Rural Health Networks and Coalitions Toolkit

April 2017

Table of Contents

Rural Health Networks and Coalitions Toolkit

Welcome to the Rural Health Networks and Coalitions Toolkit. The purpose of this toolkit is to provide resources, strategies and examples to communities who are considering developing a new or expanding an existing health network or coalition.

This toolkit consists of seven modules. Each module contains useful information and links that connect you to resources and materials that can help in creating or expanding your program. General resources on community health strategies are available in RHIhub's Rural Community Health Toolkit.

Module 1: Introduction
An overview of rural health networks and coalitions.

Module 2: Program Models
Looks at four structural models of networks and coalitions.

Module 3: Program Clearinghouse
Examples of nine existing networks, representing different models and organizational structures.

Module 4: Implementation
Provides tips on issues to keep in mind when developing or expanding rural health networks and coalitions.
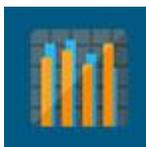
Module 5: Evaluation
Discusses strategies and provides tools for how to evaluate rural health networks and coalitions.

Module 6: Funding & Sustainability
Examines the importance of sustainability, when to start thinking about it, and how to make your networks sustainable.

Module 7: Dissemination
Provides information on disseminating network progress within the group itself as well as to the greater community.

Module 1: Introduction to Rural Health Networks and Coalitions

Getting Started — START

Rural communities have long recognized the value of gathering stakeholders to address community needs. Belonging to such a group provides members the opportunity to share resources, enhance quality of services, develop new leaders, and increase access to care, resilience, and power.

In this module:

- Defining Rural Health Networks and Coalitions
- Theoretical Support behind Networks and Coalitions
- Need for and Barriers to Developing Health Networks in Rural Areas

Defining Rural Health Networks and Coalitions

A rural health coalition is a general term that refers to a collaboration between diverse organizations or constituencies that agree to work on a specified action-oriented opportunity, typically at the policy, system, and environmental level. Some coalitions are grassroots, short-term collaborations that convene to address an immediate, resolvable concern and then part ways when the goal is accomplished. Other coalitions are more formal, long-term, and take on multiple local concerns.

A rural health network is a group of three or more rural health providers and/or other stakeholders that join forces to address mutually agreed-upon needs in the community. While they sometimes come together in response to an identified need, networks may organize to avert a potential crisis. Or their purpose may be broader and may evolve over time as the community's needs shift. Network members may include a variety of participants, including (but not limited to) healthcare providers, nonprofit organizations, government agencies, public health professionals, educational providers, and private organizations.

There are a number of common types of rural health networks and coalitions that represent a variety of topics and stakeholders. Some networks include members from safety net programs who come together to address healthcare quality and delivery concerns. Others are cross-sector collaborations who are opting to address concerns from multiple perspectives. All networks, however, recognize the value of social capital and its role in addressing community-level social and public health concerns. Although there are a variety of names and nuanced definitions for the general concept, for the purpose of clarity in this toolkit, we will use the terms *network* and *coalition* throughout, though a different designator may be more appropriate for your group.

For more detailed information on how networks and coalitions organize, visit Module 2: Organizational Models for Rural Health Networks and Coalitions and Module 4: Implementation Considerations for Rural Health Networks and Coalitions.

Resources to Learn More

National Cooperative of Health Networks (NCHN)
Website
Professional membership organization that provides support to existing health networks.

RHIhub Health Promotion Toolkit: Partnerships and Coalitions
Website
Part of the Health Promotion toolkit that gives high-level overview of benefits of developing coalitions and partnerships.
Organization(s): Rural Health Information Hub

[Rural Health Networks Literature Review](#)

Document

Provides high-level information on benefits, barriers, and what makes some networks more effective than others.

Author(s): Sullenberger, C. & Davis, R.J.

Organization(s): Rural Health Network Resources

Date: 2011

[Using Rural Health Networks to Address Local Needs](#)

Document

Exploration of five networks to demonstrate a variety of methods networks can apply to organize and address local concerns. The report includes each network's history, planned objectives and progress toward goals.

Author(s): Moscovice, I. & Elias, W.

Organization(s): AcademyHealth

Date: 7/2003

Theoretical Support behind Networks and Coalitions

While the driving factor behind networks and coalitions is largely practical in nature (that is, sharing resources and building capacity), there is a wide array of theoretical models that underpins the notion. Three examples are Social-Ecological Theory, the Public Health Model, and Community Coalition Action Theory. These theories are merely presented as supportive underpinnings for why and how networks and coalitions are useful for addressing health concerns in rural communities.

Social-Ecological Model

The Social-Ecological Model (SEM) recognizes the complex social and environmental system in which individuals exist and how the concentrically larger systems in which they regularly move affect individual behavior. This

Source: The Social-Ecological Model: A Framework for Prevention
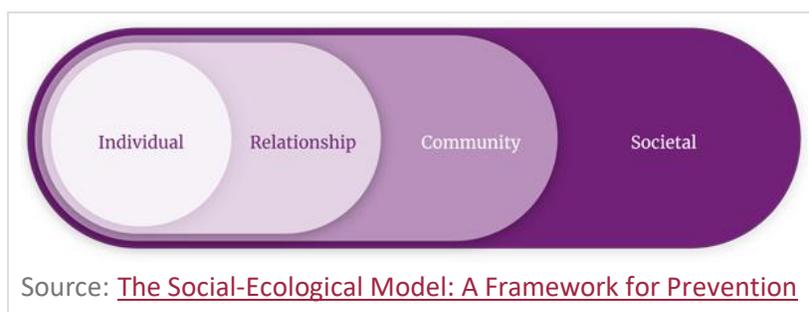
model addresses population-level influences as well as individual-level impact. Adopting a Social-Ecological approach when developing a network takes into account these multiple layers of influence and suggests the network will encompass a comprehensive approach to addressing the issue at hand.

For more information on Social-Ecological Model, visit the Health Promotion and Disease Prevention Toolkit on RHIhub.

Public Health Model

The premise of the Public Health Model is to affect maximum benefit for the largest number of people. In other words, targeting population health. To this end, multiple layers of influence are being targeted, similar to the Social-Ecological model.

Source: The Public Health Approach to Violence Prevention
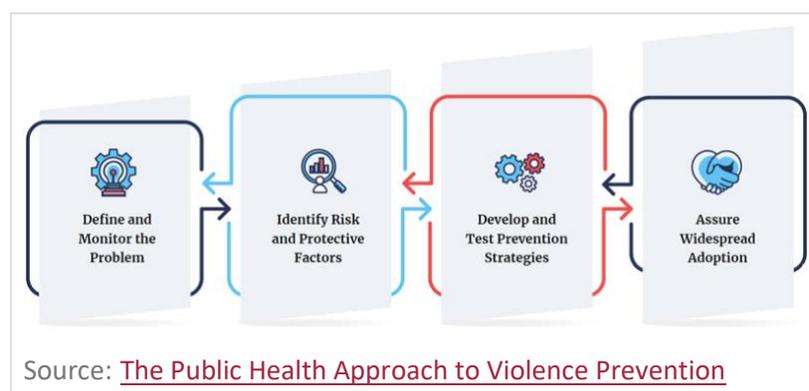
Additionally, the public health model employs a prevention focus, which attempts to stave off issues of concern preemptively. A common example of a public health initiative is vaccination access. As this example demonstrates, the health of the broader community is addressed and

protected, though there is a trickle-down effect to the individual as well. Incorporating the public health model into network development addresses concerns at the policy, systems, and environment levels rather than targeting the individual. There are four steps to applying the public health model:

For examples of programs incorporating the public health model, visit the RHIhub Rural Health Models and Innovations section.

Community Coalition Action Theory

Emerging Theories in Health Promotion Practice and Research describes Community Coalition Action Theory (CCAT) as a comprehensive theory that outlines processes and influences that affect coalition development, growth, and change over time. Rooted in community development, community organization, and political science concepts, the theory is built on three core stages of coalition development: Formation, Maintenance, and Institutionalization. Within each of these stages reside constructs that have the potential of affecting progress. The underlying premise of CCAT is that coalition work does not necessarily progress in a linear fashion; each stage is revisited when there is a change in membership, when plans are revised, and when new issues/concerns are added.

Resources to Learn More

Community Coalition Action Theory: A Case Study
Presentation slides
Prezi presentation and transcript about a coalition started by a dedicated group of youths wanting to address drunk driving in a small town in Indiana.
Author(s): Hartwig, S., Kissock, L., & Vuong, K.
Date: 11/2012

Ecological Model
Website
Provides an example of a coalition that is operating from the Ecological perspective.
Organization(s): American College Health Association

Public Health Model
Presentation Slides
54 slides providing explanation of public health and examples. Presentation notes included.
Author(s): Sahoo, S.S.
Organization(s): SCB Medical College Senior Resident
Date: 3/2015

[The Social-Ecological Model: A Framework for Prevention](#)

Website

Describes an ecological model for injury prevention that highlights the complex interplay between individuals, groups, community, and the societal factors that shape relationships.

Organization(s): Centers for Disease Control and Prevention

[Violence Prevention Alliance](#)

Website

A network of WHO Member States, international agencies, and civil society organizations working to prevent violence using a public health approach and the ecological framework.

Organization(s): World Health Organization

Need for and Barriers to Developing Health Networks in Rural Areas

While the need for networks and coalitions are similar between rural and urban areas, there are some barriers that are unique to rural. For example, agriculture and farming introduce occupation-related health risks distinctive to communities in which these occupations are large contributors to the economy. Behavioral and mental health concerns present differently in rural communities than in urban and suburban areas. The uniqueness of presentation, in addition to insufficient funding, workforce, scope of expertise, and sustainability plans, are cited as barriers to advancing health work in rural communities and reinforces the benefits of network development.

Limited resources: Grants are frequently used to fund rural programs, but funding is generally program-specific and time-limited. Funding awards are often pieced together, which can often lead to disjointed programming and focus for organizations. Working in a network capacity allows partners to pool existing resource and staff capacity.

