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Success among Rural Health Network Development Planning Grant Awardees: Barriers and Facilitators

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Key Findings

- Grantees (n=42) from 2003-2018 described the barriers to and facilitators of their success in meeting their goals for the Rural Health Network Development Planning Grant.

- The two most commonly discussed barriers to success were *engagement and alignment* (n=18) and *resources and supports* (n=8). *Engagement and alignment* focused on divergent partner priorities and perspectives and difficulties engaging with community stakeholders; *resources and supports* included staffing turnover, leadership changes, funding challenges, and inability to secure consistent financial support for the network.

- The two most commonly discussed facilitators to success were *resources and supports* (n=24) and *communication and collaboration* (n=22). *Resources and supports* included the financial resources provided to grantees as well as staffing and other tangible supports grantees received; *communication and collaboration* highlighted the opportunity to build partnerships, positive energy around network development, and consistent clear communication across partners.

- Of the 42 grantees, 88% (n=37) were able to continue at least some components of their network after their grant cycle had ended.

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Purpose

The purpose of this policy brief is to examine the barriers to and facilitators of success for grantees implementing the Rural Health Network Development Planning Grant Program and meeting their individual goals for the grant period.

Background and Policy Context

In the rural United States, disparities across a wide range of health outcomes, from chronic diseases to cancer, have been thoroughly documented.[1–5] Among a number of other factors, lack of access to health care in rural areas contributes to poor health outcomes, and efforts to improve population health in rural America should include addressing barriers to care.[6] Rural health care facilities are typically smaller than and are often geographically isolated with limited resources and economies of scale, compared to urban facilities. Historically, some rural providers have benefitted from working together through informal and formal networks to gain scale and use their combined resources and expertise to address health care challenges.

Strong networks can help to improve access to vital health services (e.g. preventive care, emergency medicine, mental health services) across a full spectrum of care for individuals living in rural areas. Networks may lessen the resource and capacity strain felt by smaller rural hospitals and clinics, allowing for shared resources and collaboration across a wider array of key players.[7] These networks can also be used to address population health outcomes within the network service areas, such as behavioral health and chronic disease. Because robust health care networks can take substantial time and resources to form, the Federal Office of Rural Health Policy (FORHP) offers the Rural Health Network Development Planning Grant Program

(known hereafter as Network Planning Grant). This one-year grant is funded through the federal Health Resources & Services Administration (HRSA), and administered through FORHP's Community-Based Division. The goal of this grant is to assist organizations in rural communities, particularly those who do not have a history of formal collaborative efforts, in the development of an integrated health care network.[8]

In this policy brief, we identify the barriers to and facilitators of success for rural organizations implementing this 12-month planning grant. As the U.S. health care landscape looks increasingly at different ways of funding services, and focus shifts toward value-based payment systems and an emphasis on preventive care, the need for strong networks has become even more apparent. Collaboration across different entities is crucial in order to not duplicate services and to streamline patient experience as well as payment. At the same time, getting health care providers to work together in a network requires shared goals and common approaches and acting collectively rather than individually. Understanding the challenges and opportunities grantees have faced in forming health networks will have implications for both future grant offerings, as well as other policies and programs that support health care and health in rural areas at the local level.

Approach

We use survey data from 42 Network Planning grantees from years spanning 2003-2018 for this policy brief. FORHP's Community-Based Division provided grant proposals from awarded applicants in years 2003-2018* to our research team. Contact information for all Network Planning grantees in each year was gathered from the proposals, with the exception of a single proposal that did not list email contact information. This gave us a sample frame of 377 grantees. We reached out to all contacts via email and sent a link to complete a survey about their experience implementing the Network Planning Grant. Surveys were completed between December 2020 and February 2021. Due to the nature of outreach to former grantees dating back 18 years, 141 emails (37%) bounced back, likely because of staff turnover. Grantees whose emails did not bounce back were sent reminder emails to complete the survey four weeks and six weeks after the initial email contact. Of the 235 grantees with current contact information, 42

completed the survey (18% response rate).

