

Practical Guide to Supporting Innovation in Rural Health

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1. About the Guide

Innovation in rural health is grounded in local realities. Rural communities develop creative and adaptive solutions in response to constraints related to resources, workforce capacity, access, and infrastructure. Innovations are often driven by strong local assets, trusted community relationships, and deep community knowledge.

The *Practical Guide to Supporting Innovation in Rural Health* highlights promising practices that support innovation in rural health systems and community-based organizations. This guide is designed to help rural health programs, practitioners, and partners understand innovation in a rural context, identify practical strategies that meet local needs, and move from ideas to implementation. This guide includes strategies, tools, and examples that rural communities can use to design, implement, and scale innovative approaches that build on local realities and strengths.

This guide is intended for staff, leaders, and partners working in rural healthcare organizations, public health agencies, nonprofit and community-based organizations, tribal organizations, local governments, and health coalitions, as well as others working to advance rural health and well-being.

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2. What Innovation Means in Rural Health

Purpose of This Guide

Innovation in rural health takes many forms and is shaped by local context, resources, and relationships. This guide highlights promising practices to help rural health systems and organizations understand innovation in a rural context, identify strategies that fit local needs, and move from ideas to designing, implementing, and sustaining innovative approaches.

Defining Rural

Understanding innovation in rural health begins with understanding what “rural” means. Rural is not a single, fixed concept – it can vary across communities, programs, and policies.

The Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) provides a widely used [definition of rural](#). The FORHP rural definition combines county and census tract-level measures, including metropolitan status, Rural-Urban Commuting Area (RUCA) codes, land area, population density, and the Road Ruggedness Scale (RRS). Using this definition, many communities across the United States (U.S.) are considered rural, reflecting the wide range of rural contexts in which innovation occurs.

FORHP Rural Definition

Rural areas include 1) non-metropolitan counties, 2) outlying metropolitan counties without large urban centers, and 3) selected census tracts within metropolitan counties that meet established thresholds for rural commuting patterns, population density, and geographic sized based on RUCA and RRS classifications.

Why Innovation Looks Different in Rural Communities

Rural communities are not smaller versions of urban communities. They differ in meaningful ways, including population size and density, health status, economic conditions, and access to services. Compared to urban communities, rural communities have an [older population](#), higher rates of [chronic disease](#), and lower [incomes and education levels](#). Rural communities also often face barriers to healthcare access related to workforce shortages, distance, transportation, health literacy, and stigma. At the same time, rural communities have local strengths and assets that include trusted relationships, anchor institutions, cultural resources and stories, and deep community knowledge.

Given these differences, innovation in rural communities often looks different from commonly held approaches to innovation. While innovation is often equated with technological advancement, rural innovation is frequently driven by people, partnerships, and community assets. It reflects how individuals and organizations work together, share resources, and adapt solutions to local needs. Because rural communities typically have fewer resources, they are often more collaborative and interconnected, with organizations that have overlapping roles and share expertise. By drawing on deep, localized knowledge and working together to make the most of limited resources, rural communities create the fuel for innovation, creativity, and problem-solving.

Rural communities are driving innovation in healthcare through integrated approaches – supported by cross-sector partnerships and strong local leadership – that strengthen the healthcare workforce, leverage technology, and expand access to healthcare and public health services. They are implementing new healthcare models that fit rural realities, such as integrated and bundled care approaches, mobile and community-based approaches, hub-and-spoke models, and regional planning strategies. They are investing in programs that support rural economic development, align sustainable funding strategies, build local capacity, and improve quality of life – each representing key areas of rural innovation.

This guide captures rural approaches across these different areas of innovation, with the goal of spreading and scaling the innovative work happening in rural areas.

How to Use This Guide

This guide is organized around eight areas of innovation that reflect ways healthcare providers, public health, community organizations, and other rural partners can support and strengthen innovation. The areas of innovation include Community-Centered Design, Workforce, Technology, Care Models that Fit Rural Realities, Partnerships, Data and Evaluation, Financing and Sustainability, and Leadership. Each area of innovation can be used independently or alongside others.

This guide can help rural partners:

- Establish a shared understanding of innovation in rural communities
- Spark ideas about innovative practices that can be adapted to fit rural needs and contexts
- Identify processes, strengths and assets, gaps, and opportunities to support innovation within organizations and communities

3. Defining Innovation in a Rural Context

What Innovation Is – and Is Not – in Rural Health

Innovation in rural health is often narrowly associated with new technologies, large investments, or models developed for urban or large health systems that may not fit rural realities. While these approaches can play a role, they do not fully reflect how innovation typically occurs in rural settings.

In practice, rural health innovation encompasses a wide range of intentional, adaptive changes designed to strengthen rural health systems.

Rural Health Innovation Is...

- Thoughtful and purposeful change that is realistic in rural communities and can be sustained over time.
- Adapting evidence-based practices or programs to fit the unique rural context.
- Sometimes an incremental or small-scale improvement.

Rural Health Innovation Is Not...

- Limited to the adoption of new technologies.
- One-time or short-term projects that cannot be sustained.
- Implementation of an evidence-based model without adaptation for rural settings.

Principles of Rural Health Innovation

While innovation can look different in rural settings, the following principles describe what successful rural health innovation looks like in any context. Following these principles helps to ensure that innovations are trusted and accepted, effective, and sustainable.

