



# Grantee Sourcebook

Rural Northern Border Region  
Planning Program

2021–2023

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**HRSA**  
Health Resources & Services Administration

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# Background and Purpose

The Rural Northern Border Region Planning Program is authorized by 42 U.S.C. 912(b)(5) (§ 711(b)(5) of the Social Security Act.

The purpose of the Rural Northern Border Region Planning Program is to assist in the planning and identifying of key rural health issues in the rural [Northern Border Regional Commission \(NBRC\)](#) service area. The program supports planning activities to identify key rural health issues, assess rural health challenges, and engage in strategic planning activities to inform rural health plans across the northern border region. The ultimate goal of the program is to help underserved rural communities identify and better address their health care needs.

The NBRC-designated service areas are defined as follows:

**Maine:** Androscoggin<sup>1</sup>, Aroostook, Franklin, Hancock, Kennebec, Knox, Oxford, Penobscot<sup>1</sup>, Piscataquis, Somerset, Waldo, and Washington counties

**New Hampshire:** Belknap, Carroll, Cheshire, Coös, Grafton, and Sullivan counties

**New York:** Cayuga, Clinton, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer<sup>1</sup>, Jefferson<sup>1</sup>, Lewis, Livingston<sup>1</sup>, Madison<sup>1</sup>, Montgomery, Niagara<sup>1</sup>, Oneida<sup>1</sup>, Orleans<sup>1</sup>, Oswego<sup>1</sup>, Rensselaer<sup>2</sup>, Saratoga<sup>2</sup>, Schenectady<sup>2</sup>, Seneca, St. Lawrence, Sullivan, Washington<sup>1</sup>, Warren<sup>1</sup>, Wayne<sup>1</sup>, and Yates<sup>1</sup> counties

**Vermont:** Addison, Bennington, Caledonia, Chittenden<sup>3</sup>, Essex, Franklin<sup>1</sup>, Grand Isle<sup>3</sup>, Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor counties

The Rural Northern Border Region Planning Program provided federal funding up to \$190,000 for an eighteen month project period (9/1/2021-2/28/2023) to 4 rural grantees.

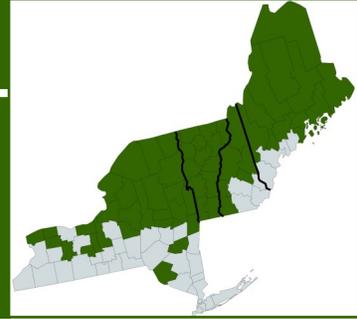
This Sourcebook provides contact information and a brief overview of the four initiatives funded under the Rural Northern Border Region Planning Program.

<sup>1</sup>Indicates HRSA-designated partially rural counties located in the NBRC service area.

<sup>2</sup>Rensselaer, Saratoga, and Schenectady Counties in New York are HRSA-designated non-rural (urban) counties.

<sup>3</sup>Chittenden and Grand Isle County in Vermont are HRSA-designated non-rural (urban) counties.

# Program Impact



The 60 counties located in the NBRC region are some of the most distressed counties in the four northeastern border states. 55 of these counties are considered rural (non-metropolitan area) and are home to approximately 3,414,300 residents.

A 2021 landscape assessment of the NBRC region highlighted a number of poor health outcomes that included higher suicide rates, higher drug overdoses, and higher rates of mental distress and cancer when compared to the national average. Furthermore, the landscape analysis additionally confirmed that most counties in the NBRC region fall under a designated partial primary care health professional shortage area (55 of 60 counties), partial mental health professional shortage area (46 of 60 counties), and partial dental health region professional shortage area (46 of 60 counties).

Over the eighteen-month project period, the FY21 Planning cohort was able to engage in strategic planning activities that would strengthen their networks and inform rural health plans across the northern border region. Here are a few highlights from their planning grant...