The web-based survey included questions about partner organizations, goals and objectives, grant funding and sustainability, and barriers to and facilitators of success in meeting goals. While sustainability is not the focus of this brief, we briefly highlight this aspect of grantees work below. Then, we dive deeper into challenges and successes during the planning grant implementation process. Specifically, we asked grantees to answer the following questions: 1) what were the biggest barriers to achieving your goals and objectives? (i.e. what are the toughest challenges you have faced?); and 2) what was most helpful in achieving your goals and objectives? (i.e. what worked well?). Some grantees provided responses with answers that contained more than one theme for a given question, so total responses do not necessarily reflect the number of individual respondents. Two members of the research team coded responses independently and then met to discuss any instances of difference and come to consensus.

Results

The vast majority (88%) of grantees were able to sustain at least some of their network efforts since the end of the grant cycle. Several grantees mentioned continuing this work today. Four grantees were not able to continue in any way after the grant period, and one did not respond to the question.

Grantees described barriers to and facilitators of their success in implementing the Network Planning Grant as listed below. Table 1 (next page) summarizes the themes that emerged from each domain, the frequency with which each theme appeared, and a brief description.

Biggest Barriers

When asked what the biggest barriers were to achieving their goals and objectives, grantees' answers grouped into five distinct themes: *engagement and alignment, resources and supports, rural context, time/scheduling constraints,* and *sustainability*. Under *engagement and alignment*, respondents described challenges related to divergent partner priorities and perspectives, and engagement and buy-in from network partners. They also discussed the challenges of pulling in community members and getting them invested in the work the network was doing, as well as the difficulties associated with working with multiple unique communities. Within *resources and sup-*

Table 1. Themes Relating to Barriers and Facilitators

Domain	Theme	Number (%)	Description
Biggest Barriers to Achieving Goals & Objectives	Engagement and Alignment	18 (42.9)	Includes divergent partner priorities and perspectives and difficulties engaging with community stakeholders
	Resources and Supports	8 (19)	Includes staffing turnover, leadership changes, funding challenges, and inability to secure consistent financial support for the network
	Rural Context	7 (16.7)	Factors related to rural locality, including distance/travel, weather, and infrastructure (e.g. roads, internet access)
	Time/Scheduling Constraints	7 (16.7)	Difficulties in scheduling meetings between network partners
	Sustainability	6 (14.3)	Sustainability of the work, such as loss of a county service, state policy dynamics, and long-term funding climate
Most Helpful in Achieving Goals & Objectives	Resources and Supports	24 (57)	Includes the financial resources provided to grantees as well as staffing and other tangible supports grantees received
	Communication and Collaboration	22 (52.4)	Opportunity to build partnerships, positive energy around network development, and consistent clear communication across partners

ports, respondents mentioned the interrelated challenges of finding continuous and sustainable funding streams, and hiring and retaining staff within their organization (or staff turnover in partner organizations). Seven of the eight responses included explicit mentions of challenges related to funding.

For *rural context*, grantees described the challenges inherent within many rural communities: distance between organizations and individuals, and difficulty traveling (especially in bad weather), as well as limited access to broadband internet. All these make consistent communication, face-to-face or virtual, a challenge. Under *time/scheduling constraints*, respondents highlighted how the busyness of their organizations and their partners' and the tendency among rural individuals to need to fill multiple roles simultaneously can mean difficulty scheduling meetings that include all key stakeholders. Finally, within *sustainability*, there were a range of comments from respondents, from concerns about individual and organizational capacity to continue the work the network started, to worries that the state or local policy context would not be financially supportive of their work, and others.

Facilitators of Success

When asked what was most helpful in achieving their goals and objectives, grantees' responses grouped largely under two themes: *resources and supports* and *communication and cooperation*. Under *resources and supports*, respondents were quick to highlight the powerful influence financial support had on their network building process, and specifically mentioned how helpful it was to have this for the actual planning process, rather than solely for implementation. In addition, they connected funding to their ability to hire or maintain good staff help, and even leverage the use of outside consultants for their network building process. They also discussed how the overall structure of the Network Planning Grant, with its built-in deadlines and strategic plan, kept grantees on track to meet their goals, as well as opened up possibilities they had previously not considered for their work. Grantees also praised their technical assistance providers and program officers for the consistent source of support they were throughout the grant.