Reach: Small organizations and communities are often restricted by the intrinsic barrier of limited reach in their programming. Networks often address this barrier by providing a way to expand a program's work and vision to audiences of other network members.

Sustainability: Establishing a network requires time and dedication from all members. It can be challenging to get initial buy-in from network partners, given competing demands on their time. To secure buy-in and respect individual members' time and effort, it is critical to plan for network sustainability from the start. Envisioning and planning for a sustainable network from the onset of development will provide credibility and encourage buy-in from partners. Please visit Module 6: Sustainability Strategies for Rural Health Networks and Coalitions for additional information on sustainability.

Resources to Learn More

Rural Health Funding Opportunities
Website
Provides a listing of current federal rural health funding opportunities, including health network grant opportunities.
Organization(s): Federal Office of Rural Health Policy

Module 2: Program Models for Rural Health Networks and Coalitions

Program Models

Health networks and coalitions often get their start by individual organizations collaborating around a common issue. There are countless issues that could be driving the assembly, however, and there are numerous directions the groups can take. There is not one "right" way to organize, and groups may adopt features from more than one model as they do so. The best way for a network or coalition to organize is entirely dependent upon the factors unique to the group itself; for example geography, complexity of issue, number of partners, and other factors.

The goals of the network or coalition will inform the organizational model to adopt. As a general rule, the larger and/or more complex the scope of the network, the more formal the structure will be. More information on organizational considerations can be found in Module 4: Implementation Considerations for Rural Health Networks and Coalitions.

There are far more possible collaborative arrangements that exist than this toolkit can adequately capture. The formation is frequently unique to the nature of the work being done. Four common models were selected for several reasons: they represent various levels of formality, membership, and methods of gathering and communicating as a group. These models also represent programs featured in Module 3: Program Clearinghouse.

In this module:

- Integrated Rural Health Network
- Telehealth/Telemedicine Networks
- Collective Impact
- Community of Practice

Integrated Rural Health Network

In the article Understanding Integrated Rural Health Networks, an Integrated Rural Health Network is defined as

> "a formal organizational arrangement among rural healthcare providers (and possibly insurers and social service providers) that use the resources of more than one existing organization and specifies the objectives and methods by which various collaborative functions will be achieved."

Integrated Rural Health Networks have autonomous members and are created for a variety of reasons: aligning resources and strategies, achieving economies of scale and efficiency, and increasing value.

To be considered *integrated*, all network members must have coordinated efforts in at least one of three areas. Some networks involve coordination in multiple areas.

- Clinical integration (coordinating patient care services across units)
- Functional integration (coordinating administrative functions)
- Financial integration (sharing capital, risks, and profits)

Integrated Rural Health Networks can be organized laterally, suggesting all members represent one type of provider (sometimes referred to as horizontal or homogenous networks). Examples include:

- Illinois Critical Access Hospital Network, consisting of Critical Access Hospitals
- Rural Wisconsin Health Cooperative, consisting of rural acute, general medical-surgical hospitals
- S2AY, consisting of public health departments

Integrated Rural Health Networks can also have members that represent multiple types of providers (sometimes referred to as vertical networks). Examples include:

- Health Care Collaborative of Rural Missouri, including healthcare providers, social service providers, schools, community representatives
- Northeast Oregon Network, including primary care, health education, and economic development

Resources to Learn More

[Integrated Care Management in Rural Communities](#)

Document

Working paper that outlines strategies and necessary investments for developing integrated healthcare networks in rural communities.

Author(s): Griffin, E. & Coburn, A.

Organization(s): Maine Rural Health Research Center

Date: 5/2014

[Using Rural Health Networks to Address Local Needs](#)

Document

Exploration of five networks to demonstrate a variety of methods networks can apply to organize and address local concerns. The report includes each network's history, planned objectives and progress toward goals.

Author(s): Moscovice, I. & Elias, W.

Organization(s): AcademyHealth

Date: 7/2003

Telehealth/Telemedicine Networks

Telehealth (sometimes called *telemedicine*) refers to a method of healthcare delivery that extends beyond face-to-face interaction. Telehealth includes a variety of technologies, applications, and interfaces (including telephone, email, two-way video, smart phones, wireless tools, and the like) to deliver virtual medical, health, and health education services.

Telehealth services are becoming more commonly used in environments where patients are homebound or there are other circumstances that make it difficult for patients to access care, such as long-term care situations and incarceration. At this time, doctors are only able to practice telehealth in states where they are licensed. Reimbursement is an ongoing concern for those practicing telehealth.

While being a member of a telehealth network is not a prerequisite to practicing telemedicine, there are practical reasons for joining a network, such as connecting care providers (both general clinicians and specialists) to a greater pool of patients who may not otherwise have access to care. Networks provide broadband infrastructure (often for a discounted rate) and necessary protection to assure healthcare delivery and medical records are shared in a secure and HIPAA-compliant platform.

Telehealth networks can be organized at the local level (Finger Lakes Telehealth Network) or statewide level (California Telehealth Network). They are often used to connect rural clinics and community health centers to specialty care (Ohio State University Telemedicine Network) and they can be used to provide education and training to care providers. In 2012, the American Telemedicine Association estimated the number of existing telemedicine networks in the United States at 200, with 3,500 service sites across the U.S.

For more information about telehealth, see RHIhub's Telehealth Use in Rural Healthcare topic guide.

Resources to Learn More

The Virtual Doctor: How Data Networks are Extending the Reach of Medical Care in the Digital Age
Document
A brief history of technology in medicine and case studies of five existing telehealth networks.
Organization(s): Forbes Insights
Date: 2015

Collective Impact Model

A central concept commonly used in coalition development, collective impact emphasizes the importance of bringing together a variety of stakeholders to tackle complex issues often so deeply-rooted in communities that no single policy, government department, organization, or program can independently solve it.

The aim of this approach is to make sustainable social change by pulling together stakeholders from multiple sectors who may appear to have conflicting approaches, but agree to set aside their personal or organizational agenda for the purpose of accomplishing an agreed-upon goal.

The 2012 article Channeling Change: Making Collective Impact Work detailed five conditions that are generally practiced when using the Collective Impact Model:

Examples of rural health networks and initiatives using collective impact include Healthy Places NC, Alliance for a Healthier South Carolina, and Communities that Care.

Resources to Learn More

Collective Impact Forum
Website
Support network for groups practicing Collective Impact. Provides examples of existing initiatives, as well as tools, training, and other support materials.

Rural Health Hubs Framework & the Collective Impact Opportunity
Website
Series of resources developed and used by a committee in Ontario that assembled to address concerns around healthcare access, care coordination, and healthcare quality improvement in rural communities.
Organization(s): Tamarack Institute

Five Conditions for Collective Impact

- Common Agenda
- Shared Measurement
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Organization

Figure adapted from: Channeling Change: Making Collective Impact Work

Community of Practice Model

Frequently organized informally, a Community of Practice (CoP) is an assembly of individuals who share an interest in a particular area or topic. The origin of the concept and name are credited to anthropologists Jean Lave and Etienne Wenger who suggested adult learning happens best in conversational, informal environments, such as apprenticeships.

By convening and communicating regularly (either in person, via phone, or online) over time around an issue of common interest, CoPs collaboratively exchange knowledge, experiences, and resources with the intention of furthering practice and solving problems.

There are three key elements that differentiate CoPs from other groups of people:

1. A shared **community** to cultivate relationship building (for example, interpersonal relationships are at the root of the platform in which the information sharing occurs)
2. A shared **domain** of interest (for example, all members are committed to the common topic or issue, which gives the CoP an identity)
3. A shared **practice** or experiences around the area of interest (for example, all members are in some fashion *practitioners* of the domain, giving them experience from which to draw and contribute to the community)

Examples of networks operating under the CoP model include: HealthPartners Institute's Community of Practice.

Practical hint: all three of these "legs" change over time. The trick is not to have all three changing at the same time. That can be very destabilizing for a community!

Graphic used with permission from Nancy White of Full Circle Associates

Resources to Learn More

Community of Practice Design Guide
Document
Step-by-step structure to the most important design elements that go into defining, designing, launching, and growing both online and in-person CoPs. This guidebook was developed from an educational perspective, but the concepts can be readily applied to health.
Organization(s): Educause

Module 3: Program Clearinghouse
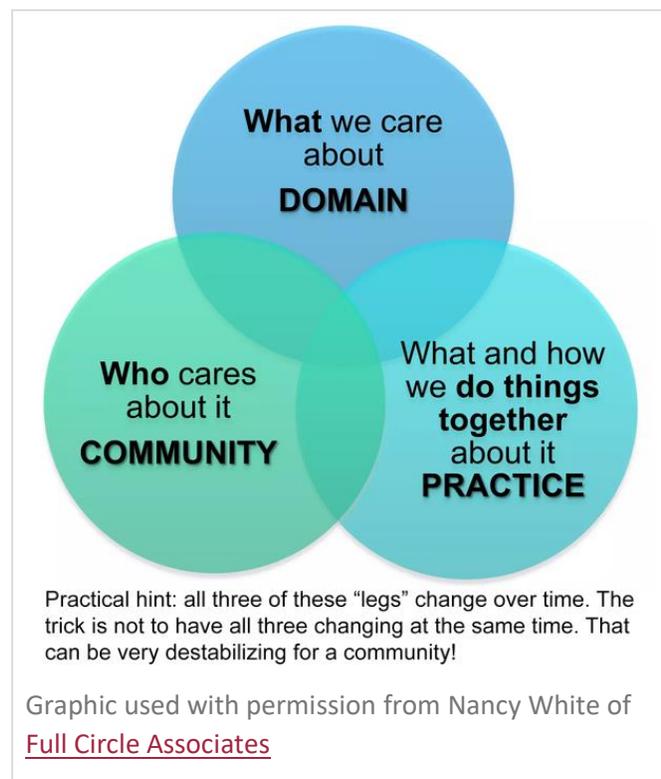
Program Clearinghouse

The following nine programs were selected to be highlighted in this module because they represent a variety of models, governance structures, funding sources (see Module 6: Sustainability Strategies for Rural Health Networks and Coalitions for more information on funding), and maturity. Seven of the nine highlighted programs were previously or are currently Federal Office of Rural Health Policy (FORHP) Network grantees and were identified by FORHP as representing a broad range of rural health networks and coalitions.