Rural health innovation is:

- **Context-driven and place-based** – Tailored to the unique context of the rural organization or community, including priorities, values, resources, and policies.

Rural Health Innovation Principles

- Context-driven and place-based
- Focused on solving problems
- Adaptive
- Asset-based
- Community-engaged
- Sustainable
- Workforce-supportive

- **Focused on solving problems** – Aims to improve known challenges that need to be addressed in rural settings (for example, workforce shortages).
- **Adaptive** – Starts with evidence-based programs and adapts them for each unique rural context. There is no one-size-fits-all program, even across rural communities.
- **Asset-based** – Focuses on leveraging rural strengths, such as community connection that allows for working together across sectors and a smaller scale, allowing for nimble and creative problem solving.
- **Community-engaged** – Ensures innovations are informed by the people impacted, including cross-sector partners (public health, healthcare, social services).
- **Sustainable** – Implements changes that can be maintained and financially supported over time.
- **Workforce-supportive** – Considers the time and well-being of staff and providers, such as introducing new technology only when it addresses a clearly defined need and increases efficiency, rather than new challenges.

Aligning Innovation with Rural Community Needs and Capacity

Innovative approaches are most effective when they align with the unique needs of rural communities and the local capacity to implement the changes. [Community needs assessments](#) can help rural programs determine where innovations are needed and what could help or hinder implementation. If a community needs assessment has been conducted, leveraging findings from that assessment is a good starting point when considering needs, priorities, and potential for implementing innovations. If a community needs assessment has not recently been conducted, a targeted assessment could help guide decision-making.

Cross-Sector Engagement

Because innovations often affect multiple sectors within a community, cross-sector engagement is key. Effective rural health innovation requires collaboration across healthcare, public health, social services, government, business, and community-based partners. To avoid engaging stakeholders too late in the process, partners should be involved early in the planning and design stages. When working across sectors, it is important to consider each partner's goals, values, and resources to ensure shared ownership and success.

4. Community-Centered Design

When rural communities center the voices of those most affected, innovation is more relevant, trusted, and grounded in local realities.

Community-centered design is an approach that prioritizes the needs, lived experiences, and values of the community. It emphasizes meaningful involvement of community members, patients, and local organizations throughout the innovation process, from identifying priorities to designing, implementing, and refining solutions. In rural settings, where social networks are close-knit and resources may be limited, community trust and relevance are crucial to the adoption and sustainability of innovations.

Why Community-Centered Design Matters and Who to Engage

Innovation in rural health is most successful when it is grounded in the experiences of the people it is intended to serve. Community-centered approaches recognize variation within and across rural communities, including differences in culture, geography, history, and access to services. Successful rural innovations account for local context, build on community strengths, and reflect [community-defined needs](#) rather than external solutions.

[Who to engage](#) in a rural innovation effort depends on the specific issue being addressed, but often includes:

- Community residents, particularly those directly affected by the issue
- Community health workers (CHWs) and trusted intermediaries
- Faith-based organizations, schools, and employers
- Government agencies and tribal governments
- Local service providers and frontline staff
- Local decision-makers and informal community leaders
- Payers, such as Medicaid and commercial insurers

Community engagement should begin with trusted community partners, such as CHWs, faith leaders, educators, and service providers.

Engaging a range of voices early increases program relevance, encourages shared ownership, and improves implementation feasibility. The [Rural Community Health Toolkit](#) emphasizes involving community members across all phases of a program's lifecycle.

Practical Ways to Co-Design Solutions

Co-design refers to approaches that actively involve community members and partners in shaping solutions, rather than soliciting feedback after decisions have been made. In rural health innovation, co-design practices should invite broad participation while respecting the time, capacity, and resource constraints faced by rural residents and organizations.

Common rural-appropriate co-design strategies include:

- Listening sessions and focus groups held in familiar, easy-to-access community settings
- Participatory needs assessments that combine quantitative data with community interpretation
- Pilot testing and rapid feedback loops, allowing programs to adjust before scaling
- Asset mapping to identify existing strengths, relationships, and infrastructure that can support innovation

Co-design does not have to be complex. Creating brief, structured opportunities for community input, such as reviewing materials, can strengthen solutions and build trust.

Rural programs often benefit from informal engagement approaches that align with community norms, such as participating in existing community meetings or partnering with trusted local organizations, rather than asking community members to participate in new, unfamiliar engagement processes.

Using Plain Language and Culturally Appropriate Strategies

Clear communication is foundational to community-centered design. Innovations are more likely to succeed when information is presented in [plain language](#) and reflects local values, communication preferences, and the experiences of community members. This includes explaining how a program works in practical terms, avoiding jargon, and being transparent about expectations and limitations.

Specific strategies for clear communication include:

- Acknowledging factors and experiences that may influence trust
- Adapting program activities to fit local routines, transportation patterns, or seasonal work
- Providing materials in locally spoken languages
- Using trusted messengers, such as CHWs or community leaders

Designing innovations in ways that reflect how people live, communicate, and make decisions helps build trust, reduce barriers to participation, and improve engagement and outcomes.

Sustained Engagement

Community-centered design is not a one-time activity. Innovations often evolve during implementation as challenges emerge and community needs shift. Keeping community members engaged beyond the planning phase helps ensure solutions remain relevant, feasible, and supported over time.

