

Trends in Network Focus Areas among Network Development Planning Grantees, 2003-2020

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Key Findings

- **Funded grant proposals (n=430) from 2003-2020 were reviewed to determine focus areas of rural health networks supported by HRSA's Rural Health Network Development Planning Grant program.**
- **The most common areas of focus among networks were systems improvement (n=145), population health (n=107), and behavioral health (n=76).**

Purpose

The purpose of this policy brief is to examine the trends over time in network focus areas among grantees awarded the Rural Health Network Development Planning Grant from 2003-2020.

Background and Policy Context

Rural communities in the United States are subject to a number of challenges when it comes to both the delivery of health care services and a wide range of health outcomes.¹ Too often barriers to care and a lack of resources make it challenging for communities to address critical health and well-being issues.² Additionally, rural health care providers are often working in under resourced settings, and are frequently geographically distant from other providers and health care facilities. In response to these challenges, several federal funding opportunities exist to support rural communities and organizations in their endeavors to address local health systems challenges and improve health outcomes.³ One of those focuses on supporting rural health care entities in forming collaborative partnerships to strengthen their capacity and overcome some of the aforementioned challenges.

The Rural Health Network Development Planning Grant (Network Planning Grant) program is funded by the federal Health Resources and Services Administration (HRSA) and managed by the Federal Office of Rural Health Policy's (FORHP) Community-Based Division.⁴ The purpose of this year-long program is to assist rural communities in the development of integrated and collaborative networks.⁵ These networks are designed to respond to community health needs while also achieving efficiencies, expanding access to, coordinating, and improving quality of healthcare, and strengthening the rural health care delivery system as a whole. The focus area of each network is specific to the needs of that community, and their collaborative nature allows organizations to work closely with key partners in their communities to identify local health needs and challenges, and strategize solutions to address them.

In this policy brief, we examine the focus areas of the networks funded by the Network Planning Grant program, in order to determine if there are trends in the scope and substance of rural health networks. We examined these network focus areas retrospectively in order to see how they have changed over time.

Approach

There were 430 Network Planning Grants awarded between 2003-2020. Grant information from 2004 was unavailable for review and inclusion in this analysis. Four members of the research team reviewed proposals from those 430 funded awards for contact information, location, population focus, network focus and approach, and partners involved in the network. Then, the network and population focus components of the proposals were coded for themes. These themes were checked and validated for consistency by two members of the research team.

Results

There are eight network focus area themes that emerged from the analysis of the grant proposals; these are described in Table 1. The themes are not mutually exclusive (e.g. a grantee doing systems improvement

work with the goal of improving behavioral health care), but the frequencies reflect the primary goal of the grantees' proposals.

General *systems improvement* was the most prevalent area of focus, with one-third of Network Planning grantees centered on this issue. This is followed by *population health*, *behavioral health*, and *health information technology*. Less common areas of focus have been issues related to the health care *workforce*, *social determinants of health*, *loss of service*, and *Emergency Medical Services*.

Figure 1 (next page) demonstrates how these eight network focus areas have changed over the course of time in the Network Planning Grant program.