- **Alaska Subspecialty Nursing Consortium**
  This education network provides advanced specialty in-person and remote training to nurses across Alaska.
- **Ely Area Community Care Team**
  This collective impact, care coordination network provides behavioral health services in the Iron Range in Northern Minnesota.
- **Healthy Monadnock Alliance**
  This community-based network involves area partners using collective impact strategies to make the Monadnock region in New Hampshire the healthiest community in the country by 2020.
- **Integrating Professionals for Appalachian Children** (IPAC)
  This integrated network focuses on ensuring healthy development for all children in rural, Appalachian Ohio.
- **Kentucky TeleCare/Kentucky TeleHealth Network**
  Kentucky TeleCare is the telehealth initiative located at the University of Kentucky. In addition, Kentucky TeleHealth Network is the statewide, legislatively-mandated telehealth network.
- **Montana Health Network** (MHN)
  This for-profit network develops and sells a range of products and services for clinical staff and member (and, occasionally, non-member) provider organizations.
- **NE Nebraska Behavioral Health Network**
  This integrated health nonprofit network is working to increase the number of behavioral/mental health services in rural Northeastern and Northcentral Nebraska.

- **Tennessee Center for Health Workforce Development** (TCWD)
  This integrated health nonprofit provides recruitment and retention support as well as educational resources focusing on primary care to communities and healthcare practitioners in rural and other underserved areas of Tennessee.
- **Virginia Rural Health Clinic Coalition**
  This statewide Community of Practice provides information, education, and networking opportunities for Virginia's Rural Health Clinics.

Alaska Subspecialty Nursing Consortium

Year Network was Established: 2011

Grant Period: 2012-2015

Program Representative Interviewed: Shannon Updike, Dennis Murray, Karen Wolfred

Service Area: Statewide

Program Overview: Alaska has historically faced challenges recruiting and retaining specialty nurses, and relied on traveling nurses to fill gaps and vacancies in specialty areas. This solution was expensive and staffing was inconsistent. To address the specialty nursing shortages, the Alaska Hospital and Healthcare Association created the Alaska Perioperative Nursing Consortium (APNC) in 2011.

The APNC developed a 17-week perioperative training program for nurses across the state, particularly targeting rural areas. This training was delivered by rural- and urban-based nurses who volunteered to co-conduct trainings with other nurses in exchange for membership in the network. Under the training program, urban and rural nurse interns from member hospitals are provided subspecialty training twice a year in Anchorage. Typically, 12-15 nurses attend three to four one-week didactic sessions in Anchorage and are precepted by their sponsoring facilities in the weeks between sessions.

APNC added a 13-week perinatal training program that included a distance learning portion in addition to the in-person portion. This hybrid model provides a more affordable and accessible option for providers in remote locations.

The Alaska Perioperative Nursing Consortium (APNC) changed its name to the Alaska Subspecialty Nursing Consortium (AkSNC) to better reflect its goal to expand to other subspecialty areas of nursing. There are currently 14 hospitals and medical centers member partners in APNC.

Ely Area Community Care Team

Year Network was Established: 2011

Grant Period: 2015-2017

Program Representative Interviewed: Heidi Favet, Pat Conway

Service Area: Babbitt, Ely, Embarrass, Soudan, Tower, and Winton, MN

Program Overview: The Ely Area Community Care Team (EACCT) was established in 2011 in response to observed gaps in service to local underserved populations, particularly for those patients suffering from mental illness. Using Accountable Communities for Health funding from Minnesota's State Innovation Model (SIM) grant, the EACCT adopted a collaborative community care team model based on Vermont's Blueprint for Health that uses a "No Wrong Door" approach to addressing patient need. Community health workers are embedded at local clinics and schools, and are trained to address the full spectrum of patient needs in a timely, comprehensive manner. For a brief video highlighting their work, see SIM Minnesota - Community Care Team Creates Hope and Health in Ely.

EACCT's programming has evolved over time. They rely heavily on external program evaluation and mentorship from the St. Johnsbury Community Health Team to determine the direction of the network's work.

- There are 20 member partners in EACCT, including:
- Hospitals
- Health centers
- Schools
- Behavioral and/or mental health providers
- Community and service organizations
- Community members

Healthy Monadnock Alliance

Year Network was Established: 2007

Program Representative Interviewed: Linda Rubin

Service Area: The Monadnock Region (33 towns), NH

Program Overview: [Healthy Monadnock Alliance](#) is a community-engaged network engagement initiative that seeks to make the Monadnock region (33 towns) of New Hampshire "the healthiest community in the nation." Developed and funded primarily by the local hospital, [Cheshire Medical Center Dartmouth-Hitchcock Keene](#), and supplemented with private and public grants, Healthy Monadnock Alliance utilizes, engages, and aligns a network of community partners to implement evidence-based prevention strategies. Their main focus is on particular upstream determinants of health through environment and policy changes.

Guided by five overarching goals (healthy eating, active living, educational attainment, living wages, and mental well-being), there are currently 27 wellness and quality of life strategies being implemented. Healthy Monadnock Alliance recruits [champions](#) who promise to make incremental improvements in their health. Champions recruit other local champions from family, friends, neighbors, and co-workers. Healthy Monadnock Alliance also oversees an annual community summit, where residents provide input into particular areas of focus for the coalition.

There are currently 11 community partners in Healthy Monadnock Alliance, including:

- Schools
- Community and service organizations
- Healthcare
- Local government
- Nonprofit organizations
- Local coalitions addressing the food system, the built environment, and transportation

Integrating Professionals for Appalachian Children (IPAC)

Year Network was Established: 2002

Grant Period: 2006-2016

Program Representative Interviewed: Arian Smedley, Jane Hamel-Lambert, Joe Bianco

Service Area: Appalachian Ohio

Program Overview: Integrating Professionals for Appalachian Children (IPAC) of Ohio is an integrated network that was established in 2002. It became a 501(c)3 in 2006.

Members of IPAC represent a diverse cross-section of organizations who are committed to the vision of improving health services for children and their families from Appalachian Ohio. From the onset, IPAC intentionally included diverse representation from member partners, ranging from high-level leadership who have executive decision-making power to direct care staff who have a nuanced understanding of the complexity of the issues. Parents and consumers have also sat on the board. This diverse representation has allowed IPAC to accomplish a great number of goals, which have come to define what IPAC is as a network.

IPAC is responsible for a number of regional health initiatives housed in partner agencies. Examples include the Family Navigator Program, the Southeastern Ohio Interdisciplinary Assessment Team, an Early Identification and Screening Program, among others.

IPAC currently has 14 member organizations, including:

- Government agencies
- School districts
- Boards of developmental disabilities
- Mental health organizations
- Primary care agencies
- Medical schools

There are two tiers of membership in IPAC:

- Board members bring professional expertise and organizational leadership
- Participating members pay dues and are dedicated to the vision

Kentucky TeleHealth Network

Year Network was established:

1995: Kentucky TeleCare at University of Kentucky
2000: Kentucky TeleHealth Network (KTHN)

Grant Period: 2013-2016

Program Representative Interviewed: Rob Sprang

Service Area: Statewide

Program Overview: Kentucky TeleCare's was originally created at the University of Kentucky (UK) to extend specialty healthcare services from the medical school to rural eastern and southeastern Kentucky. As a result, telehealth was operating in the eastern half of Kentucky by 1999, largely linked to UK. At that time, Medicaid (the largest payer source for most rural Kentucky healthcare facilities) did not recognize telehealth as a reimbursable service. In 2000, the state legislature passed telehealth legislation that created a statewide telehealth network (KTHN) and mandated telehealth reimbursement.

KTHN is a decentralized model where any site may request membership free of charge as long as they commit to using secure video conference technology. Medicaid regulations mandate that if a telehealth site is billing Medicaid, both the provider site and the patient site must be members of KTHN. Every member site is responsible for purchasing their own communications connectivity and other operative equipment. Payment models include fee-for-service as well as contracted telehealth clinics.

There are currently more than 400 members of KTHN, and more than 20 medical, surgical, and mental/behavioral health specialty services are offered. Members include:

- Academic medical centers
- Urban and rural hospitals
- Primary care centers
- Public health departments
- Community mental health centers
- State psychiatric hospitals
- Nursing homes
- State/federal correctional facilities

Kentucky TeleCare still resides within UK as an important initiative for the medical school.

Read more about Telehealth Use in Rural Healthcare and see more program examples of Telehealth on RHIhub.

Montana Health Network (MHN)

Year Network was Established: 1987

Grant Period: 2011-2013

Program Representative Interviewed: Chris Hopkins

Service Area: Eastern Montana

Program Overview: Montana Health Network (MHN) is a for-profit network that provides a range of services and products for both shareholder and non-member healthcare organizations. MHN was initially started by 13 CEOs of local provider organizations as a provider of liability insurance. It has since expanded its offerings to provide a wide range of services to members that include:

- Workers compensation insurance
- Primary care telemedicine
- Advanced education and training for clinical staff
- Human resource products (for example, 401K retirement accounts and health insurance)
- Provider services (for example, credentialing)
- Staffing agency

MHN is also the regional Area Health Education Center (AHEC).

MHN currently has 17 shareholding provider organizations, most of which are health centers, with a large number of affiliated organizations that utilize MHN's products.