Strategies for sustained engagement in innovations include:

- Inviting community input on activities and adaptations
- Communicating regularly about progress and changes
- Recognizing and valuing community contributions
- Sharing data and early results with the community

Maintaining community engagement can be challenging in resource-constrained rural contexts, but some form of meaningful, ongoing communication and involvement can build trust and improve sustainability of rural health innovations.

5. Workforce

Rural communities are advancing innovative workforce recruitment and retention strategies to support healthcare delivery.

In the context of rural health innovation, workforce strategies often focus on developing workforce pipelines and career pathways, integrating CHWs in sustainable and reimbursable ways, providing technology-enabled training and support, and offering financial incentives to attract and retain providers. These approaches reflect innovative ways of strengthening the workforce by expanding capacity, reducing burden, and supporting long-term sustainability.

Understanding Rural Workforce Constraints

Access to care and effective service delivery in rural communities depend on a strong and well-supported [rural healthcare workforce](#). Healthcare professionals who practice in rural areas often benefit from a high quality of life, including access to natural environments, greater professional autonomy, leadership opportunities, and meaningful connections with the communities they serve. At the same time, many professionals choose not to practice in rural settings due to concerns about professional isolation, limited options for schools and spousal employment, broader scopes of practice, more frequent on-call responsibilities, and other realities of rural healthcare. As a result, rural healthcare leaders must take proactive, strategic, and innovative approaches to recruiting and retaining personnel.

Rural Workforce Models

Rural communities across the U.S. are implementing innovative workforce approaches to address shortages and build capacity, including developing workforce pipelines and career pathways, integrating CHWs in sustainable and reimbursable ways, using technology to support training and workforce connections, and applying financial incentives to support recruitment and retention.

Workforce Pipelines and Career Pathways

Workforce pipelines and career pathways are an approach to building long-term rural health workforce capacity by intentionally developing local talent and aligning training with community needs. These approaches go beyond traditional education by creating pathways – from early exposure through residency – that increase the likelihood that learners will enter and remain in rural practice. Pipeline strategies may also include outreach to K-12 and post-secondary students.

- The [FORWARD NM Pathways to Health Careers](#) is a comprehensive workforce pipeline program that supports learners from middle school through medical and dental residency, reaching over 1,000 students and providing rural training and rotation experiences.

Integrating Community Health Workers (CHWs)

Innovative approaches to integrating and sustaining CHWs into care delivery involve developing reimbursement mechanisms, statewide networks, and formalized training and support systems that embed CHWs into healthcare teams. These approaches expand workforce capacity, strengthen trust, and improve access while reducing burden on clinical providers.

- The [Rural Arizona CHW Workforce Development Network \(RAzCHOW\)](#) builds CHW capacity through a coordinated statewide network that provides CHW education and training, technical assistance on expanding and sustaining programs, and reimbursement for tools and resources.

Technology-Enabled Training and Workforce Support

Rural innovations in this area come from using technology to extend training, mentorship, and clinical support to rural healthcare providers, overcoming geographic and workforce limitations. These approaches create ongoing, distributed learning environments, such as tele-mentoring, virtual clinical consultation, and remote training, that reduce professional isolation and support broader scopes of practice.

- [Project ECHO](#) (Extension for Community Healthcare Outcomes), developed at the University of New Mexico (UNM), pioneered a hub-and-spoke telementoring model that connects specialists with primary care providers in rural and underserved areas. Using simple technology such as videoconferencing, the model expands access to specialty knowledge, enabling local providers to deliver higher-quality care within their own communities.
- The [TeleEmergency program at Dartmouth-Hitchcock Medical Center](#) provides education, training, and support to hospital staff and emergency medical technicians across rural New Hampshire and Vermont.

Financial Incentives

Innovation in financial incentives address how they are structured and align with long-term workforce goals. Rural communities are designing incentive models that go beyond recruitment to support retention, align with community needs, and integrate broader workforce and care delivery strategies. Examples include loan repayment, scholarships, and service-based

incentives that help offset educational debt and financial risk for providers. These approaches help make rural practice more viable and sustainable over time.

- The [Fulfilling Iowa's Need for Dentists \(FIND\) Project](#) recruits and retains dentists in rural Iowa through a partnership with the Delta Dental of Iowa loan repayment program, reducing educational debt for providers who commit to practicing in rural communities.

Supporting Workforce Recruitment and Retention

Recruiting healthcare professionals to rural areas can be challenging which contributes to workforce shortages in many rural areas. Many rural communities are focused on “recruiting for retention,” a strategic approach that emphasizes fit between providers, organizations, and communities served. Providers will be a good fit within organizations and communities if their mission is aligned with the facility, if the community size and location match their preferences, and if there are opportunities to support family and professional needs.

6. Technology

Technology enables rural innovation by expanding access to healthcare services, supporting new care models, and strengthening workforce capacity.

Rural innovation emphasizes thoughtful selection and implementation of technology tools that fit local context and can be sustained over time.

When Technology Helps

Technology advances – including emerging tools such as artificial intelligence – offer significant promise for addressing longstanding barriers to rural healthcare access and delivery.

