OPEN MEETING MINUTES

Name of Governmental Body: Rural Health Transformation Program Advisory Council			Attending: Members - Ana Tochterman, Andrew Miller, Ann Price, Chelsea Van Gundy, Eilidh Pederson (Chair), Eric Stader, Gustavo Perna, James Small, Jessica Coburn, John Russell, Julie Bulin, Kandyce Dunlap, Kimberly Lansing, Kristin Weiler-Nytes, Sara Wajek, Sarah Endicott, Sarah Pouzar, Tiffany Allen, Tiffany Palecek, Tracy Schlegel Non-Voting Members - Dani Cook, Danielle Williams, Diana Mass, John Eich, Wayne Weber DHS - Angela Miller, Darcy Vanden Elzen, Deb Standridge, Ellena Keener, Jen Laakso, Karen Odegaard, Stephanie Chamberlin
Date: 7/23/2026	Time Started: 1:00pm	Time Ended: 3:00pm	
Location: Virtual			Presiding Officer: Eilidh Pederson

Minutes

Welcome and Agenda Overview

Chair Eilidh Pederson called the meeting to order.

Review and approve April 23, 2026 meeting minutes

Motion to approve: Members approved; Seconded: J. Bulin

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.

April Meeting Reflection

E. Pederson and S. Chamberlin shared recap of April meeting, including:

- Discussion on grant funding opportunities and how the program has considered accessibility and rurality.
  - Allowing ample time for application period, published frequently asked questions, and ensured applicants were aware they could apply for multiple funding opportunities that they were eligible for.
  - All GFOs must benefit people living in rural and semi-rural areas of WI, outside of metropolitan hubs.
  - *John Eich [chat]:On the RUCA definition, would that be at the sub-county level? (census tract/block, zip code)*
- Presenter, Rory Tikalsky (Broadband Expansion Manager) from the Public Service Commission's Broadband Office shared a brief overview of broadband expansion in Wisconsin.
  - RHTP funding does not support broadband infrastructure or related costs but can fund telehealth capabilities and infrastructure.
  - *Chelsea Van Gundy [chat]: This is a problem for recruiting clinicians as well and having a good enough connection to be able to work from home. And cover on-call.*
  - *Eric Stader[chat]: If it makes anyone feel better, I don't have 100Mbps at home or at my office. I am fully functional at 25.... but Rory is right about the minimum needs for people and for larger entities.*
- Opportunity to add to or suggest revisions to the drafted member agreements.
  - Motion to approve draft member agreements: S. Pouzar; Seconded: K. Lansing
    - Discussion
      - J. Bulin: Would be interested in meeting more frequently

- K. Odegaard: Will discuss internally, quarterly ensures regular touch points during fast-paced program with limited staff capacity.
- *Kimberly Lansing [chat]: It does say "at least 4 times a year," so I think that does leave it open to add an additional session if we feel it's needed*
- D. Standridge: Encouraged members to bring any items to RHTP team.
- *Stephanie Chamberlin [chat]: This is our central RHTP email: DHSRuralHealth@dhs.wisconsin.gov*
- *Eric Stader [chat]: Can there be dialogue via email between the meetings if questions or ideas arise?*
  - K. Odegaard: This body cannot engage in a quorum via email due to open meeting policies.

- Motion carried.

Program Updates and Discussion

Deputy Secretary Deb Standridge provided overview of Centers for Medicare and Medicaid Services Site Visit that occurred June15th – 16th 2026.

- Breadth of work to help shape program, state agency partners role in improving the health of rural Wisconsinites, and associations that represent the variety of partners across the state.
- Meetings held at DHS offices, Scenic Bluffs Community Health Centers, and Ho-Chunk Nation Health Department.
- *Kimberly Lansing [chat]: I think they were really impressed with the level of collaboration that we have here in WI!*
- *Kandyce Dunlap [chat]: Thank you for allowing us to host! It really was a wonderful visit.*