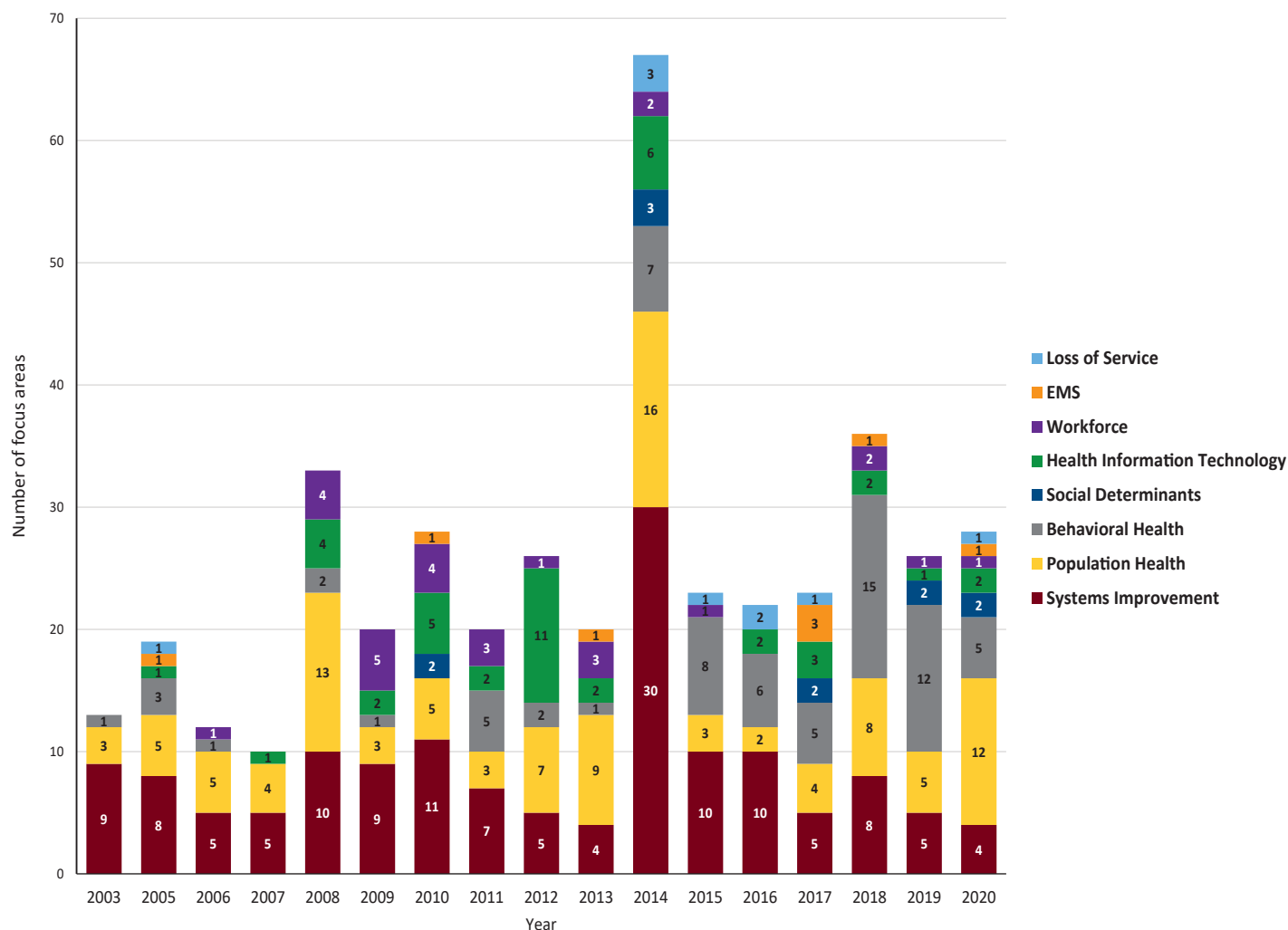
This figure shows that the focus areas for funded networks have become more diverse over time, starting from only three focus areas in 2003 to eight focus areas in 2020. The number of funded grantees have also increased over time. This increase in the number of grantees per year also contributes to the diversity of funded networks.

In the early years of the Network Planning Grant program, systems improvement was the most common focus area for funded networks but this has decreased over time. In turn, the number of funded networks focused on population health has greatly increased, along with

Table 1. Focus Area of Network

Focus Area	Number (%)	Description
Systems Improvement	145 (33.7)	Improvement of the health care delivery system within the network service area, including access to care, care coordination, integration, and quality improvement
Population Health	107 (24.8)	Addressing a community health outcome (e.g. diabetes, chronic disease, HIV/AIDS) or health among a specific population within the service area (e.g. children, older adults, Native Americans)
Behavioral Health	76 (16.7)	Focus on access to care and health outcomes related to mental health and substance abuse, including suicide prevention, opioids, and increasing Medication Assisted Therapy (MAT) services
Health Information Technology	46 (10.6)	Development, expansion, or sharing of health technological resources, including telemedicine and electronic medical records
Workforce	28 (6.5)	Focus on recruitment, retention, development, and training of the health care workforce
Social Determinants	11 (3.0)	Addressing factors outside of the health care system that impact health outcomes, such as transportation, health literacy, economic development, and access to food
Loss of Service	9 (2.0)	Focus on alleviating the loss or upcoming loss of a health care service within the service area

Figure 1. Trends in Network Focus Areas, 2003-2020



an increased focus in behavioral health, particularly from 2014-2020. Within those networks focused of behavioral health from 2014-2020, 16 networks (27%) had a sub-focus of addressing opioids. There has also been an increase over time in networks focused on health information technology, specifically those with a sub-focus on telehealth.

Discussion and Implications

This study identified eight areas of network focus for grantees awarded proposals in the Network Planning Grant program from 2003-2020. Systems improvement emerged as the most common focus area among grantees. This encompasses steps that will impact the delivery of rural health care services in the network service area, including increasing access to care, care coordination, integration, and quality improvement. Of the 145 grantees that focused their networks on systems improvement, five were dedicated to improving tribal

health care delivery systems. Many grantees that chose systems improvement as the focus of their network did not previously have strong relationships with other partners in their communities. The Network Planning Grant allowed them to build stronger relationships with other local providers, health departments, and organizations, and collaborate on ways that they could improve the delivery of services as a whole across their service area. Fewer grantees are focusing their networks on systems improvement over time, which may be due to greater awareness of a need for deeper collaboration on more population-level or outcome-specific issues that are relevant for rural communities. This trend may also be indicative of changes over time in the health care landscape and consolidation of resources in rural communities, all of which may have caused organizations to collaborate in new ways, with more population health focus areas.