Technology can support rural healthcare innovation when it:

- Expands access to care, despite distances, workforce shortages, and limited local services
- Improves coordination across providers, services, sectors, or regions
- Enhances care quality, patient experience, or health outcomes
- Reduces administrative burden or improves efficiency for rural staff
- Supports cost control, financial stability, or return on investment

In rural practice, technology solutions must be **fit-for-purpose** and **feasible** to implement.

Technology solutions are most likely to succeed when they are affordable, integrated into existing workflows, supported by clear staff roles, and accompanied by adequate implementation support.

Assessing Organizational Readiness

Ensuring a technology solution is feasible often requires assessing organizational readiness and capacity. Assessments help rural organizations understand whether they have the infrastructure, resources, and support required for implementation and sustainability.

Key areas to assess organizational readiness may include:

- **Technology infrastructure**, such as reliable [broadband, cellular service, or Wi-Fi](#) and software, hardware, and health information technology (HIT) systems that are interoperable.
- **Financial resources**, including upfront and ongoing costs of physical devices, software, systems, training, maintenance, and support, as well as potential costs to patients and caregivers.

- **Security and privacy**, including the ability to meet data protection and security requirements, which may require external technical assistance or vendor support.
- **Staff capacity and workflows**, which includes the skills, time, and support needed to integrate technology into existing workflows without adding overwhelming burden.

Choosing Technology That Fits Rural Contexts

Rural organizations benefit from prioritizing **accessibility** and **acceptability** when implementing new technology. Rural areas have higher proportions of older adults, people with disabilities, and individuals with limited incomes, which can affect which types of technology are usable and appropriate. Successful solutions also account for the [digital literacy](#) and trust needed among patients, caregivers, and staff to use innovative technology consistently and effectively.

These considerations help guide decisions about which types of technology are most likely to work in rural practice. Common technology approaches include foundational systems such as technology infrastructure, care delivery tools such as telehealth and remote patient monitoring (RPM), and other innovative applications of technology to meet local needs.

Technology Infrastructure

Technology infrastructure refers to the foundational systems that support how data is collected, shared, and used across rural organizations and partners. Choosing to invest in technology infrastructure is an important innovation decision, as it enables other technologies to function effectively and can help reduce fragmentation in rural healthcare delivery. In rural settings, infrastructure investments often focus on improving interoperability, strengthening electronic health record (EHR) systems, supporting participation in health information exchange, improving cybersecurity, and expanding access to shared or regional IT services.

Telehealth

Emerging and evolving telehealth approaches are reshaping how care is delivered in rural communities. Rather than replacing in-person visits, telehealth is increasingly being used to extend care beyond traditional settings, support local providers, and connect patients to services that are no longer available onsite as rural hospitals adjust service lines or close due to financial pressures.

Innovative applications of telehealth include:

- **Supporting local care delivery**, such as tele-emergency services for facilities with limited onsite staffing
- **Extending care beyond the clinic** by pairing RPM with virtual follow-up

- **Enabling community- and home-based care**, including mobile health and community paramedicine models
- **Improving care coordination** through virtual case conferencing across health and social service providers

Other Innovative Technology Applications

Beyond core infrastructure and telehealth, rural organizations use other technological solutions to address local challenges. Examples include **low-connectivity approaches**, such as text- or phone-based interventions; **remote patient monitoring** tools that support care outside of a clinical setting; virtual **support tools** for workforce training and tele-mentoring; and emerging applications such as **robotics and artificial intelligence (AI)** to fill service gaps, reduce burden, and support [healthcare administration](#) and [other functions](#).

States are using funds from the Centers for Medicare & Medicaid Services (CMS) [Rural Health Transformation \(RHT\) Program](#) to [implement and assess innovative technology](#). The Telehealth and Health Information Technology in Rural Healthcare topic guide also offers many examples of evidence-based, effective, and promising models and innovations related to [rural telehealth and health information technology](#).

Supporting Technology Adoption and Use

Successfully adopting new technologies and maintaining their use over time requires strategic planning, resources, and buy-in from organizational leadership, partners, staff, and patients. Strategies for long-term success include pilot testing, phased implementation, training, and access to ongoing technical assistance. Dedicating resources to support patient access is also important. For example, some rural organizations provide data plans or devices to reduce barriers related to connectivity and cost. Other approaches include hands-on training, written guidance, and tools to help patients build confidence and trust in new technologies.

National and regional technical assistance providers may offer rural organizations support across planning, implementation, and sustainability phases of technology adoption. Examples include:

- The National Rural Health Resource Center's [Network Technical Assistance](#) supports rural hospitals and health systems through strategic planning, leadership development, financial sustainability, and peer learning related to implementing new healthcare models and technologies.

- The [National Telehealth Technology Assessment Resource Center](#) and the regional [Telehealth Resource Centers](#) help rural organizations plan, implement, and sustain telehealth services.

Governance mechanisms, such as oversight committees, clear decision-making authority, data privacy policies, and processes for monitoring performance, help ensure technologies are used responsibly. Governance approaches also build trust among staff and patients by reinforcing transparency, accountability, and human oversight.

Planning for return on investment (ROI) from the outset can further support long-term technology use. Some rural healthcare organizations have sustained technology by using cost-sharing arrangements with other organizations, leveraging reimbursement (such as Medicare reimbursement for remote patient monitoring), or integrating technology costs into broader care delivery strategies rather than treating them as one-time or stand-alone investments.