D. Vanden Elzen, D. Williams, W. Weber, and D. Cook shared updates on workforce initiative, including:

- Community Health Workers Grants for funding to increase the quality and number of community health workers in rural areas, enhance programs through training and technical assistance, support strong connections between providers and communities, and build sustainable infrastructure.
- Department of Workforce Development's Workforce Innovation grant: Healthcare Employment, Access, and Rural Transformation (WIG:HEART). Funding supports innovative solutions to Wisconsin healthcare workforce challenges, targeting rural and semi-rural areas. Members can participate on evaluation committee and share ideas for information exchange.
  - *Danielle Williams [chat]: Thanks! Please send names to either me Danielle.Williams@dwd.wisconsin.gov or the program mailbox: HEARTGrant@dwd.wisconsin.gov.*
  - A. Miller: Is the 5 year service commitment a federal requirement or specific to DWD?
  - S. Chamberlin: Requirement of CMS, DHS is still receiving guidance from CMS on tracking and reporting.
- University of Wisconsin System's Request for Proposal to campuses for Rural Health Care Initiatives Grant. Agreements and awards in process, hiring new staff.
  - *John Eich [chat]: How is your programming ensuring that as many RHTP dollars as possible are impacting rural students, rural clinical sites, and rural patients?*
  - W. Weber: Rurality was a key component when evaluating proposals.
- Wisconsin Technical College System's funding allocations for technical colleges.
  - *John Eich [chat]: Same question for Dani.* How is your programming ensuring that as many RHTP dollars as possible are impacting rural students, rural clinical sites, and rural patients?
  - D. Cook: Ensured all applications tied to a semi-rural or rural area, including any from Ozaukee were tied back to rural or semi-rural facility.

- *Kandyce Dunlap to Hosts and panelists: For Academic partners and/or DHS: Are there any parts of the proposals or recipients that have plans to work with the 2 Tribal colleges in WI?*
  - D. Williams: Did not but can for any forthcoming opportunities.
- *Ann Price [chat]: How do those colleges and universities planning to target the extremely rural areas such as the Northern Region?*
- J. Bulin: Why were webinars and ongoing FAQs not done?
  - S. Chamberlin: To follow state procurement polices and to provide equity in responses. Limited staff capacity DHS wanted to provide supportive consistency in responses and timelines for response. Understand in future grant funding cycles will make room for more dialogue.
- *John Russell [chat]: It seems the opportunities to advise have been limited. Given the quick turnaround in year one that may make sense. What is the plan for increasing the role of this Council in the planning for year two of the grants.*
  - *Julie Bulin [chat]: to add to John's comment- could we consider staggering the grants in the future? Considering DHS staffing limitations.*
- *Sara Wajek [chat]: This is a question for Wayne. I understand that students that train in rural areas are more likely to end up working in rural areas, but how are we ensuring that these trainees are getting the same exposure and experience that trainees in larger cities would receive? Patient volume and disease severity are generally not equal between smaller community hospitals and larger university hospitals. My concern is that trainees educated in rural areas are not getting the same level of education and experience that they would receive in more urban areas.*

Council members engaged in discussion around what they've been seen and heard in their communities and networks related to the workforce initiative.

- Members identified workforce shortages including radiology technicians, laboratory technicians, surgical technologists, behavioral health providers, clinical instructors, and faculty preceptors.
  - *John Russell [chat]: I am hearing similar focus.*
- *Tiffany Allen [chat]:1. CHW grant doesn't support current CHW roles and sustaining current CHW positions at community-based organizations- must be expanded or new opportunity. We had funding through CDC here in WI a few years ago, which allowed many orgs throughout the state to hire and train CHWs, and now they struggle with sustainability of their CHW positions. Current CHWs may not have capacity to expand scope of services given various reasons and are doing very impactful work. Many are concerned they cannot retain positions without additional funding and felt that not funding current positions was an oversight of this funding opportunity. 2. CHWs are community-based roles and many are concerned about the over-medicalization of their roles and being "stuck within the walls of a facility" if hired by healthcare organizations. CHWs are unique because of their ties to the communities they serve and really need flexibility to be out with the community and meeting people where they are.*
- *Eric Stader [chat]: People are more often the rate limiting step, rather than the facility.*
- *Andrew Miller [chat]: Extreme difficulties in hiring qualified health care professionals. Physicians, dentists, dental hygienist, counselors (LPCs). More recently difficulties with lab tech, rad tech, also not available through temp labor contractors.*
- *Ann Price [chat]: We have students and community members that want to attend these types of programs, but transportation and cost are an issue for most individuals.*

S. Chamberlin provided updates on technology initiative, including:

- Grant funding opportunity for Investing in Dental Care Technology to support dental clinics in adopting technologies that improve efficiency and increase access in rural and semi-rural communities.

- Grant funding opportunity for Rural Technology Transformation to support technology investments that remove barriers to care, maximize provider productivity, and ensure improved patient or community health outcomes.
- Rural Health Care Collaborative to create a statewide electronic health records system. DHS issued a request for services, evaluated responses, and is negotiating a contract with the selected vendor. Gauging interest and readiness to participate in the statewide EHR.

Council members engaged in discussion around what they've been seen and heard in their communities and networks related to the technology initiative.

