

Managing the State Flex Program During COVID-19

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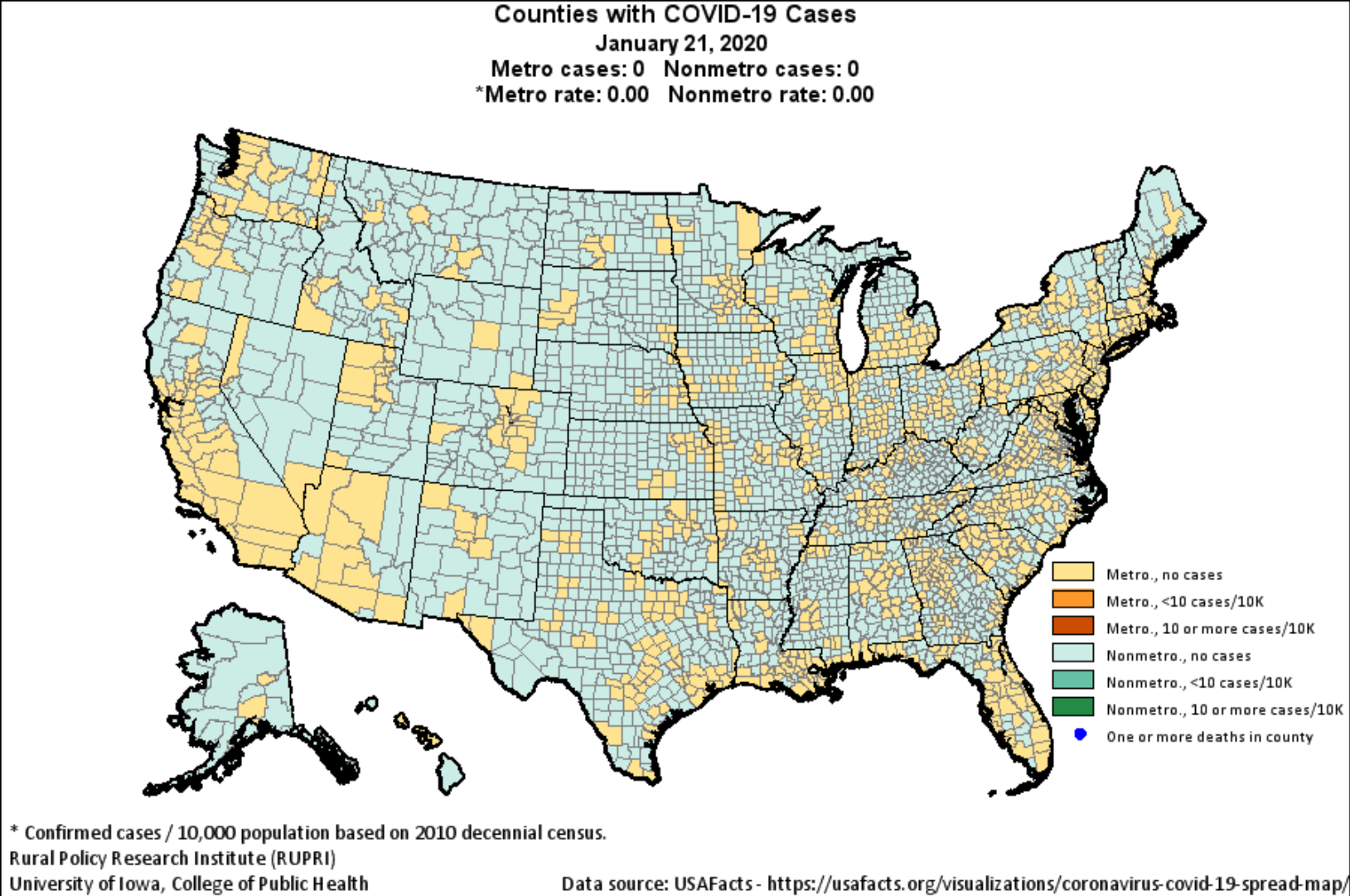
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Learning Objectives

- Connect with Flex Program peers in small group discussions to share challenges and strategies of managing the state Flex Program during the pandemic
- Recognize resources, initiatives, or tactics to implement that support Flex program management and cooperative agreement goals