Resources to Learn More

- [Telehealth and Health Information Technology in Rural Healthcare](#)
- [Cybersecurity for Rural Healthcare Facilities](#)
- [Rural Telehealth Toolkit](#)

7. Care Models That Fit Rural Realities

Innovative care models redesign service delivery to fit the local context.

In rural communities, geography, population density, resources, and infrastructure shape access to primary care, public health, dental care, behavioral health, and emergency services. Rather than scaling traditional models, rural innovation emphasizes approaches that bring care closer to residents, use flexible methods, and fit local context.

Why One-Size-Fits-All Models Fall Short

Traditional healthcare models assume that if a healthcare facility exists, patients will come. In rural communities, this assumption often fails due to realities such as lack of health insurance coverage, limited transportation access, long travel distances, and workforce shortages, particularly for specialized providers, that result in low patient volumes and make standard care delivery approaches inefficient or unsustainable. Because healthcare needs vary widely across rural regions, flexible and community-specific models are needed to ensure access to essential services and maintain viable systems of care.

Integrated and Bundled Care Approaches

Integrated and bundled care models combine multiple services – such as primary care, behavioral health, oral health, and, in some cases, social services – into a single visit or location. Rather than referring patients to multiple providers across different locations, these models coordinate and deliver care more cohesively and efficiently. While these models are not new, they support rural health innovation by enabling care delivery models that better fit rural realities. In settings with limited workforce and long travel distances, integrating services helps maximize available providers, reduce the need for multiple trips, and improve coordination across care teams.

In rural communities, [integrating behavioral health into primary care settings](#) is especially important, as primary care providers often deliver much of this care. Co-location and integration can also reduce stigma, improve privacy, and strengthen care coordination. Similarly, [integrating oral health services into primary care](#) expands access in areas with dental workforce shortages and improves communication between providers. Together, these models support whole person care and expand access to care. These approaches are used across a variety of settings, including [Federally Qualified Health Centers](#) (FQHCs).

Mobile, Home-Based, and Outreach Models

Mobile, home-based, and outreach models support rural innovation by delivering care directly to patients in ways that fit local context and needs. These approaches bring services directly to patients through mobile clinics, in-home care, and community-based settings such as schools, workplaces, faith-based organizations, and community centers. Rather than relying on fixed facilities, these models adapt care delivery to improve access and align with how and where people receive care.

- **Mobile services** often provide preventive and primary care, including [mental health services](#) and [mobile dental services](#), using vans or portable clinics to provide care in schools and other community locations.
- **Home health models** support [chronic disease management](#), home visiting programs (such as Head Start), short-term nursing or rehabilitation after hospital discharge, and [home healthcare](#) that enables older adults and people with disabilities to age in place.
- **Outreach and education models** extend program reach through health education, awareness-building, and community engagement, leveraging CHWs and community partnerships.

Together, these approaches reduce transportation barriers and expand access for rural populations who might otherwise forgo care. Many programs leverage [CHWs to support outreach](#) and in-home services, identify health concerns, address social needs, reduce isolation, and connect residents to care. Mobile approaches also play an important role in behavioral health and substance use response, with [mobile crisis teams](#) that provide community-based assessment, stabilization, and connection to care.

Hub-and-Spoke Models

Hub-and-spoke models connect a central hospital or specialty center (the “hub”) with rural hospitals, such as Critical Access Hospitals (CAHs), and their affiliated clinics (the “spokes”) to extend specialty care expertise into rural communities. In this model, hubs provide clinical guidance, consultation, training, and care coordination, allowing rural providers to deliver higher-level care locally. Telehealth technologies often support these models by enabling case consultation and clinical oversight without requiring patients or providers to travel long distances. [Project ECHO](#) is a widely used model, supporting rural providers in treating complex conditions, including diabetes and tuberculosis, while maintaining high clinical standards. A specialized application is the [Vermont Hub-and-Spoke Model of Care for Opioid Use Disorder](#), which expands access to medication-assisted treatment for opioid use disorder by

linking regional opioid treatment programs (hubs) with community-based providers (spokes) across the state.

Regional Planning

Regional planning involves collaboration across counties or jurisdictions to share staff, resources, and data. Rather than each community operating in isolation, regional approaches pool limited resources to strengthen capacity. This model shifts the focus from competition to shared responsibility. By sharing specialized staff and services, rural communities can offer programs that would otherwise not be financially or operationally feasible. Regional collaboration also improves preparedness for public health emergencies, mass casualty incidents, and cybersecurity threats—situations where coordination is especially critical in rural areas.

Care Coordination Across Settings

Care coordination is a care delivery approach that ensures patients receive seamless, continuous care as they move between providers, services, and settings. It focuses on effective communication, follow-up, and connection across healthcare and social services so that care is organized around patient needs rather than fragmented across systems. [Care coordination](#) supports a range of health areas, including chronic disease management, maternal health, behavioral health, and care transitions. Many rural communities rely on CHWs as care coordinators or care managers, where they support appointment scheduling, connect patients to resources, provide education, and assist with care planning.

Care coordination supports rural health innovation by strengthening connections across providers and services in resource-constrained settings. Care coordination is especially important in rural communities, where provider shortages, workforce turnover, and long referral distances can disrupt continuity of care. By strengthening links across providers and services, this approach helps reduce fragmentation, improve outcomes, and make more efficient use of limited rural health resources.

