly, we thought about charting support. There's so much focus on being part of value-based models now, and a lot of that requires chart extraction and gathering of clinical information, that has to be submitted. And this is a big burden on facilities. And yet, an important thing to do. And so, could these community health workers also be trained to do that moving forward? So, again, the theme here is how do we provide a clear example of value, financially, back to the organization in which they're affiliated? Or, in which their community... is working in the same community, or are employed by that entity.

But the other way we thought that they could show value in a cross-training way, is we all talk very broadly about social determinants of health and all the things that patients are dealing with that affect their health outcomes; whether it's access to healthy food, or jobs, or transportation, or housing. Dealing with trauma in the home and adverse childhood experiences, all those things are dumped onto the clinical team to deal with, and they don't really have the resources to help people navigate a lot of that. And so, the thought was is there something that we could do more in terms of training community health workers to do this? And one of the things you'll be able to do with this funding is create your own certificate. So, if you wanted to create a certificate perhaps in human service case management, you could do that through this funding. And then that does two things; one, it provides you a chance to develop a curriculum, but then it also provides the person who gets that training to have something they can put on their resume that's meaningful and real. And the hope, of course, of all of this is that they would then be able to provide their services to patients to help them link together health and human services, in a way right now, that's rather siloed.

So, those are a couple of the areas where, under Track One, you could do it. We're also going to allow people to propose other activities, as long as they're aligned with those two concepts, of either providing direct financial benefit back to the hospital or clinic, or contributing in a very meaningful to knitting together that link between health and human services. And so, that's Track One. Why don't we go to the next slide, and we'll talk about Track Two.

This one's a little bit more straightforward; community paramedicine's been around for a number of years. There's an established curriculum for how to do it. And we would look at models both for paramedics, they could get trained to do home monitoring checks or health screenings, or chronic disease management. But also, for EMTs. We want to be able to leverage that EMS service, and God knows EMS is heavily burdened in rural communities, but to the extent that those EMS providers in their downtime might be able to assist more in community

and population health, that's what we're trying to get at with the community paramedicine model. And so, in this, we're going to say broadly that you can provide support for the students to get the training. We're not going to put any sort of limits on that. Sometimes we get tripped up by talking about preceptorships and all that sort of thing. I would refer to it very broadly as, we want to help the person getting the training from their first level of interest, all the way until they're done with the training and placed into their job. And the grant funding can be used for anything along those lines.

We also know that sometimes, you have to work with the state to figure out some of the scope issues, in terms of the licensure. And so, we'll have to draw a balance there. But some of the funding can be used to make sure that those sorts of regulatory issues are addressed, also to the extent they can. And we'll have links in the guidance to a lot of the existing curriculum for this, but it's also available publicly if you have any interest in looking at what's on it. There's no need in this case to reinvent the wheel, the curriculum's out there. It's just a matter of, how can we train people up and then how can we use the funding to get these programs off the ground? And then the hope is, because they're... Especially if you think about value-based healthcare, to the extent that they're reducing readmissions in hospitals, so they're helping an organization that's involved in accountable care. Whether that's from the Medicare program, or Medicaid, or private insurance; doesn't really matter to us. But the hope is, that they would prove their financial value there and that might make it easier to sustain them in the long run. Next slide.

All right, Track Three. We talked briefly about this earlier. The fact is that technology is seeping into every aspect of healthcare, and has great potential for that. At the same time, in rural communities, hospitals and clinics are strapped for staff, and what happens when you go to turn on the telehealth system and it doesn't work? Whose job is it to make that happen? Whose job is it to maintain that? What sort of certificates might be available to help people get more up to speed on that? Similarly, maintaining the EHR, electronic health record, can be a challenge. And so, we want to... Whether it's a formal two-year associate degree program, or certificates that people could get, the idea here would be that we would provide support for networks that want to expand the workforce, to provide that sort of support for all of these health IT operations.

The other aspect of it is, we realize there's also a level of training that needs to go on for the clinical staff and the support staff. And so, the money can also be used for that, for teaching people how to fully leverage telehealth or get them trained up if they haven't done that before. And so, we're thinking about it on both ends. Next slide.

