

Review & Commentary on Health Policy Issues for a Rural Perspective – May 5th, 2005

Health Requires Multi-Sector Collaboration

This issue of *Eye On Health* is from “Collaborations to Enhance Community and Population Well-Being,” a chapter in *The 2005 Report to the Secretary: Rural Health and Human Service Issues* by the National Advisory Committee on Rural Health & Human Services. Special thanks to Keith Mueller at the Nebraska Center for Rural Health Research who was the primary author for this chapter. A glossary of key terms is on page 8. The complete report will be available at <http://ruralcommittee.hrsa.gov/nacpubs.htm>.

Purpose

“The purpose of this chapter is to suggest a policy and program agenda that would foster collaboration among community organizations and local rural leaders to improve the well-being of the community. The National Advisory Committee on Rural Health and Human Services (NACRHHS) believes that that sustaining rural communities requires effective local collaborations in which federally funded programs and payment systems are a significant but not exclusive part. Any strategy to improve and sustain the quality of life in rural communities must include coordination among service providers and local lead-

ers in multiple sectors (e.g., health and human services, transportation, education, economic development) so that programs are additive not duplicative, complementary not contradictory, and focused on individual and community outcomes not processes.”

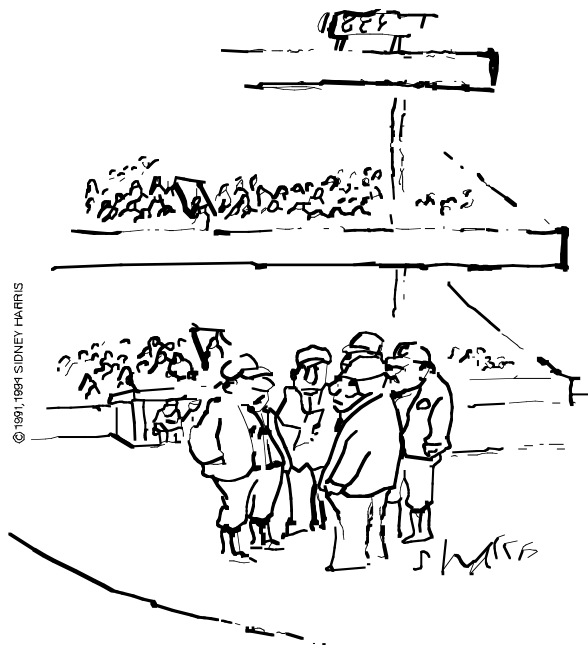
“The NACRHHS believes collaboration is a means to a broad-based goal: healthy rural communities. The goal can be realized, at least in part, by achieving the six aims the Institute of Medicine (IOM) developed

to guide policies and actions that close the chasm between the current health care delivery system’s level of quality and a system of optimum quality. The IOM’s Committee on the Future of Rural Health Care applied those aims to the broader goal of community well-being. In doing so, they recognized the importance of an inclusive approach that reaches beyond traditional health care delivery.”

“The committee believes rural communities must build a population health focus into decision making as well as in other key areas (e.g., religious insti-

tutions, agricultural extensions, rural cooperatives, education, community and environmental planning) that influence population health. Most important, rural communities must reorient their quality improvement strategies from an exclusively patient- and provider-centric approach to one that also addresses the

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“Instead of going through those nine hot, tiring innings,
I was hoping we could negotiate some kind of settlement.”

problems and needs of rural communities and populations. Figure 1 shows the committee's application of the six aims of the IOM's *Crossing the Quality Chasm* report to community collaboration."

Chapter Organization "The NACRHHS collected information during site visits to Nebraska and Mississippi detailing experiences local agencies had in creating community-wide initiatives that integrate the resources of multiple programs. We also reviewed the literature and, in this chapter, present other examples of successful local collaborations. The NACRHHS recognizes that local leadership is important to successful collaboration. From site visits and the literature, we learned more about how to develop and sustain the capacity for local leadership. In addition, the NACRHHS heard about the experiences of the Heartland Center for Leadership Development (Milan Wall, Co-Director). Our purpose was to draw lessons from these local experiences that would inform the Secretary regarding initiatives that federal agencies could undertake to further enhance cross-program integration."