8. Partnerships

Partnerships are central to rural health innovation, enabling communities to extend capacity, share resources, and achieve results that would not be possible alone.

In rural communities, innovation is rarely led by a single organization; instead, efforts depend on collaboration across sectors to design, implement, and sustain solutions.

Why Partnerships are Essential in Rural Health

Rural organizations often operate with limited financial, workforce, and infrastructure resources, making collaboration essential for sharing capacity, extending reach, and reducing duplication of effort. Effective [partnerships and coalitions](#) allow rural communities to address complex health challenges that no single organization can tackle alone.

In rural communities, [effective partnerships](#) extend beyond traditional healthcare organizations. Engaging a broad mix of community members, institutions, and decision-makers helps ensure innovations reflect a range of perspectives and gain community acceptance. Partners may share responsibility for designing, implementing, and evaluating initiatives; offer local expertise; support communication with the public; or assist with dissemination of results.

Identifying the Right Partners

Not all partnerships need to be large or formalized to be effective. The most successful rural partnerships are intentional, aligned around shared goals, and grounded in mutual trust.

Rural partnerships frequently span healthcare, public health, education, social services, economic development, and community organizations. Successful innovations [engage partners at multiple levels](#) – including local, state, federal, and national. Cross-sector collaboration can support innovative care models, workforce solutions, and community-wide approaches.

Examples of potential partners in rural health innovation include:

- Community- and faith-based organizations
- Cooperative Extension programs
- Educational institutions
- Federal, regional, tribal, state, and local agencies
- Healthcare and health-adjacent organizations

- Local businesses and employers
- Public health agencies
- Social and human services organizations
- Transportation providers

Structuring Effective Cross-Sector Partnerships

Partnership structures should reflect the specific rural issue being addressed. The mix of partners needed for an oral health initiative, for example, may differ from those required for emergency preparedness or behavioral health. Rural innovators benefit from revisiting who is involved and adjusting partnerships to fit each initiative, rather than assuming a single partnership model is appropriate for every effort.

Partnerships exist along a continuum, from informal coordination to deeply integrated collaboration. Many rural innovations rely on strategic collaboration, in which partners jointly plan, share resources, and align efforts toward shared outcomes, rather than operating in silos. Because many rural communities already participate in formal or informal partnership networks due to limited local resources and capacity, building on existing collaborations, rather than creating new structures, can help initiatives move forward more quickly and stay aligned with local relationships and priorities.

Data Sharing and Communication Considerations

Clear communication structures are essential for effective data sharing across rural partnerships. Establishing shared expectations early, such as who collects data, how information will be shared, and how decisions will be made, prevents confusion and reduces staff burden. Formal agreements can support clarity, and communication keeps partners aligned. Ongoing communication supports trust, coordination, and timely problem solving. Many rural initiatives hold periodic partner meetings to share updates, review progress, and address challenges. Advisory councils or partner consortia can strengthen communication by providing forums for advice and feedback. Including partners and community representatives in data discussions helps ensure findings are understood and actionable.

Data sharing can strengthen partnerships by enabling coordinated care, shared learning, and collective storytelling. At the same time, rural partnerships must navigate constraints related to data systems, resources, staff capacity, and privacy requirements. Formal agreements such as memoranda of understanding (MOUs) can be helpful when partners share resources or data, but trust and relationships remain central to partnership success.

9. Data and Evaluation

Data and evaluation are essential to rural innovation because they help communities demonstrate what works in real-world rural conditions.

Demonstrating the effectiveness of innovations is important because many evidence-based models were developed in non-rural settings and do not reflect rural realities, such as geographic isolation and small population sizes. Together, data and evaluation support effective use of limited resources by clarifying what works in rural settings and why – providing a foundation for sustainability, scaling, and broader adoption of successful innovations.

Selecting Meaningful and Feasible Evaluation Metrics

When selecting evaluation metrics for rural innovations, it is important to balance rigor with practicality. Experimental evaluation designs that rely on random assignment are often considered the “gold standard,” but they are rarely feasible for rural programs serving small populations. Instead, rural evaluations should prioritize non-experimental and quasi-experimental approaches, which allow programs to assess change without random assignment or control groups while still producing credible and actionable findings.

Rural evaluations should use a combination of process and outcome measures. Process measures assess whether the innovation is implemented as intended – for example, participation levels or partnerships formed. Outcome measures examine what changed because of the innovation, such as knowledge, behaviors, and health outcomes. Programs should select a small set of metrics that are feasible to collect, work with small populations, and align with how the innovation is designed to create change.

It is also critical to clearly define what “rural” means when selecting metrics. [Rural definitions](#) shape which metrics are appropriate, how data are collected, and how findings are interpreted. Using recognized rural definitions, based on factors such as population size or density, geographic isolation, or community patterns, helps produce credible results.

Common Rural Definitions

- FORHP rural definition
- OMB metropolitan and non-metropolitan designations
- U.S. Census Bureau Urban-Rural Classification
- USDA Rural-Urban Commuting Area (RUCA) Codes

Combining Quantitative and Qualitative Data

Effective evaluation combines quantitative data (numbers) and qualitative data (stories) to provide a complete picture of how a rural innovation is working.