Northeast Nebraska Behavioral Health Network

Year Network was Established: 2013

Grant Period: 2020-2021

Program Representative Interviewed: Sandy Williams

Service Area: Northeastern and Northcentral Nebraska

Program Overview: The Northeast Nebraska Behavioral Health Network started as a coalition in 2013 in response to observed gaps in behavioral/mental health services due to significant shortages of behavioral/mental health specialists in their 24 rural county service area. They became a formal network in 2015 and received 501(c)3 status in 2018.

The Behavioral Health Network activities have focused around attracting and retaining psychiatric and advanced-practice psychiatric nurse practitioner students from area colleges, using Project ECHO and similar models as references, and educating communities in the region on behavioral/mental health issues.

There are currently five network partners plus a representative from the Nebraska Department of Human Services Division of Behavioral Health. Members include:

- Local public health
- Nursing college
- Regional behavioral health agency
- Area health education center (AHEC)
- An FQHC

Read more about Project ECHO in our Rural Health Models and Innovations section.

Tennessee Center for Health Workforce Development (TCWD)

Year Network was Established: 2006

Program Representative Interviewed: Mary Ann Watson, Nathalie Preptit

Service Area: Statewide

Program Overview: The Tennessee Center for Health Workforce Development (TCWD), formerly the Tennessee Rural Partnership (TRP), is an integrated healthcare workforce network that oversees efforts to connect needed healthcare providers with rural and underserved communities. First incorporated as a nonprofit in 2006, TCWD oversees a number of programs that provide resources to both communities in need and primary care practitioners. One significant program administered by TCWD is the Tennessee Residency Incentive Program, which is a state-funded program aimed at supporting placement of medical residents in rural and underserved communities.

In addition to receiving support through state and federal grants and contracts, TCWD has been able to sustain and expand its services across Tennessee primarily through the financial support of the Tennessee Hospital Association (THA). As of 2012, TCWD is an operating subsidiary of THA.

There are approximately 20 members of TCWD, including representatives from:

- Medical schools
- Hospitals
- Community health centers
- Rural health clinics
- Community-based organizations
- Private medical practices
- Tennessee Department of Health
- Rural Health Association of Tennessee
- Tennessee Primary Care Association
- Tennessee Hospital Association

Virginia Rural Health Clinic Coalition

Year Network was Established: 2016

Grant Period: 2015-2016

Program Representative Interviewed: Beth O'Connor

Service Area: Statewide

Program Overview: The Virginia Rural Health Clinic Coalition (VRHCC) is a Community of Practice that was developed in 2016 in response to the recognized lack of a centralized support system for federally certified Rural Health Clinics (RHC) in Virginia. Representatives from the Virginia Rural Health Association traveled around the state to conduct in-person meetings with administrators at each RHC to gauge their interest in participating in a statewide network. It was reported that approximately 75% of RHCs contacted allowed the VRHCC representative to conduct a visit.

VRHCC held their inaugural meeting in 2016. It was an open forum and attendees were asked to weigh in on strategic planning. The group decided jointly that membership in the VRHCC is contingent on paying annual dues. In return, members will receive standing regulatory updates, HIT technical assistance support, as well as periodic learning and networking/collaboration opportunities. Membership dues will also contribute to the network's sustainability. VRHCC intends to apply for grant dollars to continue to provide educational and networking opportunities to network members.

There are currently 14 active member clinics in VRHCC.

Module 4: Implementation Considerations for Rural Health Networks and Coalitions

Collaborative work is not easy. The ongoing organization and engagement requires thought and planning. Network and coalition members interviewed for this toolkit identified lessons learned through experience that facilitate collaborative engagement and relationships.

In this module:

- General Considerations when Developing Health Networks & Coalitions
- Leadership
- Developing a Board
- Formal Planning
    - Strategic Planning
    - Business (Tactical) Planning
    - Operations Planning
- Establishing a Business Structure
    - Unincorporated Networks and Coalitions
    - Incorporated Networks and Coalitions
- Articles of Incorporation
- Bylaws
- Liability Issues
- Health Information Exchange and RHIOs
- Challenges and Approaches

General Considerations when Developing Health Networks & Coalitions

All networks and coalitions are centered on an issue(s), develop a strategy, and engage members. There are a variety of ways to organize and structure networks and coalitions, depending on membership, issues being addressed, and strategies being used.

Many networks and coalitions have similar, humble beginnings where people and/or organizations gathered around a common issue or concern in their community. Issues and concerns may be identified by grassroots means, such as recurring themes that surface when talking to neighbors. They may also be identified more officially, such as political or institutional leaders implementing new policies. Or they may be identified by intentional means, such as reviewing data in the following ways:

- Reviewing County Health Rankings & Roadmaps, which provides an annual snapshot of community-specific social determinants of health and strategies for how to address them.
- Conducting a Community Health Assessment (CHA) and developing a Community Health Improvement Plan (CHIP) which often go hand-in-hand. The CHA is a formal, collaborative, community-driven evaluation of a community or population that identifies key concerns, opportunities for improvement, and community assets. The CHIP is often developed as a result of the CHA.
- Reviewing local Community Health Needs Assessment (CHNA), a federally-mandated expectation of tax-exempt hospitals to collect standardized information with the goal of improving community health.

Multiple stakeholders invested in the cause can lead to a network or coalition's success. A benefit of working as a group is that there is the expectation that resources will be shared. Individuals with varied expertise and vast social capital can be just as valuable as individuals with access to infrastructure resources.

There may be many distractions along the path as a network or coalition becomes organized. The overriding goal of the network or coalition could easily get lost in the details. There are organizational and legal steps that can (and sometimes must) be taken that have the benefit of staying focused on the goal as the network or coalition is getting off the ground. Sustainability and planning go hand in hand, so keeping long-term sustainability at the core of these considerations is key. See Module 6: Sustainability Strategies for Rural Health Networks and Coalitions for more information on sustainability.

Resources to Learn More

Coalition Building I: Starting a Coalition

Website

A step-by-step web-based guide that outlines considerations to developing a network or coalition, including community health promotion tools and guidance.

Author(s): Rabinowitz, P.

Organization(s): Community Tool Box

Coalition Start-Up Tools

Website

Comprehensive list of resources that support the start-up, planning, development, evaluation, and sustainability of coalitions.

Organization(s): Society for Public Health Education

Developing Effective Coalitions: An Eight Step Guide

Document

Comprehensive manual outlining how to develop and make partnerships work, and how to tap into existing resources to move forward the work of the coalition.

Author(s): Cohen, L., Baer, N., & Satterwhite, P.

Organization(s): Prevention Institute

Date: 2002

Forming Rural Health Networks: A Legal Primer

Document

An overview of legal issues that pertain to network development.

Author(s): Teevans, J.

Organization(s): Alpha Center

Date: 10/1999

Leadership

The importance of a network's leader should not be minimized and the style in which a network is led can be key to its success. In their report Leadership and Networks: New Ways of Developing Leadership in a Highly Connected World, the Leadership Learning Community discusses the limitations of "heroic leadership" (where one leader holds all decision-making power) in addressing large-scale problems. This traditional model of leadership is valuable when addressing straightforward, precise problems. Because networks and coalitions are typically addressing complex, adaptive issues, a bottom-up, collective leadership style has been found to be more effective.

Collaborative Leadership is an intentional, inclusive, participatory *process* of leading that involves all stakeholders in problem solving and decision making. This type of leadership is often seen in contexts where no one person is in charge. It is also seen when addressing a problem so large and complex that no individual person or agency could have enough power or knowledge to address it alone. It empowers all network members to identify and tap into their unique qualities and circles of influence to increase the reach and advance the work of the network. Collaborative leading requires all network and coalition members to be fully engaged in the network, transparent in their efforts, and act as leaders.

Falling between these examples is the recognized leader who operates from a cooperative vantage. Many qualities have been attributed to successful leaders (for example bridge building, strong communication skills, organization, commitment, respect, empathy, and others) and there is some variance between disciplines. Yet one quality appears on nearly every list of characteristics of successful leaders: being true to oneself. Successful leaders play to their strengths and don't make promises they cannot keep. From this fundamental starting point, there are a variety of leadership styles that can be adopted and have been shown to be successful in networks and coalitions. Some examples include:

- **Participative Leadership** identifies leaders who serve as the final decision-makers, but who act more like facilitators than dictators. They solicit input from all factions of stakeholders, including peers, subordinates, community members, among others and use that input to inform decisions.
- **Servant Leadership** operates from a place of meeting members' needs. Service is the driver behind this type of leader's behavior in all aspects of their life, and this drive inspires them to lead. This is a sharp contrast to the leader who is driven by the desire to lead.
- **Transformational Leadership** taps into the values and sensibilities of network and coalition members, inspiring them to invest in and move the work forward. Network members will draw satisfaction from their contribution which feeds their drive to continue their involvement. As involvement and investment grows, members eventually transform into leaders themselves.

Resources to Learn More

Developing a Plan for Building Leadership

Website

Provides considerations to keep in mind when building leadership and what qualities to look for in prospective leaders.

Organization(s): Community Tool Box

Developing a Board

A board of directors serves a variety of roles in a network or coalition, including providing structured oversight to accomplish the goals of the group as a whole and ensuring the work is being done in the intended spirit. The board is legally responsible for the actions of the network or coalition (see Liability Issues for more information on this topic). Additionally, the board gives visibility and lends credibility to the network, with board members representing the network or coalition in their professional circles and to the community at large.

The size and makeup of a board of directors depends on the size and scope of the network; in general, the larger the network and more complex the goals and activities, the larger the board. Members are often recruited to sit on the board of directors because of their expertise and commitment to the network's mission. Tapping into existing relationships is a good place to start seeking board members, as much of the trust-building work on the front end will already be in place. Having diverse perspectives can be helpful in fine-tuning and fleshing out complex issues.

If the network is wanting to address a specific problem or concern, it is common to develop subcommittees or task forces. Board members may either volunteer or be assigned to sit on subcommittees or task forces, and if the issue in question exceeds the expertise of the board members, outside individuals with proficiency in the issue may be invited to the table. These subcommittees and task forces meet separately from the rest of the board, focusing their energy on a particular topic, and recommend actions to take on the identified issue. They report back to the full board.