Making Collaboration Work Locally: Examples, Barriers, and Incentives

Examples of Collaboration "Collaborations can also take the form of 'one-stop' service delivery, offering clients access to a variety of programs in one location. Such a collaboration exists in Southeast Nebraska, through the Blue Valley Community Action Partnership (BVCAP). BVCAP is a community-based, private, not-for-profit corporation serving 15 counties in Nebraska and Kansas. BVCAP partners with various community and religious groups, public entities, schools, and local businesses to offer over 30 programs in the following areas: health services, family services and development, child development, children and youth services, outreach services (including case management), nutrition services, emergency services,

crisis intervention, housing services and development, transportation services, and rural development."

"BVCAP was the first multi-agency Family Resource Center in Nebraska, as well as the first multi-county public health system (a partnership between public and private entities). Current collaborations include the following:

- **Health Services Program.** The BVCAP collaborates with several county health departments to offer a wide range of health services, health screenings, and financial assistance. Collaborations also occur with local clinics, churches, and hospitals to offer minority health services, immunizations, and lead screening. Case management is a vital component of the Health Services Program, integrating multiple services into one visit.
- **Gage County Safe Schools/Healthy Students.** This program is funded through a federal partnership between the Departments of Education, Health and Human Services, and Justice. Locally, mental health providers, hospitals, police, and the school

Figure 1. Application of IOM's Six Aims to Community Collaboration

Aim	Population Health Definition	Example of Community Program
Safe	Avoid accidents and injuries from hazards that may be in the community	Community planning to enhance traffic safety
Effective	Pursue community-wide interventions to enhance health based on scientific knowledge	Community planning to encourage exercise and policies to encourage nutritious food in schools
Patient- and Community-Centered	Ensure that stakeholders (education, business, transportation, health care) are respectful of community needs, preferences and values	Establishment of population health programs for minority populations responsive to ethnic cultural and language issues
Timely	Ensure early intervention to prevent or delay onset and progression of disease	Education programs on importance of nutrition and exercise
Efficient	Seek efficient allocation of community resources to maximize health impact for the community	Development of public policy that encourages a balance between personal health care and community health improvement programs
Equitable	Provide all community residents with an environment that promotes health	Creation of partnerships across sectors to raise awareness of environmental forces that impact health

districts in Gage County are collaborating to address six issues: a safe school environment; alcohol, tobacco, drugs, and violence prevention; mental illness prevention and treatment; early childhood services; reading levels among students; and safe school policies.

- Housing Development. BVCAP is collaborating with private investors, local lenders, government, and quasi-government partners to develop affordable housing for families.”

“Collaborations can occur within a more narrowly defined scope of services than that of the EMTC or BVCAP, such as those delivered by two or more health care providers. A study of five collaborations between community hospitals and community health centers (CHCs) illustrates both this type of collaboration and a variety of organizational arrangements:

- A CHC assumes responsibility for outpatient care operations of the hospital, on the same campus, under the Medical Director of the CHC who is also Medical Chief of Staff of the hospital; a joint foundation supports both entities.
- Two entities supply joint care coordination in home health, disease prevention programs, outpatient services, hospice, and mental health, sharing electronic medical records between the CHC and the emergency room of the hospital.
- Two CHCs and a regional hospital form a separate 501(c)(3) network, sharing management information systems to create an integrated delivery system with focus on disease management, quality improvement, increasing access, and supporting hospital and community pharmacies.
- A regional CHC collaborates with three hospitals for physician recruitment, wellness promotion programs, and regional dialysis/cancer treatment.
- A CHC, regional hospital, and critical access hospital (CAH) affiliate to handle tertiary referrals at the regional hospital and geriatric services at the CAH, and to share inpatient/discharge case management; they also jointly participate in disease management collaboratives for diabetes and cardiovascular conditions.”