- *Karen Odegaard [chat]: If you or someone else in your organization is interested in helping to review applications for our technology grants, please reach out to DHSRuralHealth@dhs.wisconsin.gov.*
- Members expressed needs for broadband access; EHR interoperability and affordability, and telehealth.
- *Andrew Miller [chat]: Questions/ Comment for Technology - Great news on working to secure Epic! I hope this will be available to rural clinics who don't otherwise have the number of providers to be eligible for Epic. Hopefully the cost will not be a barrier. I think it is critical to have information on who is available for getting access to Epic.*
- *Kristin Weiler-Nytes [chat]: community pharmacists having access to EPIC and statewide shared medical records would be invaluable to our day to day jobs*
- *Eric Stader [chat]: Epic is usually very expensive. Perhaps they will see it as a charitable endeavor?*
- *Tiffany Allen [chat]: Is there an opportunity for folks on the council to be included in the conversations regarding what we'd like to see with EPIC?*
- *Julie Bulin [chat]: I am hearing confusion in general... so if organizations are pre identified in grant opportunities but its home base is in an urban place, but supports rural areas.. is that ok? for example, can rhtp funds support organizational AI initiatives based out of an area that is not rural or semi rural?*

D. Vanden Elzen shared updates on care coordination initiative, including:

- Coordinating Care Across Wisconsin funding opportunity, focused on supporting partnerships across communities, systems, and sectors in rural Wisconsin to create innovative care models addressing barriers to health-related services and fragmented systems of care.
- This funding is structured in two phases, a 6-month planning phase and full award phase with applications due in February/March and awarded in the Spring.
- S. Pouzar: Pediatrics is eager to see opportunities for emergency care and neonatal emergency care.

Evaluation Overview

S. Chamberlin provided an overview of RHTP evaluation structure, noting collaboration between RHTP Program and Policy Team, Wisconsin Office of Rural Health, Wisconsin Commnity Health Coalition, and UW Population Health Institute.

- Council members discussed what they wanted to learn after five years, what opportunities they saw for learning across sub-recipients and projects, the best ways to share findings and lessons learned, and which evaluation activities they thought were most effective or useful.
  - *Andrew miller [chat]: Does the State have the ability to provide feedback to CMS on limitations that may be problematic For example it seems like more flexibility on access to broadband would likely help many of the rural health providers. Can this be taken back to CMS for future consideration on changing guidelines or limitations?*
    - S. Chamberlin: DHS meets with CMS weekly. Requirements from the federal level cannot be changed, but DHS continues to consider solutions within the parameters of those requirements.
  - *Eric Stader [chat]: Let's try to learn what works, sustainably, and how to maximize ROI*

- *Ann Price [chat]: What I have heard from some in the Northern region is defining "rural" more clearly due to Wisconsin being so broadly defined as rural and maybe defined in categories of population level.*
- C. Van Gundy: Sustainability is important
- *Kimberly Lansing [chat]: Could we consider a quarterly (or other timing) sort of newsletter/report the provides updates and "wins" for the projects that are under this group's umbrella*
- *Chelsea Van Gundy [chat]: Another thought I have is establishing an "innovation hub" where organizations can share details on successful programs. We have one through the VA and it really makes trialing new initiatives so easy.*
- *Julie Bulin [chat]: Hearing from all the board members. Everyone brings a different view and we need to hear your voices.*
- *Kimberly Lansing [chat]: Things that are working well for groups is what I meant with wins.*

October Meeting Planning

K. Odegaard reviewed upcoming meeting October 22nd, 2026, in person. Planning to hold meeting at Northcentral Technical College in Wausau.

- *John Eich [chat]: Being in person gives us a unique chance to discuss more between Council members, and less listening to presentations.*
- *Eric Stader [chat]: Is there a way to compile very brief bios of all the panelists to review ahead of time to help us learn and retain one another's name, location, job/role, etc? Like when we introduced ourselves at meeting 1. guests and DHS staff as well.*
- *Katie Roberts [chat]: Northcentral has amazing facilities and they have aging simulation equipment as well! Great location. Biased...I am at the state office for WTCS with Dani.*

Call for Agenda Items

Karen Odegaard [chat]: noted the default for panelists is for their chat to only be seen by other hosts and panelists, which is why non member attendees don't see all of the chats. We will look at the settings for future meetings and will try to call out what we're seeing in the chat here today.

Adjourn

The meeting adjourned at 3:00 p.m.

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Prepared by: Ellena Keener on 8/5/2026.

These minutes are in draft form. They will be presented for approval by the governmental body on: 10/22/2026