## Planning Activities Accomplished:

- ✓ 2 of the 4 grantees conducted community engagement activities
- ✓ All 4 grantees conducted needs assessments
- ✓ 2 of the 4 grantees developed network bylaws
- ✓ 2 of the 4 grantees developed a charter
- ✓ 3 of the 4 grantees developed network mission statement
- ✓ 3 of the 4 grantees developed network partner Memorandum of Understanding/ Agreement (MOU/MOA)
- ✓ 2 of the 4 grantees conducted a SWOT analysis
- ✓ All 4 grantees developed network governance structure

The FY21 cohort had a target population of approximately **412,738** individuals across **28** counties in the NBRC.

**Focus areas:** Oral Health, Community Needs Assessments, Maternal and Child Health, and Social Determinants of Health.

**8 total new** member organizations were added to the Planning consortiums throughout the 18-month project period.

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## **Grantees by State**

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# MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

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## Program Perspective

**Mission:** The mission of the Rural Health and Primary Care Program (Maine State Office of Rural Health) is to promote and assure access to quality health care for Maine's residents living in rural and medically underserved areas.

## Objectives

- Expand access to and improve the quality of basic health care services for the communities the Network serves through:
  - Completing administrative functions to fulfill grant obligations
  - Creating a formal structured network
  - Preparing and implementing a strategic plan
  - Increasing awareness
  - Evaluating performance and continuously improve

## Grant Description

- **Focus Area:** Oral Health
- **Service Area:** Aroostook, Franklin, Hancock, Kennebec, Knox, Oxford, Penobscot, Piscataquis, Somerset, Waldo, and Washington Counties of Maine
- **Target Population:** Children and adults covered by Medicaid, in rural areas, and or with mental conditions and development disabilities who cannot access care

## Program Highlights

**Program Results:** The Network met every other week and held 30 meetings over the course of the grant cycle. During that time, the group has accomplished everything from picking a name and logo to creating a strategic plan and formal structure. Members have not only had a chance to participate in benchmarking and educational programming but have also engaged in peer support, using the collective experience of Network members to problem solve and collaborate.

**Challenges:** One of the biggest challenges of the project was scheduling the strategic planning/governance retreat. Consultant availability, the holidays, weather, scheduling conflicts and COVID-19 all contributed to its postponement from the previous anticipated date in December to February and from a hybrid in-person/online approach to an all online event.

**Innovations:** Although benchmarking has not been routinely used for nonprofit dental clinics in the past and implementing change can be difficult, the Network clinics used this strategy and the expertise of Ann Cadoret to make financial and operational improvements including, but not limited to, the following:

- Optimizing schedules of providers and/or patients;
- Reducing missed appointments and cancellations;
- Assessing ability to accept new patients;
- Measuring performance of providers;
- Determining scope of services; and
- Motivating the team to meet or exceed goals.

## Program Continuity

**Methods of Financial Sustainability Include:** Donations, Grant Opportunities, & In-Kind Contributions

### Grant Activities to Continue:

- Network meetings will continue to be held bi-weekly
- The New England Rural Health Association will continue to provide meeting facilitation
- Ann Cadoret will continue to provide benchmarking support and analysis for financial and operational improvements

# MARY HITCHCOCK MEMORIAL HOSPITAL

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## Program Perspective

**Mission:** The mission of Dartmouth Health is to advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

### Objectives

- Develop a consortium of health care and community organizations serving the needs of pregnant and postpartum people in the rural North Country of New Hampshire
- Identify evidence-based solutions to community needs for improving maternal health

### Grant Description

- **Focus Area:** Maternal and Child Health
- **Service Area:** Coös and northern Grafton Counties in New Hampshire and the eastern portions of Essex, Caledonia, and Orange Counties in Vermont
- **Target Population:** Folks of childbearing age and their infants residing or receiving maternity care in Coös and northern Grafton Counties in New Hampshire

## Program Highlights

**Program Results:** The network made significant progress via committee work and strategic planning focused on preparing for maternity care innovation, community engagement, data sharing & privacy, and financial sustainability. Their work will serve as a strong foundation to grow the Network into the future. The consortium conducted a maternal health needs assessment to gather additional feedback from their target population of pregnant and postpartum people. Predominant themes among survey respondents included the need for access to perinatal behavioral health services, social determinants needs including transportation and childcare, and enhanced peer support and education.