“Even in these examples, collaborations reached beyond the narrow boundaries of a single sector to incorporate other sectors. One of the collaborations included work with congregate housing for the elderly, a logical connection for health care providers focused on geriatric services. The collaborations used funding from multiple DHHS programs: the Federal Office of Rural Health Policy (ORHP), the Rural Hospital Flexibility Grant Program that assists CAHs, and the Bureau of Primary Health Care’s special funds for disease collaboratives. Secure funding from patient care resulting from CHC status and CAH certification helped these collaborations create a stable fiscal environment for providers that allowed management to spend energies on tasks other than meeting payroll.”

“Local collaborations connecting services across a broad array of sectors might be supported by local sources of funding, aggregated in a local community foundation. The NACRHHS found an example of this in Mississippi, with the Christian Research Education Action Technical Enterprises (CREATE) Foundation that was started by a local newspaper owner and now serves as an administrative entity with eight county affiliates.”

“CREATE was started by the publisher of the local newspaper, George McLean, in 1972. The community spirit represented by CREATE has roots back to the 1940s, starting with the purchase of a prize bull that gave rise to a dairy industry that by the 1950s was generating \$10 million for Tupelo. Now Lee

The Rural Wisconsin Health Cooperative,

begun in 1979, is a catalyst for regional collaboration, an aggressive and creative force on behalf of rural communities and rural health. RWHC promotes the preservation and furthers the development of a coordinated system of rural health care, which provides both quality and efficient care in settings that best meet the needs of rural residents in a manner consistent with their community values.

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County is home to facilities from 202 firms, including 17 Fortune 500 companies. The North Mississippi Medical Center is the largest nonurban medical center in the country. The Community Development Foundation that has been active since the 1940s continues today and among its activities conducts an annual leadership institute. CREATE is now an umbrella foundation capable of managing funds for other organizations such as the Boy Scouts, United Way, the Good Samaritan Health Services free clinic, and the Sanctuary Hospice House.”

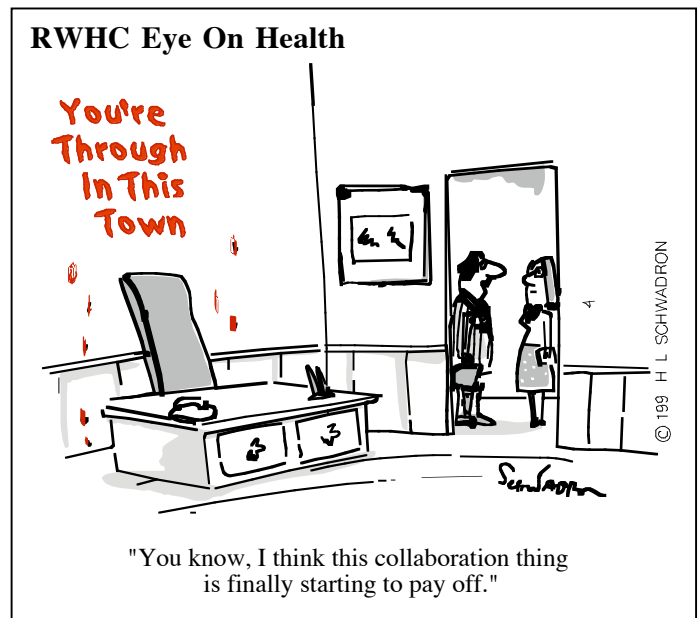
“In 2003, the CREATE Foundation completed a strategic planning exercise. Using its Commission on the Future of Northeast Mississippi (created in 1995), the foundation will invest more than \$1 million over a five-year period in a regional workforce development effort. The project’s focus areas are an indication of the breadth of activities, consistent with what the NACRHHS has learned contributes to healthy communities built and maintained through collaborative efforts: workforce development, economic development, social environment.”