- **Quantitative data** shows *what* changed using counts, trends, or comparisons, such as surveys, administrative records, or service utilization data.
- **Qualitative data** explains *why* changes occurred through interviews, focus groups, and observations.

Together, quantitative and qualitative data help rural communities interpret findings accurately and align data collection with evaluation goals. Mixed-methods approaches are particularly valuable in rural settings, where small population sizes can limit statistical stability, generalizability, or data reporting. Qualitative data adds context to quantitative results and helps explain unexpected findings.

Creating Opportunities for Ongoing Improvement

Evaluation is not only about accountability; it is also a tool for ongoing learning and improvement. In rural innovation, regular data review helps programs understand whether activities are being implemented as planned and whether the innovation is having the intended effect. Ongoing monitoring helps reflect progress over time and determine whether an innovation is worth sustaining or replicating in other rural communities.

Continuous improvement comes from collecting data, reviewing it regularly, and using it to make practical adjustments that strengthen the innovation over time.

Creating opportunities for improvement requires intentionally revisiting data and asking what is working, what is not, and what should change. Involving others, such as community leaders or technical experts, in periodic data reviews or discussions of findings can help ensure innovations remain aligned with community needs and capacity. To ensure consistency over time, rural programs should rely on a manageable set of metrics that staff can collect reliably. A small set of clear, actionable measures – reviewed regularly – is often more useful for improvement than complex data systems that are difficult to maintain.

Using Data to Support Decision-Making and Storytelling

Data supports decision-making in rural communities, where choices about how to invest time, staff, resources, and funding carry significant weight. Program evaluation helps rural

communities assess alignment with goals, understand performance, and direct resources toward approaches that are effective, practical, and sustainable in rural settings.

Make data meaningful by tailoring findings to the audience and clearly showing how the innovation makes a difference.

Data also play a key role in helping programs “make their case” to leaders, policymakers, and funders. Rural programs can frame data to demonstrate value or communicate need – for example, by showing improvements in access, cost savings, or systems-level change. Sharing clear, tailored findings through brief summaries, presentations, or visuals, such as simple dashboards, infographics, one-page data briefs, maps, and charts, builds credibility, supports funding and policy decisions, and positions rural innovations as models that work in real-world rural settings. Sharing results more broadly also allows other communities to learn from and build on promising practices.

10. Financing and Sustainability

Sustainable financing is central to implementing rural innovations and expanding them over time.

Sustainability in rural innovation can reflect a project's values, partnerships, services, and outcomes. This innovation area focuses specifically on **financial sustainability**. Rural innovations often begin with time-limited funding, making early planning essential to maintaining them over time. Rural communities can use financing strategies, such as grants, Medicaid funding, value-based payments, partner contributions, and local resources, to ensure the sustainability of innovations.

Why Sustainability Must Be Planned Early

The sustainability of rural innovations must be planned from the outset and revisited often. Many rural innovations start with grants or pilot funding, and without planning, services may end when that funding expires. Early planning helps rural communities anticipate financing constraints, identify funding sources and partners, and focus on program components that matter most. Some sustainability strategies, such as securing reimbursement or policy changes, take time, making early planning essential for sustainability and scale.

Rural Financing Constraints

Rural health innovation operates within a challenging financing environment shaped by low patient volumes and high fixed costs, which limit opportunities to achieve economies of scale. Rural providers serve a higher proportion of patients covered by Medicare and Medicaid, where reimbursement often does not fully cover the cost of care, making it harder for innovations to launch or sustain. While these challenges are significant, rural organizations have adapted by diversifying funding sources, demonstrating value and return on investment, and braiding and blending funding. When paired with early planning, partnerships, and clear evaluation data, these strategies help rural communities continue innovating within existing financial realities.

Aligning Innovations with Reimbursement and Payment Models

Most rural innovations exist within [rural healthcare payment and reimbursement systems](#) that blend facility-specific payment structures, traditional fee-for-service reimbursement, and value-based or alternative payment models. Facility-specific approaches provide protections for

certain rural providers (for example, Critical Access Hospitals receive cost-based reimbursement from Medicare for fee-for service payments), while traditional models reimburse for individual services delivered. Value-based and alternative payment models increasingly emphasize outcomes, care coordination, and cost containment rather than service volume. Understanding these payment structures can help communities determine how an innovation may be financed over time.

Rural programs can improve sustainability by aligning innovations with available reimbursement and payment opportunities. Strategies may include identifying reimbursable services embedded in the innovation, ensuring staff and activities meet billing requirements, and understanding relevant state and federal coverage policies. Innovations may also leverage value-based or alternative payment models by demonstrating improved access, coordination, quality, or cost outcomes prioritized by the payer. Designing innovations that fit within, or complement, these reimbursement and payment models can improve sustainability.

Demonstrating Value and Return on Investment

Demonstrating value is one of the most effective ways to support the sustainability of rural innovations. Value may be defined differently depending on the audience. For example, funders may prioritize cost savings, payers may focus on quality outcomes, communities may value access, and program implementers may emphasize feasibility.