The second category, *communication and cooperation*, largely referred to the intangible, relational dynamics that became key to successful network building. These included a healthy collaborative spirit, and dedication

to ongoing work for partners, as well as the overarching commitment and passion for the work to succeed that partners brought to the table. Some respondents specifically mentioned that, though the process of aligning partner efforts could be challenging, success in this process was critical to the overall success of the network. Finally, grantees mentioned the impact of engaging with and involving key stakeholders from the greater community in the network process.

Discussion and Implications

This study identified a number of barriers to and facilitators of success in implementing the Rural Health Network Development Planning Grant from the perspective of former grantees. Issues with engagement and alignment of partners was the most commonly identified barrier to success among respondents. This barrier likely reflects the collaborative and complex nature of developing a network among community partners across different sectors. Each organization within a network has their own agenda and priorities, which may influence the way that they approach developing a network in their community. Often these differences in priorities across community organizations can cause challenges in aligning efforts for the network. This may also impact the ability to continuously and effectively engage with network partners. If there are disagreements about the network across partners, or if network development activities progress too slowly, this, too, makes it difficult to engage with partners.

The second most frequently mentioned barrier to success for grantees involved having the needed resources and supports for the network efforts. Seven grantees mentioned that they faced challenges locating additional funding sources and sometimes did not receive additional funding after the planning grant ended. This made it difficult for them to implement network activities and continue the collaborative engagement of the network. Grant program managers could improve the continuity of this work by making concerted efforts to link successful Network Planning grantees with a subsequent implementation grant. More broadly, it is important to prioritize consistent, longer-term funding sources so that rural organizations are supported for the full time it takes to improve health care and health in their communities.

Turnover in staffing, both for the grantee organization and for key network partners, also inhibited effective network development throughout the duration of the grant. This highlights the importance of recruitment and retention efforts for the broader public health workforce in rural areas.

Barriers related to the rural locality of the networks were another notable challenge for grantees. Factors such as distance and travel time between network partners made collaboration difficult. Related factors that can also be significant challenge for rural grantees include weather and road conditions. For grantees where network partners are spread out across a wide geographic area, these factors can prevent partners from being able to meet consistently in person. Internet access was also mentioned as a challenge for several grantees. Unreliable internet in many rural places makes it difficult to communicate with partners, and to complete necessary network and grant activities. Substantial investments in infrastructure, both physical (e.g. roads) and technological (e.g. broadband) are instrumental in addressing the challenges rural grantees face.[9]

Grantees also named time and scheduling issues as a barrier. Both grantee and network partner organizations manage multiple priorities and may wear many hats, formally and informally in their communities. This busyness across partners and staff can make it challenging to schedule meetings where all key partners can attend and fully participate. It also affects the time staff and partners can dedicate to grant activities. Finally, sustainability was noted as barrier to managing the Network Development Planning Grant. For many grantees, there were concerns about the organizational and staff capacity to continue to lead the work of the network. Some also described challenges with local and state political dynamics that impacted the feasibility of being able to continue the work of their network. If these external conditions are not supportive of the network, it may be hard to justify putting resources toward the network.

Despite the challenges grantees faced, there were also multiple factors named as key facilitators of successful Network Planning Grant implementation. The most frequently named facilitator involved resources and support for the planning grant process. Many respondents mentioned how critical it was that this

grant brought funding to their community to bring people together to address an important need. Some noted that it was particularly unique and helpful to have funds for the planning process, as this is a process that can take substantial time and effort, and too often goes unfunded. The financial support of the grant also allowed for hiring of staff or outside contractors to be able to coordinate these network efforts for organizations that did not currently have the capacity to lead the efforts themselves. Receiving this grant funding also created support and commitment across organizational leadership, administrators, and partners toward network efforts. Because of this support, some grantees were able to leverage additional funds from partners in their community toward their network. As a result, the Network Planning Grant Program provides a critical resource to connect partners and resources and to lay the foundation for improving the health of rural residents and communities.