“The commission will measure its success through State of the Region reports that include indicators of the state of the economy, education, public safety, social environment, health, housing, and infrastructure. Examples include the following:

- Economy: Employment composition
- Education: Graduation rates
- Public Safety: Traffic fatalities
- Social Environment: Births to single teens
- Health: Percentage receiving prenatal care
- Housing: Percentage of owner-occupied housing
- Infrastructure: Airport departures”

“The commission works well as a multi-county entity that brings organizations, public and private, together to make programs happen. The commission itself provides no direct services, nor does it develop its own programs. Each of the 16 counties in the region

Grant Watch: The Rural Health Development Council, a legislatively appointed advisory group to the State of Wisconsin’s Department of Commerce, will be looking **this June** for six rural Wisconsin communities to join it in developing the Strong Rural Communities Initiative to further improve local health indicators and reduce costs through the development of local multi-sector coalitions and interventions.



is represented on the Board of Directors of the commission. A consistent theme of the commission, and of CREATE, is that all activities are regional, on behalf of all 16 counties. CREATE makes that commitment obvious to all counties by providing a fund of \$100,000 for each county.”

“The NACRHHS identified several elements of CREATE’s success that can be incorporated by others:

- Having a clear, consistent message that ‘community development precedes economic development’ (the importance of this message was highlighted in a recent description of ‘The Tupelo Model:’ ‘that treating town and region as an interdependent community would be more productive than focusing on narrower interests, that community development is the sturdiest foundation for economic development.’
- Having a forum such as the commission for building trust among key stakeholders
- Anchoring activities, and measuring progress, by having a set of valid indicators of community well-being
- Having support of local media (for Northeast Mississippi, the Tupelo newspaper)
- Creating influence through the power of convening without interfering with program operations

- Taking advantage of dynamic, committed local leadership
- Having a vision for the future that is broader than any single activity such as creating jobs solely for the purpose of creating jobs (e.g., focusing on the quality of life in the community, including the quality of the jobs created)”

“The role for health and human services in building and sustaining this successful collaboration was obvious and manifold. First, the regional medical center is a powerful economic and social force as well as being a large health care provider. The center encourages regional collaboration through such efforts as sharing workforce projects with local colleges so that career paths are available to students, working with local clinics and hospitals in the 16-county region, and financing a residency program. A Social Environmental Task Force works on issues that cut across all sectors, with a major focus on regional racial reconciliation.”

“Collaboration is not meaningful unless it yields outcomes that meet community-wide objectives. A two-step process is involved. The first step is to create the possibility for successful collaboration by bringing organizations together and providing resources to enable them to work toward common objectives. The CREATE Foundation is an example of a permanent infrastructure designed for this purpose. Another example is the Panhandle Partnership for Health and Human Services (Panhandle Partnership) in Nebraska. This small, non-profit organization applies for grant funds to support the activities of regional agencies that work toward common objectives. For example, the Panhandle Partnership recently received a grant award from the Agency for Healthcare Research and Quality to establish an electronic medical record that will link the information systems of eight hospitals in a nine-county region, made possible because the partnership provided a forum for those hospitals to develop the plan. In human services, the same framework has facilitated a children’s outreach program and a Native American health project.”

“The Panhandle Partnership is a 501(c)3 organization made up of over 60 agencies and organizations. It does not provide services, nor does it compete with existing agencies. Instead, its primary function is to bring agencies together to maximize the use of their

resources. Examples of the Panhandle Partnership’s projects include the following:

- Service Point Information System. This system is a central client database that is available at every service point. To date, 16 agencies participate, with over 9,000 unduplicated clients.
- Childrens Outreach Program. This is a home-visit program for newborns.
- Comprehensive Community Planning Process. This process includes all of the Panhandle communities.”

Barriers to Collaboration “Collaboration takes significant time investment by involved parties and sizeable resource investments from local and federal levels. Collaboration does not occur overnight. Trust must be built, common ground must be established, and a vested interest must be made by participating parties in order for collaboration to occur. In Mississippi, we learned that nearly 10 years of building trust preceded the development of the strategic plan in 2003. Once the initial foundation for collaboration is built, other system-wide and program-wide barriers challenge service delivery collaboration.”

“Challenges to collaboration in rural areas include a lack of resources at the community level, travel distances, and a low population base (and therefore a small client base). In addition to these barriers, sometimes communities simply do not want to collaborate. The communities may have a history of mistrust or competition, and thus efforts to collaborate are futile.”