Training board members is something that is often overlooked, as it may be assumed they are familiar with the responsibilities involved. Rural Health Innovations developed a detailed outline for how to conduct an orientation and other resources, which can be found in the Network Board Development Guide.

Resources to Learn More

Developing an Ongoing Board of Directors
Website
Provides an overview of the role of a coalition's board of directors and gives tips for how to develop a board.
Organization(s): Community Tool Box

Formal Planning

There are three types of plans that networks can develop to define the course of the vision and how it will be executed: strategic, business (or tactical), and operational. When organized in a pyramid format, the strategic plan, or vision, is at the top. The business plan, or the activities that will accomplish the vision, lies in the center of the pyramid. The operational plan, the nuts and bolts, is the foundation, sitting at the bottom of the pyramid. Each plan informs the next.

Figure adapted from Poco-Rubato. Why Big Data Matters to BPM (and especially to Case Management) – Part 3

Sustainability is at the core of each of these plans, so it is critical for long-term vision to be kept in mind as each of these plans is developed. See Module 6: Sustainability Strategies for Rural Health Networks and Coalitions for more information.
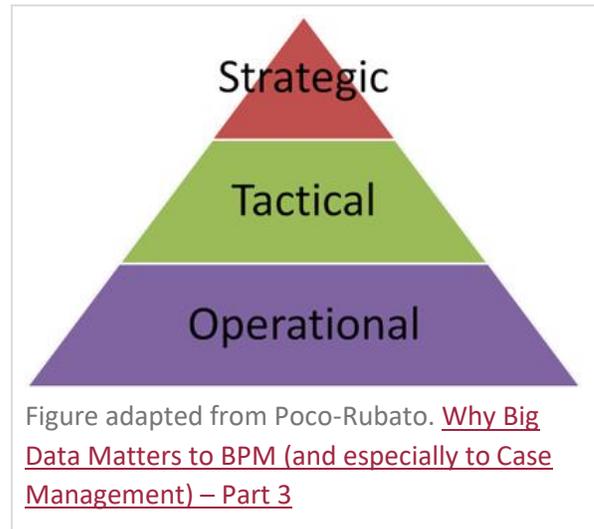
Strategic Planning

While networks and coalitions typically come together around an identified issue or concern, members will want to develop a strategic plan to identify the big picture, long-term (3-5+ year) vision of the network or coalition. A strategic plan should be developed once the network is established and it has been determined that it has the capacity and support to remain functional. One piece of a strategic plan will be to identify a business structure that best applies to their goals.

Depending on the number of members, the director may assemble a representative committee of members to develop a strategic plan for the network as a whole. If the network is small, the entire group may work on the plan.

Networks can change over time and the strategic plan should be revisited and updated on occasion to ensure it still represents the vision of the network and the work being done.

Resources to Learn More

An Overview of Strategic Planning or "VMOSA" (Vision, Mission, Objectives, Strategies, and Action Plans)
Website
Step-by-step guide targeting community groups that outlines the What? Why? And When? Of VMOSA.
Organization: Community Tool Box

Business (Tactical) Planning

A network business plan (sometimes called a tactical plan) takes the vision outlined in the strategic plan and identifies goals, activities, and actions in the upcoming 1-2 years to move toward the vision. Engaging network members in developing the business plan will involve them in understanding the scope of work.

In their report The Science and Art of Business Planning for Rural Health Networks, Wellever and Cameron identify six general steps in developing a business plan. Some organizations incorporate all six steps and others pick and choose from this list when developing and writing their business plans; it depends on the needs of the network or coalition.

- Define the business
- Analyze the market
- Project demand, target market share, and develop a marketing strategy
- Develop organizational and management models
- Assess financial and mission implications of the business
- Put it all together into the final business plan

The final business plan can ultimately be used to focus the work, gauge progress the network is making, and seek funding. Business plans should be developed with sustainability being a driving factor. They should, therefore, be considered living documents and revised as needed (at least annually) to gauge and safeguard the sustainability of the network. See Module 6: Sustainability Strategies for Rural Health Networks and Coalitions for more information on sustainability.

Resources to Learn More

Creating a Business Plan
Website
Step-by-step guide targeting community groups that outlines the What? Why? When? And How to develop a business plan.
Author(s): Berkowitz, B.
Organization(s): Community Tool Box

The Science and Art of Business Planning for Rural Health Networks
Document
A thorough exploration of six critical steps rural networks must take while developing their business plan.
Author(s): Wellever, A. & Cameron, R.
Organization(s): AcademyHealth
Date: 11/2000

Operations Planning

An operations plan breaks down the activities and goals outlined in the strategic plan and business plan into measurable components. The operations plan specifies:

- **What** explicit strategies and tasks are going to be undertaken
- **Who** is responsible for each of the strategies and tasks
- **When** the strategies and tasks must be completed
- **How much** each strategy and task is going to cost

While the goals and objectives can be carried forward from the business (tactical) plan, writing the operations plan will fine-tune individual work plans, timelines, and financial allocation. Network members should be involved in developing the operations plan and be committed to the time frame for completing tasks.

Like business plans, operations plans should be considered living documents and be revised to reflect changes and growth within the network. Regularly re-verifying that there is a solid base of network members and key stakeholders supporting the network's ongoing operations is another key to its sustainability.

Establishing a Business Structure

While members of networks maintain their autonomy, there are a variety of ways they can organize themselves. The article The Challenges of Governing Public-Private Community Health Partnerships defines a governance structure as

> "the collective process that promotes community accountability, partnership integration, and long-term viability of the network or coalition's vision."

The type of governance structure adopted by a rural health network is largely determined by the network's function and activities. Networks fall under two large umbrellas of governance structures: unincorporated and incorporated. Each of these umbrellas has sub-categories:

1. Unincorporated Networks and Coalitions
   - Formal Networks and Coalitions
   - Informal Networks and Coalitions
2. Incorporated Networks and Coalitions
   - Cooperative (Co-op)
   - Nonprofit and For-profit status

Unincorporated Networks and Coalitions

Unincorporated networks and coalitions operate along a spectrum of formality. Formal networks and coalitions have more organizational structure than informal networks and coalitions (such as the Patient, Consumer and Public Health Coalition). In both cases, members collaboratively determine the direction in which the networks move.

Formal Networks and Coalitions

Funders often look upon formal health networks or coalitions as forward-thinking organizations for leveraging limited resources. Formal networks and coalitions consist of autonomous members sharing knowledge and resources. The formality entails signing a Memorandum of Agreement/Understanding (MOA/MOU), which, while not a legally binding document, represents a member's investment and agreement to participate in the network or coalition. Typically the document includes an overview of goals and activities of the network or coalition and provides details on the signing member's role and responsibilities. Rural Health Innovations has developed guidelines for what to include in your MOA/MOU.

Some examples of formal health networks include:

- Arizona Rural Women's Health Network (AzRWHN)
- Maryland Faith Community Health Network
- Pathways Community Hub
- West Virginia's Partners In Health Network Regional Collaborative Services
- National Community-Based Organization Network
- Knox East TN Healthcare Coalition
- Hawaii Collaborative Health Initiative

Informal Networks and Coalitions

Informal rural networks and coalitions are often ad hoc, have fluid membership, and don't have formal governance structures in place. When organized informally, networks and coalitions are often self-sufficient and sustain themselves on in-kind contributions from members. Because of the informality and limited documentation and processes, informal networks are intrinsically restricted in what they are able to accomplish, yet their value should not be underrated. In some circumstances, informal networks develop into formal collaborations.

The Patient, Consumer, and Public Health Coalition is an example of an informal coalition.

Resources to Learn More

[Federal Office of Rural Health Policy: Rural Community Programs](#)

Website

Grant funding opportunities for a variety of rural health issues, including network development.

Organization(s): Federal Office of Rural Health Policy

[Organizational Structure: An Overview](#)

Website

Provides detailed information on how to organize a coalition.

Organization(s): Community Tool Box

[Rural Health Network Development: Public Policy Issues and State Initiatives](#)

Document

Article outlining the importance of identifying a formal definition of *Rural Health Network* so as to lend credibility to the work they're doing and significantly improve rural healthcare.

Author(s): Casey, M., Wellever, A., & Moscovice, I.

Organization: University of Minnesota Rural Health Research Center

Date: 2/1997

Incorporated Networks and Coalitions

Some networks determine their goals can best be met by incorporating, which makes them legal entities and outlines ownership, control, and earning distribution. Following this path minimizes personal liability of individuals involved in the network (see Liability Issues for more information on this topic) and protects personal assets. A network's goals determine what structure best suits their needs.

This toolkit will briefly examine the cooperative model, nonprofit status, and for-profit status, but there are other business structures that can be adopted. Networks should seek legal advice when determining which organizational option best meets the needs of the network or coalition as a whole and how to best move forward with incorporation.

Cooperative (Co-op)

A cooperative is an independent business entity that is owned and democratically controlled by its member patrons. Depending on the nature of the service being provided, a cooperative may or may not be tax-exempt. Members buy into the business by purchasing shares. In return, they receive a portion of all profits earned (based on patronage of the cooperative's services rather than percentage of investment) and voting rights, which allows all members to elect the governing board and have a voice in determining the direction of the group.

Examples of networks that operate using the cooperative model include:

- Rural Wisconsin Health Cooperative
- Common Group Healthcare Cooperative
- The Hospital Cooperative
- Health Enterprises

Nonprofit and For-Profit status

Although there are 29 different types of organizations that fit under the title nonprofit, the one that is most commonly referenced is 501(c)(3) status, which is a classification assigned to organizations that provide a charitable service to their community. There are benefits to holding nonprofit status, including tax exemption, liability protection, and autonomy. Applications must be filed at both the federal and state level to acquire nonprofit status.