Beyond financial resources, grantees noted the importance of their technical assistance (TA) providers and program officers from HRSA as key to their success. Grantees saw the TA providers and program officers as valuable guides for completing grant deliverables and meeting network development goals. The monthly calls with the TA providers helped keep grantees on track with their work. TAs and program officers also played a vital consultative role, particularly for grantees who were new to network building work. Overall, the support provided by the TA providers and program officers created a solid foundation for grantees regarding how to move forward with developing a network. These results suggest the importance of this structured support from the strategic planning process, and from consultations with TA providers and program officers.

The other major facilitator of success among grantees was the opportunity for communication and collaboration among network partners. Some grantees had been working with their network partners for years before receiving the award, but the Network Planning Grant provided an ongoing opportunity to formalize their partnership and increase their productivity. For other respondents, this grant allowed them to build new relationships with key organizations in their community and surrounding areas that they had never worked with before, but who were instrumental to improving health care and health in their communities. This in-

tentional collaboration allowed partners to strategically align efforts toward a common goal. It also increased communication and provided an opportunity for different perspectives to be shared in the development of the network. Although differences in perspectives and organizational priorities were seen as a challenge for grantees, the act of increasing communication across network partners was still extremely valuable for the development of the networks and was needed for its success. The process of developing a sustainable network takes both time and resources, but is valuable for efficiently collaborating across diverse partners with a common goal of improving rural health.

Conclusion

Efforts to improve access to and quality of health care and, ultimately, population health, in the rural U.S. may increasingly involve building collaborative, cross-sector networks. Network development can be a lengthy and cumbersome process, and requires dedicated resources and support for success. The process of planning for a network, especially, is not always properly funded, and HRSA's Rural Health Network Development Planning Grant allows for a full year of resources dedicated to this planning process. Grantees from 2003-2018 identified key barriers to and facilitators of their success in implementing this grant in their communities. Themes that emerge make clear the importance of what this planning grant provides, in addition to sustained, consistent funding, and the consultative support of TA providers and program officers as vital to grantee success.

References

1. About Rural Health | CSELS | OPHSS | CDC. Published March 25, 2020. Accessed March 10, 2021. https://www.cdc.gov/ruralhealth/about.html
2. Cross SH, Mehra MR, Bhatt DL, et al. Rural-Urban Differences in Cardiovascular Mortality in the US, 1999-2017. JAMA. 2020;323(18):1852-1854. doi:10.1001/jama.2020.2047
3. Yaemsiri S, Alfier JM, Moy E, et al. Healthy People 2020: Rural Areas Lag In Achieving Targets For Major Causes Of Death. Health Aff Proj Hope. 2019;38(12):2027-2031. doi:10.1377/hlthaff.2019.00915
4. Garcia MC, Faul M, Massetti G, et al. Reducing Potentially Excess Deaths from the Five Leading Causes of Death in the Rural United States. MMWR Surveill Summ. 2017;66(2):1-7. doi:10.15585/mmwr.ss6602a1
5. Zahnd WE, James AS, Jenkins WD, et al. Rural–Urban Differences in Cancer Incidence and Trends in the United States. Cancer Epidemiol Prev Biomark. 2018;27(11):1265-1274. doi:10.1158/1055-9965.EPI-17-0430
6. County Health Rankings. Access to Care. County Health Rankings & Roadmaps. Accessed March 22, 2021. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care
7. Federal Office of Rural Health Policy. Rural Health Network Development Planning Program.; 2019.
8. Rural Health Network Development Planning Program. Official web site of the U.S. Health Resources & Services Administration. Published August 19, 2020. Accessed March 10, 2021. https://www.hrsa.gov/grants/find-funding/hrsa-21-021
9. Kozhimannil KB, Henning-Smith C. Improving Health Among Rural Residents in the US. JAMA. 2021;325(11):1033. doi:10.1001/jama.2020.26372

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