“Federal grants tend to be categorical and lack the flexibility needed for collaborative service delivery. The result is territorial service delivery instead of client-focused service delivery. Furthermore, if services are being delivered in an integrated manner, challenges may arise with the varied requirements for time reporting, evaluation, data reporting, or technology. For example:

- Payment for services is often denied when a case manager conducts a home visit that covers multiple programs. Thus, the need exists for accountable, yet flexible, time reporting that recognizes

the cost savings of delivering a variety of program services through one case management visit.

- If BVCAP conducts a home visit for multiple programs, the case worker has to complete separate paperwork for each program and enter the data into separate reporting systems. A need exists for blended technology instead of the current system of multiple, duplicative data entry.”

Incentives for Collaboration “One of the primary incentives for service delivery collaboration is to better serve the client. For example, families often struggle with multiple issues simultaneously. By offering integrated case management services, as does BVCAP, a case manager can visit a family and cover a variety of issues from several programs. Further, that case manager can continue to work with the family, which means continuity of services in a single point of contact with less family disruption.”

“A second incentive for service delivery integration is the efficient use of financial and personnel resources. At the funding level, collaborating can mean significant cost savings for federally funded programs. Cross-training personnel across a variety of programs can mean significant cost savings to the funders, as well as to the program administrators at the local level (a more efficient use of personnel means more money to use elsewhere for additional services). In the instance of a cross-trained case manager in rural South-east Nebraska, money is saved because only one case manager is used to cover a variety of programs, and only one case manager is incurring travel expenses. Cross training is also effective because rural areas may not have enough clients in a program to justify a case manager dedicated to that program. However, in consideration of the variety of needs clients may have, and thus the variety of programs they may need access to, a cross-trained case manager could deliver those needed services across a variety of programs.”

“A third incentive, obvious in Northeast Mississippi, is to link collaboration with broad goals of community well-being that include community development and economic development. When George McLean started getting local businesses and others to contribute to collaborative efforts, he did so based on the best interests of the community—the prize bull would start an industry that would generate jobs in a community hard

hit by economic decline due in part to a prolonged strike in the textile industry. That theme has continued with commission’s current workforce objectives, which also emphasize activities in each of the 16 counties in the region.”

“A fourth incentive is to encourage and facilitate the efforts of strong local leaders. In the two communities we visited, the influence of a small group of leaders, and at times a single individual, was obvious. The next section discusses approaches that can be used to help develop local leadership.”

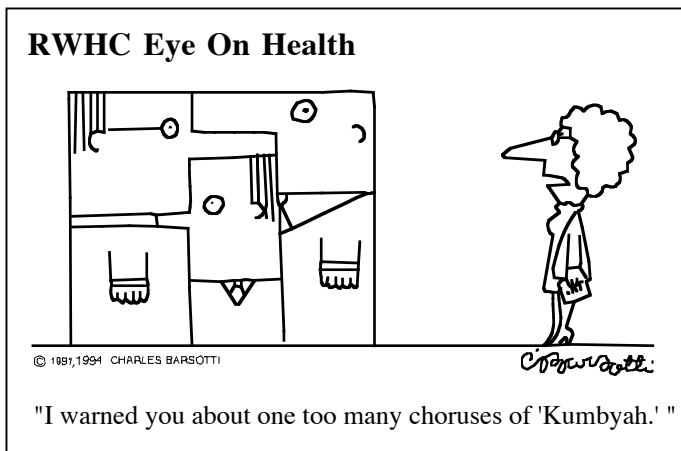
Sustaining Collaboration: Leadership Development

“Well-known preconditions for successful collaboration reported in the research literature and reaffirmed by the NACRHHS’s site visits can be encouraged by federally supported public investments. Foremost among them is the development of local leadership and leadership training for those who are in positions to influence collaboration but who lack the skills. Thus, this chapter includes a focus on leadership development and training.”

“The Heartland Center for Leadership Development (Heartland Center) in Nebraska is an independent, nonprofit organization that focuses on leadership training, citizen participation, community planning, facilitation, evaluation, and curriculum development.”