Return on investment (ROI) is a financial measure that compares program benefits to costs and can be especially helpful in demonstrating value, such as reduced expenses or increased revenue, to payers and health systems. In rural settings, ROI is especially important because programs often operate with limited resources and must show both financial and social value to sustain support. Many rural innovations generate non-financial benefits, such as improved access to care or coordination of services. Demonstrating value and ROI requires intentional data collection, evaluation, and a clear understanding of what matters most to funders, payers, and decision-makers. Potential funders often require clear evidence that an innovation is making a difference, and mixed methods evaluation approaches can help programs demonstrate value and ROI, making the case for sustainability or expansion.

Braided and Blended Funding Strategies

Because rural innovations often cannot be sustained by a single funding source, braided and blended funding strategies are common approaches for supporting financing.

- **Braided funding** uses money from multiple sources for the same goal, but keeps each funding source separate and tracked individually

- **Blended funding** combines funds from multiple sources into a single pool to support the same goal

Both approaches can be useful for rural innovations because they allow communities to combine funding sources from public, private, and philanthropic organizations to support shared goals. This rural capital stack may include grants, reimbursement, partner contributions, and local investments. Layering multiple funding sources reduces reliance on any single financial source or funder, which increases flexibility and the likelihood innovations can be sustained over time.

11. Leadership

Effective leadership creates the vision, conditions, and support needed to enable rural health innovation.

In rural settings, innovation depends heavily on leadership. Leaders often operate across multiple roles, setting direction, managing limited resources, building relationships, and responding to challenges. The decisions made by leadership influence whether innovations are supported and sustained over time.

The Role of Leadership in Supporting Innovation

[Leadership](#) plays an important role in fostering innovation in rural health. Rural leaders often serve simultaneously as vision-setters, managers, relationship-builders, and problem-solvers. Effective leaders create the conditions for experimentation, learning, and collaboration by articulating a clear vision grounded in community needs, encouraging adaptive problem-solving, and creating space for staff and partners to test and refine new approaches. Because resources may be limited, rural leaders are also responsible for securing and stewarding resources to sustain innovations.

Building a Culture of Learning and Adaptation

Innovation rarely follows a linear path, especially in rural contexts. Leaders who foster a culture of learning recognize that adaptation is not a failure but a necessary feature of effective innovation. This includes using data and feedback to refine approaches, responding to changing conditions, and learning from successes and setbacks. Leaders can foster a culture of learning and adaptation by normalizing small-scale piloting and iteration, supporting staff learning and professional development, and encouraging reflection and shared learning across partners.

Communication Strategies

Effective leadership for rural innovation relies on clear, consistent communication. Key [strategies for effective communication](#) include:

- Translating data into clear, actionable messages
- Sharing progress and lessons learned with funders, partners, and community members
- Using plain language and tailoring messages for different audiences
- Leveraging trusted messengers, such as CHWs, faith leaders, and local providers

- Combining quantitative data with stories to demonstrate the need, impact, and value of an innovation
- Highlighting how innovations address local needs

Ethical Considerations

Innovation can raise [ethical questions](#), particularly in rural communities where decisions about resource allocation, technology use, and access to care can have significant and long-term consequences. Leaders should weigh potential benefits of innovation against unintended harms, such as increasing workloads for staff that are already stretched thin or compromising patient privacy. Leaders must consider whether and how innovations impact access to care, quality of care, provider recruitment and retention, and community engagement.

Access to Care

When thoughtfully designed, innovation offers opportunities to reduce existing barriers to accessing to care. Leaders should evaluate whether proposed technologies or care models account for rural realities such as limited broadband, transportation challenges, and financial constraints. Innovative solutions designed with underserved populations in mind can help improve access and avoid creating a "digital divide" between rural and non-rural communities.

Quality of Care

While innovation aims to improve healthcare outcomes, leaders must ensure that new approaches maintain or enhance care quality in resource-constrained environments. This includes piloting innovations on a manageable scale, establishing clear quality metrics, and creating feedback loops to identify unintended consequences. Evidence-based practices should guide adoption, with thoughtful adaptation to rural contexts.

Provider Recruitment and Retention

Innovative care models and technologies should ease provider burden and enhance job satisfaction rather than add complexity or workload. Leaders can support successful adoption by offering adequate training, technical support, and professional development. Engaging clinical staff throughout implementation can help prevent staff burnout and turnover.

Community Engagement and Cultural Alignment

Rural innovation is most effective when co-created with communities rather than imposed upon them. Leaders can actively involve community members in identifying needs, shaping solutions, and evaluating outcomes. Innovations that align with local values, preferences, and social structures are more likely to be sustained.

12. Conclusion

Innovation in rural health is not only a new practice, program, or technology. Rather, it is an interconnected process shaped by people, partnerships, and community context. Rural innovation often begins small, reflecting the resource constraints and other realities rural communities face. Rural organizations develop and test new ideas, address challenges or barriers as they arise, and adapt ideas to fit local community needs. Innovation in rural settings is as much a process of adapting and learning as it is an outcome.

Rural organizations play an important role in building the evidence base for rural health innovation. By documenting lessons learned, sharing outcomes, and contributing practice-based evidence, rural organizations can share their experiences so that other rural communities can benefit from new or improved programs, practices, processes, and ways of working.

Together, the innovation areas in this *Guide to Supporting Innovation in Rural Health* offer a practical framework for advancing innovation. By building on rural strengths, fostering cross-sector collaboration, meeting communities where they are, and sharing lessons learned, rural organizations can continue to develop and sustain creative solutions that improve health and well-being across rural America.