**Challenges:** The Network applied for funding to support programmatic development and implementation through the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program. Despite a strong application, the Network did not receive one of the four grants awarded in 2022, leaving significant questions about sustainability.

**Innovations:** In response to not having received RMOMS funding\*, the network's eight member organizations, key social service agencies, and other stakeholders came together for a strategic "Summit" in September 2022 to summarize the work of the planning grant period and develop a set of recommendations to advance the most promising initiatives.

- **Mobile Health Clinic** – expand services to include OB/Gyn care on the recently launched Mobile Health Van at North Country Health Consortium.
- **Perinatal Community Health Worker program (P-CHW)** – provide P-CHW training for current Family Support Specialists to expand their skill base and increase referrals.
- **Motherhood Guide** – support the development of a new model to provide personalized, unbiased perinatal information, resources and emotional support through all stages of the motherhood journey.

The Summit helped to gather valuable information about strengths of the Network. It also demonstrated that there is shared passion around the issues of perinatal care and social determinants support across the North Country and neighboring Vermont communities.

## Program Continuity

**Methods of Financial Sustainability Include:** Grant Opportunities

### Grant Activities to Continue:

- The Advisory Board will continue to meet to best determine how to leverage the Network for future funding
- One of three activities mentioned above will be chosen for implementation after receiving a grant opportunity from Dartmouth Health's Center for the Advancement of Rural Health Equity (CARHE)

\*Mary Hitchcock Memorial Hospital did not receive a FY22 RMOMS award during the Rural Northern Border Region Planning Program period of performance. However, they did later receive a [FY23 RMOMS award](#).

# FORT DRUM REGIONAL HEALTH PLANNING ORGANIZATION

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## Program Perspective

**Mission:** The mission of Fort Drum Regional Health Planning Organization (FDRHPO) is to strengthen the System for Health for all individuals living in Jefferson, Lewis and St. Lawrence counties.

## Objectives

- Establish a consortium, align with existing committees, and initiate project kick-off, including establishment and review of guidelines for communication, monitoring, and tracking milestones, meetings, and reporting
- Identify rural health care issues and rural health challenges in the HRSA designated areas of Jefferson, Lewis, and St. Lawrence counties
- Facilitate the completion and submission of three collaborative countywide NYS Community Health Assessments (CHA), Community Health Improvement Plans (CHIP), and Community Service Plans (CSP) for participating rural hospitals and public health agencies in the rural designated areas of Jefferson, Lewis, and St. Lawrence counties
- Develop a report of findings including a sustainability plan and strategic planning report that address identified rural healthcare issues, gaps, and challenges in the focus areas of workforce, patient engagement, and access to care

## Grant Description

- **Focus Area:** Community Needs Assessments
- **Service Area:** Jefferson, Lewis County, and St. Lawrence Counties of New York
- **Target Population:** Residents of Jefferson, Lewis County, and St. Lawrence Counties of New York

## Program Highlights

**Program Results:** Fort Drum Regional Health Planning Organization (FDRHPO) conducted a region-wide community health survey, eight focus group sessions, and 13 key informant interviews. A report of findings was created and shared with regional stakeholders. The data obtained helped to inform the three NYS Community Health Assessments (CHAs) written by FDRHPO. FDRHPO supported partners through the process of writing their public health Community Health Improvement Plans (CHIPs) and hospital Community Services Plans (CSPs). As public health departments and hospitals begin to implement their plans, they will continue to provide data support and reporting assistance.