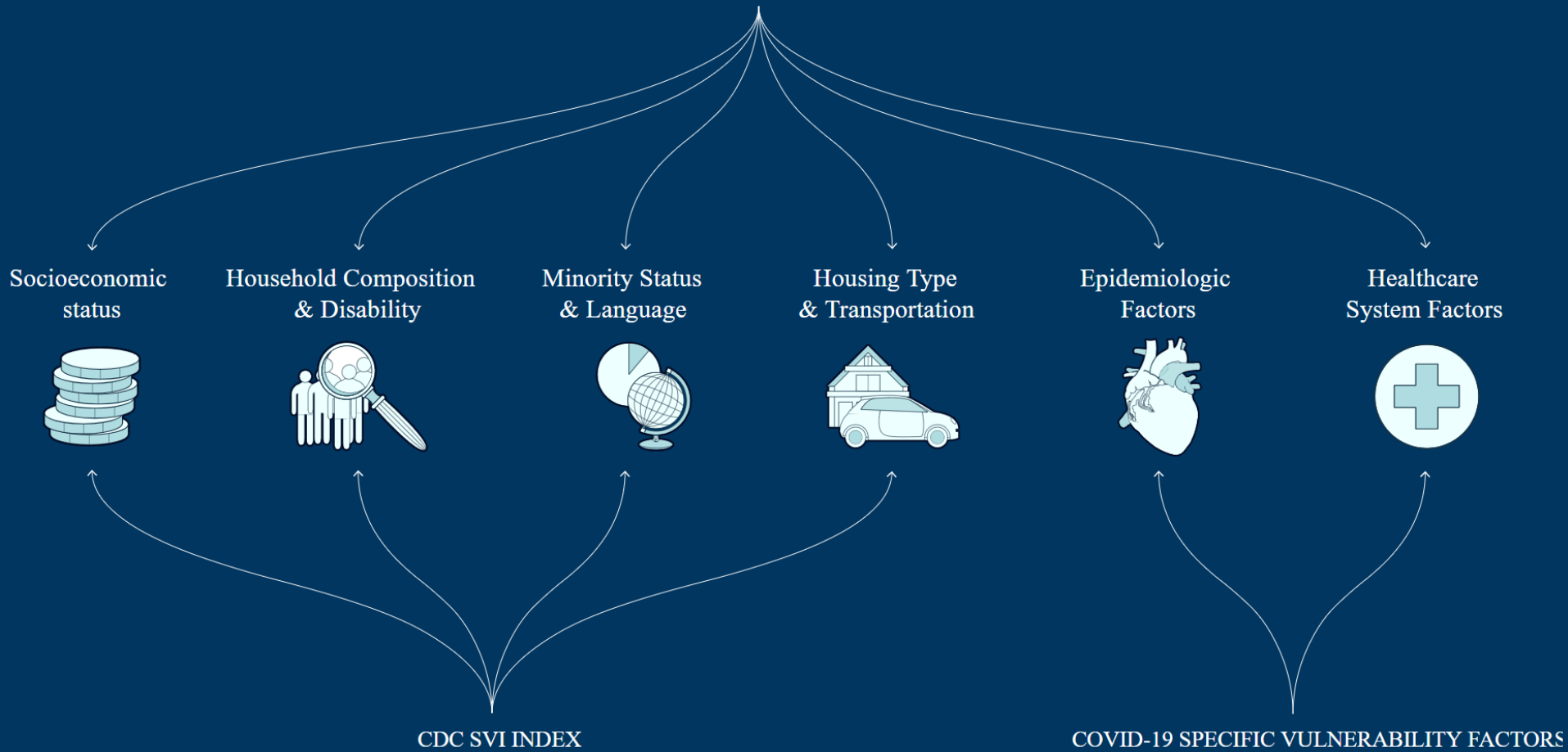


Prevalence of COVID-19 Cases Over Time



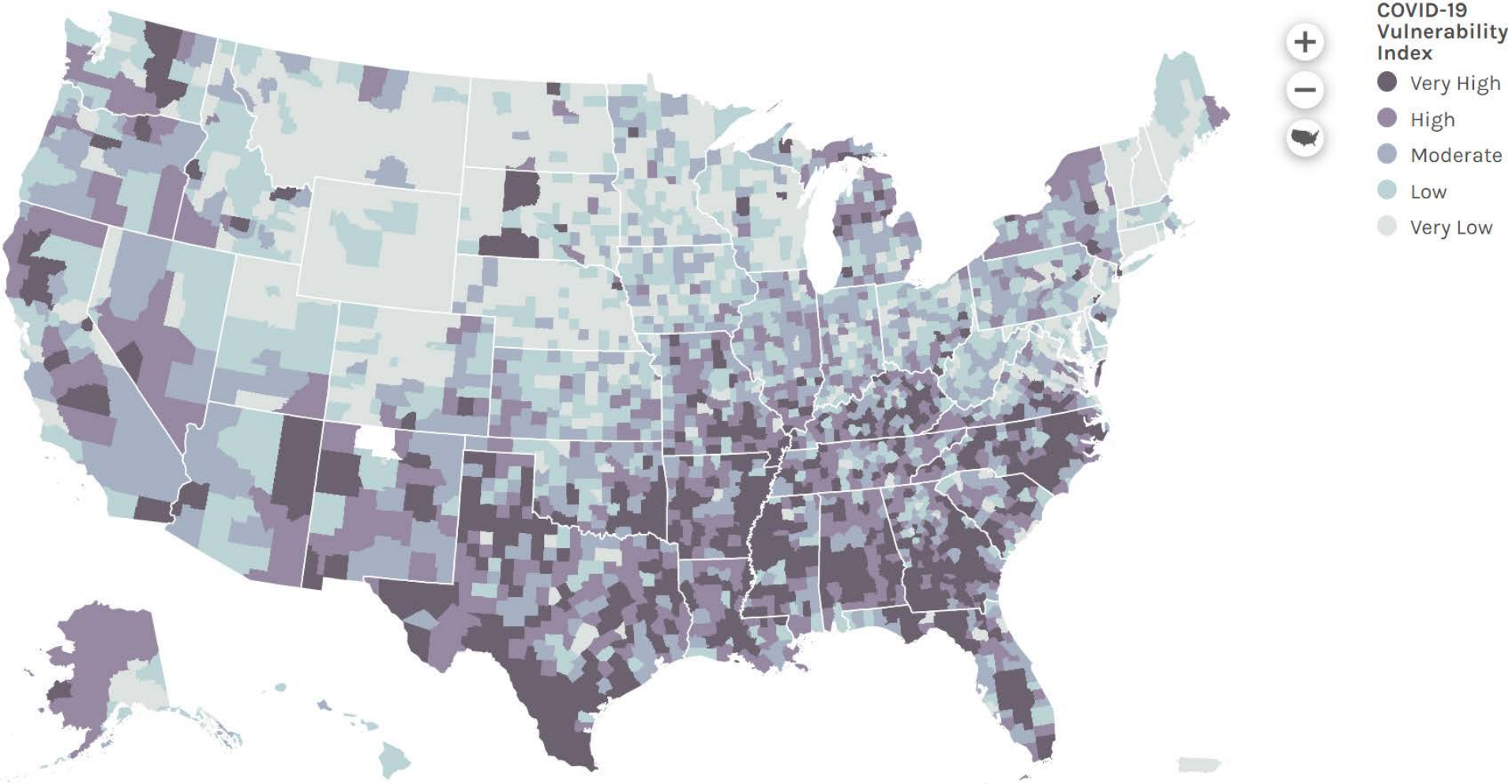
Source: RUPRI Tracks Spread of COVID-19 in Nonmetropolitan Counties, RUPRI, accessed Aug 1, 2020