Nonprofit organizations are able to independently apply for grant funding without relying on a fiscal sponsor. They are also able to accept direct donations from individuals and corporations. All money generated and raised by nonprofit organizations is required to be reinvested into the business. Most health networks that choose to incorporate operate within a nonprofit model.

Examples of health networks and coalitions organized under the nonprofit model include:

- Global Partnership for TeleHealth
- Colorado Rural Health Center
- Ability Network of Delaware
- Palmetto Care Connections
- Louisiana Ambulance Alliance

A network may choose to organize as a legal for-profit entity if it provides a service or product that has the capacity to generate more money than it spends. There are a variety of for-profit business structures, each with unique tax and legal implications. Most services and activities can be organized within a for-profit framework, and earned profits can be distributed as determined by business owners. Because for-profit organizations do not generally qualify for grant funding, they rely on private funders and investors to provide capital for organizational start-up and maintenance costs. Investors typically expect a return on their investments, which may come in the form of a percentage of ownership of the organization or shares of their stock.

There are far fewer examples of networks operating under a for-profit model, but they do exist. See Montana Health Network, Northland Healthcare Alliance, and Community Care Network of Virginia dba Cenevia.

Resources to Learn More

Cooperative Services
Website
Provides information about cooperatives that is relevant to cooperatives currently under development as well as existing cooperatives. The information ranges from the broad and general to specific tax law information to theory.
Organization(s): USDA Rural Development

Cooperatives are Everywhere! Take Ownership
Video/Multimedia
Provides an overview of how coops get started, who uses them and the benefits of being a member of a cooperative.
Organization(s): Cooperative Network
Date: 8/2015

How to Decide Whether Your Start-up Should be Non-profit or For-profit
Presentation Slides
Four steps to determine if your corporation would fit better as a nonprofit or for-profit status.
Author(s): Wirz, B
Organization(s): Knight Foundation
Date: 5/2011

Programs and Services for Businesses

Website

Overview of financial assistance programs available for Rural Businesses

Organization(s): USDA Rural Development

Understanding Nonprofit Status and Tax Exemption

Website

Details about what it means to incorporate as a nonprofit entity; the pros and cons of achieving nonprofit status; and how to go through the process of applying.

Organization(s): Community Tool Box

Articles of Incorporation

If a network decides to incorporate (either nonprofit or for-profit), it must file Articles of Incorporation with the state. Articles of Incorporation are essentially an explanation given by the organization to its stakeholders and the state of the character of the corporation.

In Forming Rural Health Networks: A Legal Primer, Teevans lists the following items to be included in the Articles:

- Name and address
- Purpose
- Registered agent (an in-state person or entity to receive service of process or official notices)
- The initial board of directors (sometimes)
- Copy of bylaws (sometimes)

States vary in terms of what materials are required to be submitted, including naming guidelines, specific information that must be included in the Articles of Incorporation, additional paperwork that must be filed with the state, licensure requirements, and costs, among others. State-specific information can be researched and submitted to the appropriate Secretary of State's office.

Resources to Learn More

Template Articles of Incorporation
Document
Excerpt from a handbook for starting a successful nonprofit, with examples of how articles of incorporation can be worded with details on the wording. This resource pertains to nonprofit organizations.
Organization(s): Minnesota Council of Nonprofits
Date: 1/2012

Bylaws

In Forming Rural Health Networks: A Legal Primer, Teevans defines bylaws as an organization's internal guidelines that:

a. Define the rights and responsibilities of individuals running an organization
b. Set forth rules outlining how the corporation will operate within state and federal guidelines

All states require nonprofit organizations to have bylaws and some states require for-profit organizations to have them as well. State guidelines are available through the Secretary of State's office. Though bylaws do not need to be filed with the state, they are considered legal documents and must be approved and abided by board members. Because requirements vary from state to state, each organization should consult their Secretary of State's office.

Regardless of each state's bylaw requirement, networks and coalitions would be wise to develop guidance for how the network will operate. Bylaws outline the process for:

- Selecting, removing, or replacing officers
- Holding meetings, including frequency
- Roles of governing individuals

Board members can amend bylaws.

Some organizations opt to seek legal assistance when writing bylaws. Networks and coalitions that have written their own have reported it helpful to use another organization's existing bylaws as a template. The National Cooperative of Health Networks provides bylaws written by members of their network as examples for other networks to consult.

Resources to Learn More

Writing Bylaws
Website
Comprehensive step-by-step guide to writing bylaws, including examples and a template.
Author(s): Hampton, C.
Organization(s): Community Tool Box

Liability Issues

While it may be gratifying to be involved in a network, it is not unusual for both individuals and organizations to be concerned about liability. Fear of personal liability has been stated as a deterrent to joining networks, boards of directors, and advisory boards, even though the number of individuals and organizations who have actually been sued for their role in a network is quite small. That said, in the interest of prevention, it may be beneficial to identify potential legal problems and solutions of how to address them before they happen.

A risk management plan can be developed by network members to proactively identify potential risks and create a system for monitoring and controlling them. The risk management plan is an internal, living document that should be revisited over time, as the scope and breadth of the network may change.

Some networks and coalitions make a disclaimer of liability publicly available on their website to outline they are neither liable nor responsible for services and opinions provided by members of the coalition.

While network members in all capacities are expected to understand and abide by network-specific bylaws and articles of incorporation, each state has unique laws that address liability issues (often considered tort laws) as well. Legislation changes over time, so it is important to research the most up-to-date state-specific statutes. These can be found through Congress.gov, or the Library of Congress.

Resources to Learn More

How to Research a Legal Problem: A Guide for Non-Lawyers
Document
This step-by-step guide was developed to help lay people find legal rules to resolve or prevent a conflict. It includes resources and tips.
Author(s): Warthen, L. & Nesbit, A.
Organization(s): American Association of Law Libraries

Health Information Exchange and RHIOs

When individuals receive care from multiple providers, there is an intrinsic need for providers to share information. Many networks do not have a system in place to share electronic medical records or general client information, so alternatives may be necessary. One option is arranging a Health Information Exchange (HIE), which is an interface for care and support providers to share critical, confidential medical information. A Regional Health Information Organization (RHIO) is the most common medium for supporting a Health Information Exchange.

RHIOs gather a variety of stakeholders to reach consensus on the specific information that is allowed to be shared among participating entities. All participating entities are required to sign data use agreements prior to any information being shared. This may involve presenting the agreed upon parameters to the compliance officer to gain organization-level approval. Participating entities are required to have adequate capacity to efficiently store and manage electronic data. As a practical consequence, RHIOs often provide health information technology (HIT) assistance to providers at the institutional level.

For more information on electronic medical record (EMR) sharing, visit the Health Information Technology Model Implementation Considerations on RHIhub's Care Coordination Toolkit

Resources to Learn More

Community Health IT Consortium
Website
Example of a statewide consortium located in Florida that spearheads the sharing of health information efficiently and securely anywhere in the world through an internet connection.

Tegria
Website
A comprehensive support organization that specializes in providing technological resources and supports for hospitals, physician practices, and behavioral health serving rural communities.

Challenges and Approaches

Challenges

Bringing together multiple stakeholders with a variety of expertise and perspectives to work out agreed-upon goals is wise, but often difficult to accomplish. Even if the goal of the network is largely understood when a group first convenes, it can be difficult to know where to begin to tackle the issue at hand. Once that happens, it is not uncommon for there to be challenges and barriers as the network moves forward in carrying out its strategic plan.

Each network or coalition will inevitably face unique challenges specific to their circumstances, yet there are some challenges that are commonly encountered by all networks. In Using Rural Health Networks to Address Local Needs: Five Case Studies, Moscovice and Elias highlight these challenges and break them down in the following ways:

Limited time
Networks take time to develop and mature. The value of relationship development between network members cannot be overstated, nor can this process be rushed. Network and coalition work is often time-sensitive, however, which can minimize the organic process of relationship development.

Limited finances
There is almost always tension between the amount of work that needs to be done and the amount of available resources.

Other limited resources
Depending on the issues being addressed by the network, the underlying shortage of resources, such as staffing, time, and operational infrastructure, can overshadow the goals of the network.

Political pushback
Community members and member organizations may be concerned about political retaliation and negative funding implications if local politicians do not have the same priority areas as the network or coalition. This may result in network members and potential network members being reluctant to accept a network's vision and goals.

Community leaders
In order to execute the strategic plan, having network members hold upper level leadership positions within the community may be beneficial. Having these types of stakeholders is preferable, but also often unrealistic as they are often overscheduled and difficult to recruit.

Clear plans
Networks must have well-organized strategic, business (tactical), and operational plans in place for efficiency and focus. Without clear plans, network members may be inclined to place the needs of the organization they are representing ahead of the network's needs.

Approaches

Challenges will be encountered. When they are, there are some key concepts that may help network members stay focused and moving in the right direction. In his report [Principles of Rural Health Network Development](), Bonk describes the following strategies when challenges are encountered:

Stay focused
Developing new objectives is necessary for a network to survive long-term, yet successful networks maintain a clear understanding of their overarching goals. Although the objectives may change over time, members can focus their energies on the individual objectives with which they are charged.

Be flexible
Implementation rarely mirrors projected plans. Although interruptions will occur, successful rural health networks rely on clear communication between members, which helps to keep the focus on achieving goals and allow for adjustments in the work as necessary.

Work together
It's common for larger, more established network members to be perceived by less established members as having more power or influence within the network. This should not be the case in a network context. Collaboration and consensus between all members is key to the success of the network. Members must be provided with equal opportunities to succeed, which will lead to them embracing their influence.

Embrace diversity
If all network partners share the same weaknesses and strengths, they may be no stronger together than if they were working independently. Networks should capitalize on the diversity of expertise and perspectives to grow and expand their work.

Cultivate mutual success through compromise
Compromise is a fundamental piece of networking. Although no partner accomplishes every one of their goals, they may gain more by prioritizing the network's agendas than promoting their own.