“The Heartland Center developed the ‘Home Town Competitiveness’ (HTC) approach for rural communities to build and revitalize their communities. HTC focuses on assets that exist in the community and builds on those assets in four strategic areas:

- Mobilize local leaders. HTC encourages rural communities to think beyond the ‘usual suspects’ and pursue women, minorities, and youth to function in decision-making and leadership roles.
- Capture wealth transfer. Wealth often disappears from the place it was created when inherited by a beneficiary who no longer resides in the community. HTC sets a target of converting at least 5% of the local wealth transfer into charitable assets that can then be used to fund community and economic development efforts.



- Energize entrepreneurship. HTC encourages rural communities to foster local growth by (1) planning business ownership succession, (2) assisting entrepreneurial companies that have the potential to break through to a larger market, and (3) using local charitable assets to support entrepreneurship development.
- Attract young people. HTC teaches communities how to engage youth before they leave, and how to attract youth through career opportunities, business transfer, and entrepreneurial support.”

“Five sites across Nebraska are using the HTC approach. The Heartland Center conducted a national academy on HTC in Omaha, Nebraska, in 2004. They are currently responding to requests from around the country to engage communities in leadership development. The Heartland Center has published a booklet focused on building local leadership, suggesting 10 ideas for recruiting new community leaders:

1. Ask the question, ‘Who’s not here?’
2. Look for skills, not names
3. Try involvement by degrees
4. Appeal to self-interests
5. Use a wide-angle lens
6. Define the task
7. Use current leaders to recruit new leaders
8. Create a history of efficient use of people’s time
9. Offer membership premiums
10. Market your wares”

Other Leadership Building Activities “The University of Massachusetts offers a special program, the Master Teacher in Family Life Program, to teach ‘natural leaders within poor communities the infor-

mation and skills they need’ to create a community system with fellow residents about important issues that include health and education, and to create and sustain a network for people to use their knowledge to make changes in their lives. The W. K. Kellogg Foundation has a special set of instructional modules on its Web site for developing community capacity and sustaining community-based initiatives. The first chapter of the ‘Developing Community Capacity’ module is ‘Leadership: Building Capacity to Lead a Community-Based Process.’ The chapter describes the skills that are needed and provides case studies. The learning objectives for the chapter include the following:

- Comprehend the essentials of the new kind of leadership required for collaborative community efforts and the difference between traditional forms of leadership and this new model.
- Understand the primary role of the new leader.
- Recognize the skills and attributes needed by an effective collaborative leader.
- Become aware of traps to avoid in exercising collaborative leadership.”

The Results: Creative Local Leadership From a Variety of Sources “A case example of creative leadership in New Mexico was summarized for the NACRRHS. In the four corners region of the state, specifically the community of Farmington, a 30 to 40 year history of conflict is coming to a close thanks to the efforts of two leaders with a shared vision of improving the regional economy through collaborative programming. The region includes both civic and tribal jurisdictions whose history includes discrimination so obvious that in the 1970s the U.S. Department of Justice conducted an investigation. In 2000, the mayor of Farmington and the Vice Chairman of the Navajo tribe developed a friendship that enabled them to jointly examine problems in the community. They convened nine organizations and signed an agreement creating a new health authority. In the spring of 2001, they received funding through the Community Action Program that helped them maintain momentum for the activities of the new authority. Thanks to the experiences of the Community Action Program grant, the Navajo nation has brought together other mayors to

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address regional problems in economic development, housing, and roads, solidifying a commitment to collaborative work that achieves common goals.”

“Chuck McCauley, a physician at the Marshfield Clinic in Marshfield, Wisconsin, became a local leader as a result of recognizing that obesity was a community problem that needed community solutions. Dr. McCauley was instrumental in launching a community program, ‘Healthy Lifestyles.’ Key to the success of the program was the fact that it originated with a physician and the clinic in which he worked. In September 2001, the clinic launched Healthy Lifestyles, with a \$100,000 budget. The school system was an early partner in the community collaboration, believing that the best starting point in the community was with children. Private businesses in the community were among the next organizations to participate, with one firm mapping out a one-mile walking path on

its grounds for use by a walking club. The program’s success can be attributed to the effort of one leader with credibility to address the issue and standing in the community. