OPEN MEETING MINUTES

Name of Governmental Body: Rural Health Transformation Program Advisory Council			Attending: Voting members: Ana Tochterman, Andrew Miller, Ann (Andromana) Price, Chelsea Van Gundy, Eilidh Pederson, Eric Stader, James Small, John Russell, Julie Bulin, Kandyce Dunlap, Kimberly Lansing, Kristin Weiler-Nytes, Sara Cook, Sara Wajek, Sarah Pouzar, Sarah Endicott, Tiffany Allen, and Tiffany Palecek Non-voting members: Dani Cook, Danielle Williams, John Eich, and Wayne Weber State agency staff: Aaron Larson, Alisa Pykett, Amy Anderson-Schweppe, Darcy Vanden Elzen, Deb Standridge, Diana Borchert, Eli Steenhoek, Jen Laakso, Jerica Broeckling, Karen Odegaard, Olivia Turay, Penny Black, Rebeca Heaton Juarez, Shelby Moore, and Stephanie Chamberlin
Date: 10/22/2026	Time Started: 10:00am	Time Ended: 3:00pm	
Location: Northcentral Technical College, Wausau, WI			Presiding Officer: Eilidh Pederson

Minutes

Welcome from NTC President Dr. Jeannie Worden and Tour

Welcome and Introductions

Chair Eilidh Pederson called the meeting to order.

Agenda Overview

Review and approve July 23, 2026 meeting minutes

Motion to approve; Seconded

Motion carried.

Public Comment

Public comment opportunity for information or opinions concerning the Rural Health Transformation Program.

E. Pederson opened the public comment period, and no comments were made.

July Meeting Reflection

E. Pederson shared recap of July meeting, including:

- Discussion on council governance, opportunities to advise the Rural Health Transformation Program, and meeting cadence.
- Discussion on the council's purpose: The purpose of the Rural Health Transformation Program Advisory Council is to provide feedback on grant implementation, key milestones, outcomes, and decisions. Council input will help to guide the development and implementation of Wisconsin's Rural Health Transformation Program, while also supporting efforts to engage partners and the community for ongoing feedback during implementation and evaluation.
    - A. Tochterman commented that the purpose statement is good but the accelerated timing of the Rural Health Transformation Program in year one has made it difficult to see how the council fits into defining and modifying the program.
    - E. Pederson said the council has a role to play in ensuring the lessons learned from the program are shared.
    - J. Eich said it is difficult for council members to make judgments or assessments on the big picture of the program based on their individual experiences and asked if there is a way for the council to be activated between meetings.
    - E. Pederson suggested pulling members into smaller workgroups between meetings to keep members engaged in and connected to the program.

- A. Price suggested providing members with key messages to share at meetings and with their networks.
- K. Odegaard emphasized the value of the members experiences and that is why they were selected to be part of the council.
- S. Chamberlin noted that as the program moves into its second year, the RHTP team will have more opportunities to engage with council members.
- J. Russell added that the council needs to focus on ensuring the program leads to sustainable programs and changes.

Program Updates & Discussion

Deputy Secretary Deb Standridge provided remarks on the upcoming transitions in state government and reflected on the state's first year of RHTP implementation, including.

- Expected changes in leadership at DHS following the Nov 3 election.
- Reminder to the council that RHTP is a 5-year program.
- Shared lessons learned from first year of RHTP implementation.

S. Chamberlin provided program updates, including:

- All grant funding opportunities are closed and DHS will be announcing awards in the coming weeks.
- DHS submitted the state's non-competitive continuation application for year two and the annual report summarizing year one accomplishments.
- In year two, grant funding opportunities will be more limited and will include:
  - Full application for the Care Coordination grants
  - Round two of the Rural Technology Transformation allocations, and
  - An additional competitive technology grant program
- DHS expects to learn in late in October what the state's year two funding award will be. The state could receive more or less than in year one. Council members were invited to share their thoughts on how DHS should prioritize more or less funding across the three initiatives.

Lunch and council discussion on program updates

Council members discussed where they see opportunities for the council to fulfill its purpose over the next year.

Breakout discussions in small groups

Council members discussed the following topics in four rounds of small group discussions.

- RHTP communication with the community
  - **Round 1**
    - Share messaging and materials for the council to use in the community.
    - Create guardrails and guidelines for the council on key messages.
    - Give council homework on what they can share with their community. (i.e., go out and share this with a community meeting)
  - **Round 2**
    - A public dashboard with multiple data focus areas will be important.
    - Publish evaluation results in national publications. Create white papers and other communications materials that share impact, advocate for policy priorities.
    - Build opportunities for regional collaboration and solutions. They should be cross-sector and not just focused on grantees.
  - **Round 3**
    - Support local communities to tell their own story using the methods that work best for them.

        - Find and partner with local advocates. Share materials.
        - Increase the amount of communication shared.
    - **Round 4**
        - Provide resources and training to grantees to support their ability to share information broadly, especially in sending press releases and giving interviews.
        - Focus on the impact that local community members will see and find ways to highlight this.
- RHTP evaluation
    - **Round 1**
        - Need to consider how funds were distributed by geography in multiple ways. County is one way but may also need analysis on: Who received the funding? Where did the services originate? Where were services delivered? and Who was being served? The focus is on ensuring that rural counties and residents receive funding and benefits.
        - Need to understand how initiatives or outcomes of initiatives will be sustained after the end of the grant.
        - By the end of five years, want to have a better understanding of the gaps in rural health and what works (and doesn't work) in addressing those gaps. Group members also held up the need to share what worked and what didn't work with others for larger impact.
    - **Round 2**
        - When documenting where funds were dispersed and exploring outcomes by geography, it will be important to understand (and communicate) how funds went to rural students and rural sites. In some cases, the pathway may be less direct with rural-adjacent institutions located in larger population centers but serving as a workforce pipeline to rural communities.
        - There was an interest in sharing implementation learning, including challenges, across sub-recipients and other organizations through an online hub or communities of practice.
        - The group is interested in how investments in students support long-term changes in the rural workforce (e.g., capacity, provider to resident ratios, etc.). Members also discussed how some changes will take 20 years, and we will have to adjust outcomes for what it looks like at five years.
    - **Round 3**
        - Interest in the extent to which students who are from rural communities vs other communities participate in and benefit from RHTP investments in expanded educational efforts.
        - Interest in thinking about how we share what we learn at the end of the five years, with particular interest in sharing in a way that is meaningful to people living in rural communities and connects back to rural needs.
        - For sharing learning across sub-recipients, participants suggested communities of practice and building on existing hub-and-spoke models like AHEC. The importance of creating opportunities to share with organizations that did not receive RHTP funding was also shared as a way to build the capacity of the larger Wisconsin ecosystem.
    - **Round 4**
        - Interest in having a better understanding on how collaboration between rural communities and rural adjacent, larger entities can support rural health in a way that also aligns with community needs and values. As an example, creating a diversion center in a rural community for crisis, mental health, and substance use that has support from an agency in an adjacent county that can support training and infrastructure support.
        - Interest in sustainability and learning about how grantees build models that last.
        - The group discussed the challenges of measuring the less tangible aspects of sustainability; for example, when a program ends or doesn't prove to be as beneficial as planned, but the learning informs changes that improve the system.
- Council feedback on the RHTP grant funding opportunity process
    - **Round 1**

        - Council members are interested in seeing and providing feedback on the rubric that was used in the grant review process
        - Members want opportunities to provide feedback on evaluation (e.g., What does rural mean? How impactful has each dollar been?)
        - How do we involve and support EMS (and other small orgs.) not only in applying for the grant funding opportunities but also in doing the work.
        - Just because a small organization qualifies for funding does not mean they have the capacity to apply for funding and do the work.
    - **Round 2**
        - Be aware and more strategic of timing with GFO and how this affects small/private organizations.
        - How can we support small community-based organizations in applying and doing the work? Not only opening the door for them with this funding but continuing to support when needed.
        - Members discussed where extra funding should go, and many agreed it should go to community health workers (CHWs) again.
        - This will help smaller organizations so they have more time to collaborate with partners. Many people were not aware if there was another opportunity for funding after year 1 with CHW grant.
    - **Round 3**
        - Consider allocations rather than grant applications to help small/private organizations (e.g., dentists, pharmacies)
        - How are we getting the info out to small private rural organizations.
    - **Round 4**
        - Use the council to get the word out to the right people for future funding opportunities.
        - Need to consider small organizations with few staff members.
        - Allocations for funding rather than a grant application. Consider hub and spoke models with one medium or large organization that has the capacity to oversee funding for the region.
- Building connections and opportunities for learning between RHTP grantees
    - **Round 1**
        - Build connections through existing communities of practice (CoPs), regional meetings, and partner convenings.
        - Explore opportunities to share resources and staffing, including part-time positions across organizations.
        - Take a more proactive, upstream approach to coordinating resources and sustaining community services when organizations face funding reductions or closures.
    - **Round 2**
        - Create opportunities for peer learning through communities of practice (CoPs), formal networks, and member-led office hours, with consideration for shared interests and regional needs.
        - Provide a central place to share best practices, resources, and engagement opportunities with grantees and other interested partners.
        - Clarify orientation, ongoing support, and DHS's role while encouraging connections across different funding opportunities.
    - **Round 3**
        - Share grantee successes, challenges, and lessons learned through regular spotlights among grantees.

        - Provide clear, consistent program information through communication templates, statewide partners, and an organized, accessible resource hub.
        - Offer timely, direct support to grantees, particularly during startup and implementation, and explain how reporting information will be used to support them.
    - **Round 4**
        - Strengthen connections among grantees through an annual summit, CoPs, and shared examples of successful programs.
        - Provide practical assistance with grant writing and evaluation, including shared expertise and potential training on using AI.
        - Address long-term sustainability through payment reform discussions, early clarification of potential Medicaid reimbursement support, and consideration of flexible models.

Closing reflections

Council members discussed their reflections on the day and what it means for the council moving forward.

- A. Price shared that the meeting was a great opportunity to learn different facets of access to care in rural health and brought her into a bigger picture.
- J. Bulin said she was excited about the feedback provided and the action that will come from it.
- J. Eich said it felt like the council was holding its first meeting.
- K. Lansing noted that the common thread she heard throughout all discussions was connection and communication. Connection between groups, among council members, and communication with the public.

Call for agenda items

Adjournment

The meeting adjourned at 3:00 p.m.

Prepared by: Karen Odegaard on 10/22/2026.

These minutes are in draft form. They will be presented for approval by the governmental body on: 1/28/2027