**Challenges:** There were some challenges engaging community members and healthcare partners during the peak of the pandemic. Focus group participation numbers were adequate but lower than they typically achieve. Communication platforms like Zoom and Microsoft Teams helped to mitigate some of these challenges, but virtual focus groups, in their experience, proved to be less engaging compared to face-to-face sessions.

**Innovations:** For the first time, FDRHPO conducted a community health survey using multiple methodologies including an intercept method, call-centers, push-to-text, and email. This proved to be successful as we were able to survey approximately 2000 community members and active-duty soldiers. The push-to-text methodology proved to be a successful strategy for engaging young adults.

## Program Continuity

**Methods of Financial Sustainability Include:** Grant Opportunities, Local Partnerships, & In-Kind Contributions

### Grant Activities to Continue:

- The consortium alongside an existing committee including regional healthcare and population health stakeholders will continue their collaboration to implement strategies aimed at mitigating access to care barriers and challenges with patient engagement
- FDRHPO will continue to support their implementation efforts by facilitating outgoing collaborations, leveraging existing resources, and providing data analytic support

# BI-STATE PRIMARY CARE ASSOCIATION

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## Program Perspective

**Mission:** The mission of Bi-State Primary Care Association is to advance access to comprehensive primary care services for all, with special emphasis on those most in need in Vermont and New Hampshire.

## Objectives

- Establish a sustainable framework for a Food Access in Health Care (FAHC) Consortium
- Complete administrative functions to fulfill grant obligations
- Support local programs in pursuing evidence-based food interventions and building up to regional and statewide collaboration
- Outline promising strategies and next steps to address multiple barriers to accessing a healthy diet

## Grant Description

- **Focus Area:** Social Determinants of Health
- **Service Area:** Addison, Bennington, Caledonia, Essex, Lamoille, Orange, Orleans, Rutland, Washington, Windham, Windsor Counties of Vermont
- **Target Population:** Rural residents facing barriers to accessing a sufficient, medically appropriate diet

## Program Highlights

**Program Results:** The FAHC Network completed the goals described above, establishing a sustainable framework for a Food Access in Health Care Network and outlining a long-term structure. A key element of that work was building common language and understanding amongst the Network Partners and other organizations working on the integration of food access and health care at the local level.

**Challenges:** The COVID-19 pandemic lasted through the duration of this project, consuming much of the attention and energy of the health care and food access communities. The FAHC Network's work and priorities, while important, could be viewed as "nice to haves" instead of "must haves" for the community partners. However, Bi-State and FAHC Network partners continued to package their trainings and support in ways that would be easiest for their partners to consume, including podcast episodes and a robust website

## Innovations:

- The Network developed and maintained the [www.VTFoodInHealth.net](http://www.VTFoodInHealth.net) website. This is a resource library with information on topics including food insecurity screening, referral to community resources, federal nutrition programs, produce prescriptions, medically tailored meals, nutrition services, etc.
- The Network developed, recorded, and published two seasons of the Policy in Plainer English podcast (also available on the usual podcast sharing platforms). These include the Hunger Vital Sign Explainer Series (13 episodes), which uses the Hunger Vital Sign tool as a starting point for understanding details for food insecurity screening and referral systems in health care and includes interviews, transcripts, key point summaries, and reference materials; and Policy in Plainer English Season 4 (12 episodes), which focuses on the skills food professionals use to understand how people experience flavor and what influences food choices and what implications that might have for health professionals working with patients on diet change.
- The Network also worked with the VT Department of Health to fund a study focusing on transportation as a barrier to food access and recommendations for how to mitigate this barrier.

## Program Continuity

**Methods of Financial Sustainability Include:** Grant Opportunities, In-Kind Contributions, & Local and Regional Partnerships

## Grant Activities to Continue:

- Each Network partner will continue to perform its own work in the area of food access and health care
- Partners will continue to collaborate and tap into each other's resources and expertise as their work intersects with the work of VT Federally Qualified Health Clinics