This is the fourth track, so the one that most directly, I think, leans into COVID-19 and the long-haul patients who are really suffering, in a sense, what becomes a chronic disease unfortunately, a few of them. And a lot of times, these things originate in the respiratory area, and so, we know there's a shortage of respiratory therapists in rural America. And so, there are training programs for this at the two-year degree level. So, we really do want to provide support for that. But we don't see it just as a respiratory issue; we're leaning into that as sort of the first step, just because we think that's where the need will be. But ultimately, our sense is that these patients, many of whom may have had chronic disease heading into this, or now have one, they tend to be high-need patients in terms of service coordination. And that's a lot to put on a small clinic or a hospital to manage all that.

So, the idea here is, again, thinking about... While respiratory therapy is very formal and there's established curriculums, the case management, the care management, that's ripe for the development of a quick training program or curriculum that will allow a certificate type program. Sometimes there are available publicly off the shelf, but you could also design one

that's more specific to your area too. I totally agree with the point just made about, this could help reduce readmissions, could make sure that your ED utilization is for the really dire emergencies. And help in that regard, too.

While we're focusing on respiratory to start with, we also see this as a broader way to sort of support chronic disease management, and even something that I talked about in Track One, with the case management and the social determinants of health level, also. So, you could get at it in both of those ways. And so, that's the four tracks. Let's go to the next slide.

We're not going to prescribe who should be in the network. We want to leave the flexibility to the communities to decide who they want to work with. But we did want to put together at least an initial list of some of the partners that we think would make, perhaps, ideal participants for this. And some of these are folks that make perfect sense, and I will go through all of those. We did invite our colleagues from the Rural Community College Alliance to join us today, and I hope a number of those folks are on, because I do believe community colleges can be really important partners in this. I mentioned AHECs earlier, they're really important.

What I would direct your attention to on this slide though, more over on the right-hand side of it, the human and social service agencies. Community action agencies would be really valuable partners here, because they can link to so many of the human service programs. Similarly, I mentioned TANF because we wanted to steal from as many good, successful programs as we could. And there's a really neat program at our Administration of Children and Families called the Health Professional Opportunity Grants. And what they do in those grants, is they take people who are on Temporary Assistance for Needy Families. And there's some job training money available with that. And they train them into these loosely defined allied health careers. And so, that's an opportunity to think in that regard, too. Could you reach out to your local TANF at your state or local level, and include them?

Area Agencies on Aging, the Housing Assistance Councils, all of these would make, we think, great potential partners. Particularly as we try to lean into that social determinants of health space for this.

The other thing I guess I would mention is that we're thinking about this very much in the context of not so much four-year degree programs, but really below that; the two-year degree programs, down to certificates. And the reason for this is, there's other funding that's going to be coming out that's more focused on the four-year degree and up programs. We really wanted to focus on this other aspect of the formal training programs that we think can be the life-blood of these sort of positions in rural communities. And so, that's why our focus is on here. I'm not sure if there's one more slide, or not?

Yeah. So again, I think just my advice and counsel for you all, think about who your partners will be. Start having those conversations. State workforce investment boards, please encourage you to reach out to them, and the local workforce investment boards. These are those entities that are funded by the Department of Labor through the Workforce and Investment and Opportunity Act programs. Those would be great partners. But then, I would also encourage you to really think broadly about the governance of your network. Given the varied partners we have here, you're going to have networks where there'll be, maybe some of the clinical partners have worked together very closely, but they may not have relationships to some of the human service providers, or the workforce investment boards. So, you're going to have to really think very carefully about developing a governance model, to make sure that everybody has an equal voice. Obviously, a four-year degree university could come in and be a lead applicant; I would

just urge anybody that comes in, particularly if they're from an urban area, to lead an application, that they would do so in a way that made sure that the smallest entity in the network had as strong a voice, as the strongest entity in the network.

Because unless this is meaningful at the community level, it's not going to work. And the only way it's meaningful at the community level, is if people feel engaged and listened to. And so, that would be my plea to you all, is if you consider applying, is to really think about that. I see there's a bunch of comments flying in the chat. Eligibility for applications is, anybody can be lead applicant, but the focus has to be on a rural area. So, an urban entity can be the lead applicant, they can be part of the network, but if they're the lead applicant the service has to be focused on rural, as we define it, in the Federal Office of Rural Health Policy.

And so, with that, I'm going to take a breath. Let Kathryn or Michael add anything in that they might have seen in the chat that I missed, and then we can open it up to questions.

Kathryn Umali: Yeah, hi Tom. This is Kathryn. So, let me just kind of address some of the questions in the chat a little bit, just so that we can... I think, Cindy I think Tom already mentioned who will be the primary request for funds applicants, so the applicants can be rural or urban. But the service area has to be in a rural area.

Let me see. Tess, are new networks required, or can utilized networks already in play, consisting of similar parties? You can, or you can add partners to your networks. This is, obviously, depending on what track you choose and what activities you propose, you may have to add non-traditional partners to your network, or just use your existing network, that's fine too. It all really depends on how you're aligning your activities and your goals to the program.

Tom Morris: Kathryn, the thing I would add is, I see some questions about could it be state-wide or multi-state? Hypothetically, yes. Keep in mind the amount of funding. The larger you make it, the further you spread the funding. So, keep that in mind. And we don't really have in the development of this program, we don't really see one way it has to be. It doesn't have to be an educational entity as a lead applicant. Again, thinking about that sort of feedback loop, we feel like the clinical partners are going to really be important too, because ultimately it may end up being the employers are the folks trained. And so, they need to be front and center in this too.

Let me see.

Michael Fallahkhair: I can just add, I know we've gotten a lot of questions from folks about what kind of entities can apply for the funding. So, I'm just going to add it to the chat window, instead of just having it said once. That way you all can see it. But, I think suffice to say, any community based... Health based program, but it ranges from nursing at nursing homes, to AHECs, to State Rural Health Associations. I'll put a list in the chat, but that should help.

Tom Morris: Yeah, I would say that, I use the word hospital and clinics a lot. But I don't want to be exclusive just to them. Nursing homes and other healthcare entities certainly, substance abuse clinics, certified community behavioral health clinics, community health centers... We're open to all of that. And then, I think there's a question about whether they could be trained to be medical assistants and things like that, that would be an example of the sort of cross-training we're looking at. And career ladders, if you can build them in, it would be great. That's fine too. Again, for that Track One, just be thinking about how can I show value back to the clinical partners? Or how can I contribute to the overall public health of the communities we're serving?

And then, you can come in for one track, or you can come in for more than one track. I would just say that give a lot of thought to how many tracks you think you can realistically address, within the funding that's available.

Michael Fallahkhair: And Tom, we got a question from our friend Mark Brand. They asked, "Would community dental health coordinators be eligible for first track? They provide community-based care, care coordination, patient navigation for oral health in underserved communities."

Tom Morris: That's a great point. Yeah, I think... We're still drafting the guidance, so I would just say that Michael and Kathryn, let's make a note to go back and make a nod to that so that if people can make a case for it, yes.

Michael Fallahkhair: And to a question that someone had earlier, if there are going to be best practices or best models listed, yes. Our office tries to put as many evidence based or promising practice links in our NOFOs, our funding opportunity announcements. So, make sure to keep an eye out for that, in the appendix and sort of sprinkled throughout the funding opportunity announcement.

Kathryn Umali: And I just want to add to that, RHIhub has a lot of information on best practice models in our workforce. Especially on the evidence-based tool kits that are on there, there is a category around workforce. So, I urge you all to check that out.

Tom Morris: Why don't we open up for questions with the RHIhub folks, and see how they want to handle that portion. Although, people have been very good about putting questions in the Q&A portion.

Kristine Sande: So, at this point, if you do have additional questions, please enter those in the Q&A section. And there's an icon at the bottom of your screen that has the two bubbles; that's the Q&A and that's where it's easiest if you answer your questions there, rather than in the chat. So, if you'd like to do that.

Let's see. It looks like we do have a couple of questions in there. One question is, "When you say funds can be used to train clinic staff on how to work with telehealth, does that hold true for other funding categories as well? For example, in the first track, training clinic staff on how to best leverage community health worker skills and staff to support clinic priorities?"

Tom Morris: That's a good point, not one we had considered in our initial drafting of it. So, I think so. It makes sense, but let me... We'll make a note with Michael and Kathryn to go back and think about how we might be able to thread that in. Because conceptually, it should be the same, right? Which is the point I think you were trying to make.

Kristine Sande: Another question is, "Could this be used to develop a two-year associate degree program, such as a respiratory therapy or rad tech program?"

Tom Morris: Under Track Four, yes, on respiratory therapy. Yes. We hadn't thought about x-ray. I want to keep it a little bit narrow, just because we do want to link it back to COVID-19.

Kristine Sande: Another question, "If we suggest that agencies apply, can they reach out to you all before the RFP has been announced to get your insight? And if so, who would be the best contact?"

Tom Morris: Yeah. Absolutely folks can reach out to us. I think... Kathryn, what do you think would be the best way to handle that? Do we have a generic grants inbox email?

Kathryn Umali: We will have a generic grants inbox on the Notice of Funding Opportunity, but obviously the question is before the Notice of Funding Opportunity is released. So, you can just contact me and I'll make sure to funnel it through the appropriate people, or I'll be able to answer it. I'll type in my email address on the chat box, just so everyone has it.

Kristine Sande: Great, thank you. "What about training for rural public health departments? Most of what was discussed was clinically based, and not really what I thought when I heard 'public health'. Rural public health certificate to support duties, that have reared their head during COVID." So, any thoughts on that, Tom?

Tom Morris: Certainly, we would love to see public health departments be a part of the networks. But we'd still ask them to work within the four tracks. Because again, there's going to be other public health funding, probably out of CDC, that's going to fund more public health staffing position training. So, yes, we want public health departments to be part of networks. But we'd ask you to focus within those four tracks.

Kristine Sande: Okay. Another question is, "Can organizations be part of more than one network that applies? If they're applying in different tracks especially?"

Tom Morris: That's a good one! Michael and Kathryn, what do you think on that one?

Michael Fallahkhair: Kathryn is the Director of the Community-Based Division, so she has a lot of experience with this. But what I'd just say is, you have to thread that needle very carefully. If you are a part of two different networks, you have to make sure that you're capable and able of maintaining and retaining all the work that you had agreed to under whatever the network plan was. I think it's fair to say, it's a lot of funding upfront. So, we just have to make sure that that is stipulated clearly in your application as well.

Kathryn Umali: Just to add to that, if you're part of a different, let's say, you're the lead applicant for one. Or, you're a partner in the other, that kind of thing. That has to be different activities and different proposal, technically. So, we just want to make that clear.

Tom Morris: Please be careful with that, I guess, I would say. This is not buying lottery tickets. We want you to really think through what you would do. Kathryn, your point, I think, is spot on. Maybe what we would probably ask is if you're going to come in under a separate application, it would not be the same track, at a minimum.

Kristine Sande: All right. I'm not seeing any other questions in the Q&A at this point.

Tom Morris: There was, I guess there's one thing I would like to say, just to close. And that is, one, I want to thank... We all owe a thanks to the administration for deciding to do a rural specific program. I think it will be the only rural specific program to come out of the public health portion for training of the American Rescue Plan. And so, that's a great development in the sense that they realize that they needed some targeted investment in rural areas. And the reason we chose these four tracks is because we just thought they were unique niches within rural, that look different in rural than they might in urban.

So, all of that is good, that the funding has been allocated. Now, the challenge of course is they want us to deliver. And so, this is where we really need all of you who decide to apply, we really need your help. We want to have a nice, strong applicant pool. Because we want to make sure we award the funds to entities that can hit the ground running. We are going to allow for a small

planning period if you need it, but we're going to be under a fair amount of pressure to show results. So, within our office, we've always approached, when we fund programs, as more of a partnership between us, the technical assistance providers that we use to support the grants, and the grantee themselves. So, this is not an experiment where we provide the funds and then wait to see what happens. We really want to roll up our sleeves and be involved with you.

But we're going to be asking a lot of people that are coming in under this. But I think it's appropriate, because the need is great right now. And we want to show that the faith in allocating funds to rural was worthwhile. So, just a little bit of a caveat on that.

The other plea I would have, is if you decide you're interested in this but are not going to apply, we need a really good team of reviewers. So, if you want to be a... If you don't think you're going to come in, but this is an area of interest for you, this system works best when the peer review process actually uses peers who understand rural communities, understand these four tracks. So, if you decide not to apply, please sign up to be a reviewer and you can drop Kathryn an email, same email put in there, because we really need both. We need a good team of reviewers, and we need a good pool of applicants.

Kristine Sande: All right, well thank you so much to Tom and Michael and Kathryn for this great presentation, and answering some questions. I think it's really helpful for people to start thinking about things now. So, just for everyone else, I'd like to just let you know that a recording and a transcript of today's webinar will be sent to you by email in the near future. So, if you want to listen again or share the transcript with your colleagues, you can certainly do that. Thanks so much for joining us today, and have a great day.