The second most common theme in the network focus areas was population health. This encompasses two main subcategories: a health-specific issue, or a particu-

lar sub-population focus within the community. For health-specific issues, many grantees chose to focus on addressing diseases such as diabetes, obesity, chronic disease, and HIV/AIDS. For networks that focused on addressing health outcomes for a particular community sub-population, there were an array of sub-populations chosen. These include specific groups based on race or ethnicity, age, income, and insurance status. For example, several networks focused on health outcomes and access to health services for children, such as making school-based health services available for children. As the focus on systems improvement declines, it is likely that a focus on population health will increase, as rural communities take a more targeted approach to address specific health issues in their community.

One population health issue common enough to stand as its own focus area is behavioral health. The category of behavioral health deals with networks focused on addressing mental health and/or substance abuse. Historically, few grantees in the Network Planning Grant program focused on behavioral health. However, the number with networks focused on behavioral health has greatly increased over the past six years, from 2014-2020. This increase may be expected, given the lack of mental health and substance abuse resources in rural areas, and a greater societal awareness around the importance of behavioral health care, alongside rising rates of suicide in rural areas during this same period.⁶⁻⁷ Several grantees also had a sub-focus on addressing opioid use or increasing access to Medication Assisted Therapy (MAT) services in the community. Given the severity of the nationwide opioid crisis, an increasing number of grantees selected this specific issue as their focus area, which will likely continue into the future.⁸

Health information technology was another network focus area for many grantees. This includes the development, expansion, or sharing of health technological resources, including telemedicine and electronic medical records. It reflects changing trends in the types of health information technology resources needed in rural communities. Among the networks that focused on health information technology from 2003-2011, most were geared toward improving electronic medical records. From 2012-2020, there was a shift toward networks focusing more on increasing telehealth services. The COVID-19 pandemic has led to an even greater focus on increasing access to telehealth in rural areas, and future grantees might reflect that change.⁹ Across all years, there were networks focused on sharing technological resources and information among key partners, and building capacity for additional health information

technology among providers.

Given the national shortage of health care workers in rural areas, having networks focused on addressing the health care workforce was not surprising.¹⁰ Networks focused on workforce addressed recruitment, retention, development, and training of the health care workforce. Out of the 28 grantees focused on workforce, 10 networks were aimed at addressing provider shortages and related issues across all areas of the health care system. Other grantees focused on specific kinds of providers, such as physicians, behavioral health providers, community health workers, dental providers, nurses, and patient navigators. One network focused on addressing the need for more Indigenous health care workers to reflect the population of the service area of the network. Despite the need for more health care providers in rural areas, the workforce focus area was not particularly common among grantees.

Social determinants of health were a relatively infrequent focus among grantees, but this may shift as health systems increasingly address non-medical factors that impact health outcomes.¹¹ Networks that focused on social determinants include specific topics such as transportation, economic development, access to food, housing, and health literacy. As the U.S. health care system continues to center more on prevention, addressing root causes and social determinants related to health outcomes will be taking on increasing urgency in rural communities.

Only nine grantees had networks focused on addressing a loss of service in their community, largely during 2014-2017. The loss of services category means that the network aimed to alleviate the loss or upcoming loss of a health care service within the service area. Given the increase in hospital and clinic closures in rural areas over the past several years, more grantees may be focusing on this issue in the future, however service loss may also constrain the capacity of rural health care organizations to apply for grants and develop networks.¹² Finally, only eight networks focused on increasing access to and improving the quality of Emergency Medical Services (EMS) within their service area. With geographical factors like long distances, inclement weather, and aging infrastructure all too common in rural areas, many rural residents live hours away from the nearest hospital or clinic.¹³ This makes EMS an especially critical resource in rural areas.

Conclusion

Rural areas are unique, with each facing particular challenges and opportunities to improve popula-

tion health for their local communities. A strength of HRSA's Rural Health Network Development Planning Grant Program is its flexibility, allowing individual rural communities and health care entities to focus on the needs that are most pressing in their area. Further, the specific health care access and outcomes issues affecting rural communities often change over time. Grantees from this program reflected this reality in their focus areas over time. Overall, we find that network focus areas varied by grantee and across time, and that the focuses tended to be on issues important to rural health care delivery, including systems improvement, population health, behavioral health, and workforce.

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