Preserve optimism
Because of the nature of the work, it's easy for network members to feel defeated or caught in a monotonous cycle at times. To encourage members, network leaders may consider organizing small celebrations of milestones or accomplishments for the network. These successes build trust among members and the belief that the network as a whole is greater than the sum of its parts.

Grow strong relationships

Open communication promotes trust between members and the executive director of the network. Trust among members will more easily lead to bonding.

For more information on challenges rural community face in terms of programming, see [Common Implementation Challenges](#) in the Rural Community Health Toolkit.

Resources to Learn More

[Barriers to Starting a Coalition](#)

Website

Coalition membership often includes a wider variety of stakeholders, representing community leaders to executive leaders and every step in between. There may be a cultural divide between members that is somewhat different to the issues networks may face. Barriers can be found about 1/4 way down the page.

Author(s): Rabinowitz, P.

Organization(s): Community Tool Box

Module 5: Evaluating Rural Health Networks and Coalitions

Evaluation is used to measure the effectiveness of programs and policies, including what worked well and what could be improved. Rural health networks and coalitions can use process and outcomes evaluation approaches to measure the effectiveness and impact of their programs, as well as assess how well the network functions as an organizational structure. A well-designed evaluation can be invaluable towards illustrating project successes for peers, community members, and potential funders.

This module will provide information for conducting evaluations of rural health networks and coalitions. It will also briefly discuss evaluating networks' associated programs/interventions. More information on program evaluation can be found in the Evaluating Rural Programs module of the Rural Community Health Toolkit.

In this module:

- Program Evaluation
- Network Evaluation

Program Evaluation

For an evaluation of a network's intervention(s) to be effective, it must be planned in advance of the start of a program and incorporated into daily program activities. It is therefore critical to develop an evaluation plan prior to program implementation and that its components – that is, key questions, methods, data collection – align with the network's goals.

Program evaluation-related resources can be found in the Evaluating Rural Programs module of the Rural Community Health Toolkit. Information on evaluation methods and resources for specific types of programs can be found in RHIhub's issue-specific toolkits. See the Evaluation Planning for Community Health Programs in the Rural Community Health Toolkit for links to those evaluation sections. All toolkits will provide guidance on potential evaluation frameworks, design, methodology, data sources, and metrics, depending on the nature of your network's interventions.

Network Evaluation

Aside from evaluating the programming implemented by a network, it is important to assess how effectively and efficiently the network functions. This self-assessment should be conducted regularly to determine, for example, that the network has:

- The right partners involved and they are fully engaged in its mission
- Has a governing structure that is inclusive and answerable to its members
- Has a committable plan for sustaining the network financially and otherwise into the future

In addition to process-oriented data collection on network effectiveness (for example, number of services provided, number of trainings offered), most evaluations of networks will also involve surveying or interviewing network members, clients, and/or partners on their perceptions of the network. The questions asked will vary depending on the developmental stage of the network and what aspects are being evaluated.

For networks that have just started or are at most a year into their development, evaluators will likely be more concerned with process-oriented questions. Measuring network outcomes may be difficult because of the short existence of the organization. Such process-oriented questions may include:

- **Partner mix:** Are the right partners involved? Are there partners missing who might be critical to the network's success?
- **Level of engagement:** Are partners engaged in the mission/vision of the network and excited by the network's potential?
- **Barriers/Challenges:** What has prevented the network from accomplishing goals?
- **Early success:** Where has the network seen initial success? What were the elements that led to this success?
- **Governance:** Has the network established a governance structure that is both collaborative and receptive to different opinions?
- **Champion:** Does the network has a "champion" (for example, a person or organization that is devoted to the continued functioning and sustainability of the network)?

For more mature networks that have sustained themselves for more than a few years, evaluators may change their questions to reflect the changed nature of the network. In addition, evaluators may also be able to measure short- and long-term outcomes associated with network's impacts on both the populations they serve and on the participating organizations and employees. Questions at this stage of development may include:

- **Organizational change:** What has been the impact of the network on partner organizations? Have partners changed their behavior because of the efforts of the

network? How have organizational relationships developed through the network affected the partnering organizations' operations?

- **Partner mix:** Are the right partners still involved? Are there partners missing who might be critical to the network's success?
- **Reach:** Has the network been able to reach its intended target population?
- **Membership:** Has the network membership expanded beyond its original group? How have these new partners acclimated to involvement in the network?
- **Outcomes:** What changes have the network seen or experienced since its inception (for example, changes in policy, changes in the environment)?
- **Efficiency:** Were outcomes achieved in a reasonable amount of time and at reasonable cost?

Resources to Learn More

Baldrige Performance Excellence Program

Website

A customer-focused federal change agent that develops and disseminates self-evaluation criteria for organizations to use, in order to improve performance. A number of networks have used the Baldrige self-assessment process to make necessary changes in order to improve their performance.

Organization(s): National Institute of Standards and Technology

Guide to Evaluating Collective Impact

Document, Video/Multimedia

A downloadable guide to conducting collective impact evaluation with sample questionnaires, tools, and measures. Includes a 90-minute webinar walking through the guide.

Organization(s): FSG

Health Information Technology Network Readiness Assessment

Document

A self-assessment instrument designed for HIT networks to use in order to determine organizational strengths and weaknesses.

Organization(s): National Rural Health Resource Center

Knowledge Sharing and Evaluating Communities

Video/Multimedia

A 6-minute video that gives an overview of how to approach developing an evaluation plan and how to identify what can be measured.

Organization(s): KM Impact

Date: 6/2011

[Tools and Strategies for Managing Health Networks – Network Evaluation](#)
Website
A series of presentations from representatives from the Federal Office of Rural Health Policy that go over suggested strategies for networks to adopt for quality improvement
Organization(s): National Collaborative of Health Networks

[Tools to Evaluate Your Coalition](#)
Document
A series of tools to measure evaluation of networks and coalitions at various stages of development
Author(s): Topaloff, A., Enderton, A., & Bregendahl, C.
Organization(s): Iowa State University Extension and Outreach
Date: 12/2015

Module 6: Funding and Sustainability Strategies for Rural Health Networks and Coalitions

Funding & Sustainability

Of the many barriers to becoming an effective organizational entity, finding a way to sustain the network and its core functions over an extended period has proven to be among the most formidable. As such, sustainability is a critical element to address in the planning and implementation stages of network development. Network members will need to be able to determine how their partnership will continue to promote the mission, vision, and goals of the network; the organizational relationships that help sustain the work of the network; and the services that the networks provide.

This module discusses the key issues in planning for sustainability of programs that networks and their partners implement. For a more general discussion of sustainability strategies that networks can consider, see Planning for Funding and Sustainability.

In this module:

- Importance of Sustainability Planning for Networks and Coalitions
- Financial Management & Forecasting
- Sustainability Strategies

Importance of Sustainability Planning for Networks and Coalitions

As with most programming, sustainability of a network is a topic that should be discussed early and often among key partners. It is for this reason that networks will benefit from developing a sustainability plan. A sustainability plan is a roadmap for achieving long-term goals and documents strategies to continue successful programs, activities, and partnerships. For more information, see Rural Community Health Toolkit: Why Sustainability Plans Are Needed.

Having a written formal strategy that network members can follow has been found to be very important for networks' survival once initial funding has run out. Success, though, requires commitment from network members. According to a recent assessment of the Health Resources and Services Administration (HRSA) Rural Health Network Development Planning Grant program, directors of surviving networks reported a critical feature to their sustainability was being proactive in developing sustainability strategies. It is therefore recommended that networks begin thinking about sustainability as early as possible. Networks will benefit from having well-conceived strategic, business, and operations plans that will inform whatever sustainability strategy or strategies the network chooses to pursue. Another key factor to sustainability is building support with organizations that have both the interest and the wherewithal to provide financial support and expertise.

As part of a network's sustainability plan, discussion should go beyond funding acquisition strategies; it must also consider the internal and external dynamics and the environment in which the network is operating. Some networks may find continued existence of their work unsustainable, for example, if they are unable to affect the change they had intended, and it may make more sense to stop all network activities once initial funding ends.

The Georgia Health Policy Center cites nine elements that organizational entities like networks need to consider in order to position themselves well for a sustainable future. These elements include:

- **Strategic Vision:** Does the network have a clearly defined vision for what it would like to achieve and is it shared by all members? How well do the network activities align with the network's vision? (See more information about strategic planning in Module 4)
- **Collaboration:** Are all network members and partners involved in planning and implementation of network activities, and are all of them cooperating?
- **Leadership:** Is the network leadership successful at leveraging support and resources? How well does leadership understand the relationship between short-term activities and long-term success? How well does leadership uphold the network's shared vision?
- **Communication:** How well does the network define perceptions of the network's successes? How effective is information shared among both structured and informal channels of communication?

- **Evaluation and ROI:** Does the network have the necessary data infrastructure to effectively monitor and manage what is being implemented, as well as associated impact? Can the network point to specific positive social, economic, and/or health benefits based on the results of its evaluation?
- **Capacity:** Does the network have sufficient personnel with adequate skills, knowledge, and experience to carry out the network's work?
- **Efficiency & Effectiveness:** Is the network maximizing its available resources to produce optimal results?
- **Relevance and Practicality:** Is the network's approach based on a clear understanding of what is needed and appropriate for the environment in which it operates?
- **Resource Diversification:** Is the network prepared to utilize different sources of funding to continue its work?

By going through a self-assessment process as part of the sustainability planning process, a network will have a better sense for how well it is meeting a range of variables. Additionally, members and stakeholders will have a better sense of where the network can improve as it pursues sustainability, how ready a network is to pursue sustainability, and what network components and/or activities are worth sustaining — if any.

The Dynamics of Sustainability: A Primer for Rural Health Organization shared results from interviews with past FORHP grantees that have navigated the many issues and conflicts associated with sustainability planning. Former grantees identified three lessons that are important for future grantees to keep in mind as they plan for sustainability:

1. Provide a program or collaboration that makes a measurable impact
   This lesson speaks to the importance of evaluation and having positive outcomes (for example, changes in health status) and not just outputs (for example, the number of pamphlets distributed or the number of meetings attended). Networks rely on evidence of the impact of their work in order to justify the importance of the network to fellow network members, stakeholders, and funders.
2. Get past the belief that "more money will come when we need it"
   Very rarely will a network have a funder show up unexpectedly and offer to fund the network and its activities. Developing a sustainable path for a network requires significant time and effort towards building key relationships, communicating the value of what is being accomplished, and ensuring that sustainability strategies follow the network's mission and vision.
3. Create shared ownership for sustainability
   Sustainability planning requires frequent engagement from all network members and key stakeholders. Not only will this make it more likely to have buy-in from a plurality of network members, but a collective perspective is more useful in maintaining a longer-term vision for the network.

Financial Management & Forecasting

As part of the sustainability planning process, network members need to forecast the potential financial and budgetary implications of their decisions on the network's future operations. As with all aspects of sustainability planning, future budget estimates should be considered flexible and subject to change due to unforeseen changes in the operating environment (for example, changes in policy).

In addition, networks should be aware of common missteps as they plan their financial future:

- **Financial planning without strategy:** It is difficult for a network to engage in strategic planning without first setting financial goals based on the network's vision. This may result in inefficient and unsuccessful budget forecasting. (See more information about strategic planning in Module 4).
- **Lack of contingency plan:** Because the potential for future funding is subject to unforeseen circumstances, having a back-up plan allows for unexpected expenses and extra income.
- **Poor cash forecasting:** Without a realistic idea of future cash inflows and outflows, it is difficult to make good financial decisions.
- **Lack of approval from network members:** The potential for conflict among network members is particularly acute when addressing financial issues if all parties are not on board with the financial decision-making.

According to the NRHRC, other commonly cited issues that have hindered the financial planning process include: taking too long to complete, requiring too much effort, and too many people involved in the process. However, in spite of these barriers, financial planning is an important process to undertake, as it informs the feasibility of future network activities.

Sustainability Strategies

There are a number of different sustainability strategies that have allowed networks to function for extended periods of time. Below are several potential resource strategies for networks to consider:

External Funding Sources

Generally, most networks will choose a sustainability strategy that involves applying for funding from external sources, especially **federal and/or state grants and contracts**. This strategy is particularly common among Rural Health Network Development Planning Program grantees, who then can apply to other Section 330A grant programs. Other common sources of network grant funding come from other HRSA grant programs, the Centers for Disease Control & Prevention (CDC), and the Substance Abuse and Mental Health Services Administration (SAMHSA). Less common sources come from private corporations or private foundations.

Among networks that choose a strategy that relies primarily on responding to request for proposals, having a devoted grant writer, or an individual responsible for assessing funding opportunities, has been cited by many network directors as a key to their success.

For networks that were formed in order to improve access to health services, network-related activities may be sustained through **reimbursement from public or private payers**. For example, networks that were formed to expand services through telemedicine can sustain these services through reimbursement from Medicare. Kentucky TeleCare currently receives reimbursement from Medicaid and commercial health insurance. Ely Area Community Care Team is hopeful that its evaluation results will bring about a change in policy allowing their services to be reimbursable under ACO shared saving models. Occasionally, a network may use grant funding in order to implement a pilot program with the hope that policymakers and payers will reimburse its services. While this may be risky, it can result in actionable changes in payer reimbursement policy.

In some cases, successful networks like the Integrating Professionals of Appalachian Children (IPAC) in Ohio receive state dollars by providing policymakers with evidence of their program's impact. Networks should keep in mind that the funding cycle is largely dependent upon the priorities of the current administration and the annual budget.

Internal Funding Sources

Networks may also be able to fund their activities through support from network members.

Many networks may choose to have members pay a **one-time or recurring fee** as a prerequisite for membership in the network. For example, the Virginia Rural Health Clinic Coalition collects an annual fee from network members in order to fund its activities. The Alaska Subspecialty

Nursing Consortium has two different tiers of membership, one of which involves an annual stipend.

Other networks are able to sustain themselves through the **support of one or more members**. The Tennessee Rural Partnership (TRP) operates almost exclusively through funding provided by the Tennessee Hospital Association (THA), a member of the TRP network. As a coalition with a focus on community health and prevention, Healthy Monadnock was founded and continues to operate with funding from the local nonprofit hospital, as part of the hospital's fulfillment of its annual community benefit requirement.

Because network members often have particular expertise on an issue or topic, networks may be able to generate revenue by **providing expert services** (for example, technical assistance), resources (for example, curricula), and by **hosting events** (for example, annual conferences) for a fee. These services and events can be marketed to member organizations and/or members of the community who may benefit from the services. The Montana Health Network is an example of a for-profit network that develops and sells a range of products and services, such as different insurance and educational resources, to clinical staff and member (and on occasion, non-member) provider organizations.

A 2011 literature review published by Rural Health Network Resources reported that mature networks (more than 15 years in operation) received the vast majority of their funding through member dues and program fees. Only about 2-3% came from grant dollars. In contrast, young networks (less than five years in operation) credited grant dollars as the primary source (90%) of funding.

Because of the variability in the environments in which networks operate, there is not a best practice for networks to follow. Networks may find that they need to pursue more than one sustainability strategy that relies upon both external and internal sources in order to continue to operate.

Resources to Learn More

Coalition Building II: Maintaining a Coalition
Website
Provides guidance on how to sustain the work of a coalition. Part of the Community Toolbox, a guidebook for community coalitions to follow as they work to improve community health.
Organization(s): Community Toolbox, University of Kansas Center for Community Health and Development

Tools & Strategies for Managing Health Networks – Funding & Sustainability
Website
A compendium of resources that health networks can use related to sustainability, including links to websites where networks can search for funding opportunities.
Organization(s): National Cooperative of Health Networks Association

Module 7: Dissemination

Once underway and established, it is crucial for networks to disseminate their successes and milestones. Ensuring fellow network members and non-members alike are aware of accomplishments will increase visibility of the network in the community and among peers, demonstrate the importance of the work of the network, and help build relationships with potential partners and funders.

More information about dissemination can be found in the Disseminating Best Practices module of the Rural Community Health Toolkit. You can also find a list of common Methods of Dissemination.

In this module:

- Communicating Network Results
- Approaches to Dissemination

Communicating Network Results

Because networks are composed of multiple organizations and partners, there is the potential for lack of agreement on how network successes are communicated to the public. It is for this reason many networks develop communications plans that account for any concerns from network members (for example, attributing achievements and successes to the network versus individual member organizations) as well as encourage transparency.

A **communications plan** lays out:

- The network's goals for dissemination
- Strategies for dissemination
- How the network's messages should be developed and for which audiences and venues
- How changes should be made to messages being disseminated

Generally, a network's communication plan should begin with regularly scheduled check-ins with the network's board and/or leadership group as well as the network's member organizations. The check-ins will serve the purpose of reporting updates to leadership on evaluation and/or outputs.

When communicating with external stakeholders (for example, the general public or peer organizations), networks should focus on:

- The mission and vision of the network, and how well the network and its activities advance them
- How effective the network has been at achieving its successes
- How network programming has affected or changed members of the targeted populations and/or the organizations that service these clients
- How well the network's programs can be sustained

Resources to Learn More

Creating an Effective Dissemination Plan
Presentation Slides
Discusses considerations when developing a plan for communicating lessons learned and accomplishments. Identifies communication methods to make findings accessible to a broad audience.
Author(s): Elsberry, L. & Mirambeau, A.
Organization(s): Centers for Disease Control and Prevention
Date: 2015

Approaches to Dissemination

A list of general audiences to target with dissemination efforts is available in the [Methods of Dissemination](#) section of the Rural Community Health Toolkit. There are a handful of other venues and audiences that may be interested in learning about your network's lessons learned and accomplishments, including:

- Community stakeholders
- Other rural health networks
- Organizations affiliated with network members
- General public

Resources to Learn More

[Journal of Rural Health](#)
Journal/Newsletter
This is the official peer-reviewed journal of the National Rural Health Association and is a popular outlet to publish evaluation results of innovative network programs.
Organization(s): National Rural Health Association

[National Cooperative of Health Networks Association](#)
Website
The NCHN is a national association of health networks. The NCHN seeks [submission of success stories](#) from their network members and periodically disseminates success stories to their national membership.

About this Toolkit

Toolkit Development

The *Rural Health Networks and Coalitions Toolkit* was first published on 4/28/2017.

Toolkits are developed based on a review of FORHP grantees' applications, foundation-funded projects, and an extensive literature review, to identify evidence-based and promising models. Programs featured in the toolkit are interviewed to provide insights about their work and guidance for other rural communities interested in undertaking a similar project.

Credits

This toolkit was produced by the University of Minnesota Rural Health Research Center in collaboration with the NORC Walsh Center for Rural Health Analysis and the Rural Health Information Hub (RHIhub).

Contributors from the University of Minnesota Rural Health Research Center include Amanda Corbett, Ira Moscovice, and Hank Stabler.

The University of Minnesota Rural Health Research Center wishes to acknowledge the following individuals, who have contributed their time and expertise:

- Debra Laine, Joe Wivoda, Becky Gourde, Sally Bucky, Terry Hill, and Kap Wilkes, National Rural Health Resource Center
- Kitty Jerome, County Health Rankings & Roadmaps
- Tim Size, Rural Wisconsin Health Cooperative
- Jill Krueger, Network for Public Health Law
- Brock Slabach, National Rural Health Association

Contact

For questions or comments about the toolkit, or for further assistance with using the toolkit, please contact:

- RHIhub at 1-800-230-1898 or email info@ruralhealthinfo.org

Suggested citation: University of Minnesota Rural Health Research Center and NORC Walsh Center for Rural Health Analysis, 2017. Rural Health Networks and Coalitions Toolkit [online] Rural Health Information Hub. Available at: https://www.ruralhealthinfo.org/toolkits/networks.pdf [Accessed 21 February 2024].