COVID-19 Community Vulnerability Index



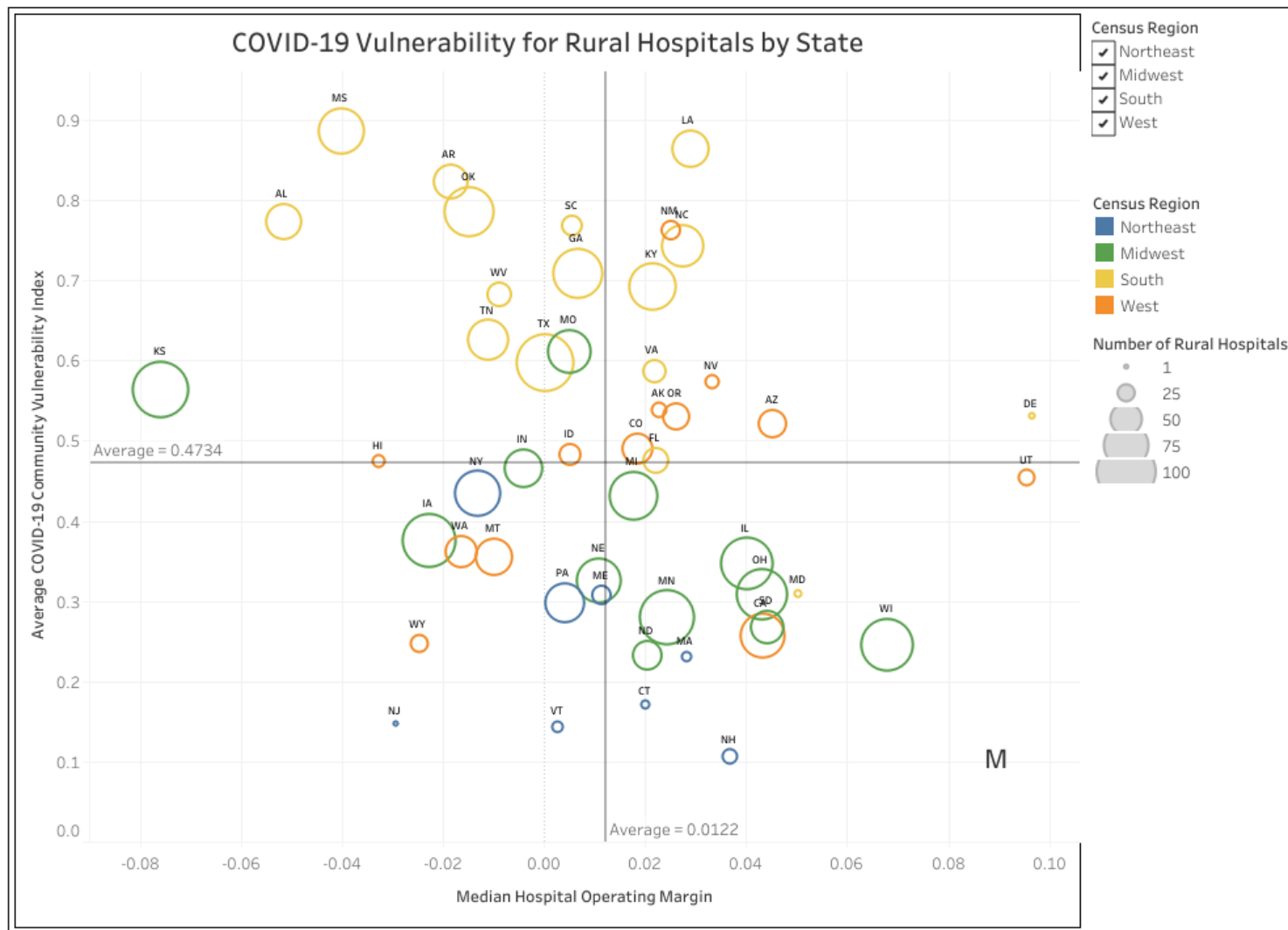
Source: The COVID-19 Community Vulnerability Index (CCVI), Surgo Foundation, accessed Aug 1, 2020

COVID-19 Community Vulnerability Index Map



Source: The COVID-19 Community Vulnerability Index (CCVI), Surgo Foundation, accessed Aug 1, 2020

State Rural Hospital and COVID-19 Community Vulnerability



Source: [State Rural Hospital and Community COVID-19 Vulnerability](#), North Carolina Rural Health Research Program.

Programmatic Impact to the State Flex Programs

Q6. Has the COVID-19 crisis impacted the operations and priorities of your State Flex Program (SFP) and/or State Office of Rural Health (SORH)?

- 96% of SFP/SORHs (43 of 45) reported that COVID-19 has impacted their operations and priorities.

6a. COVID-19 Impact on SFP/SORH Operations and Priorities

	Frequency	%
Delayed or changed work plan activities	41	95%
Shifted priorities	36	84%
Staff relocated to new priorities and tasks	19	44%
Other resources reallocated to new priorities and tasks	17	40%
Other (please describe)	6	14%

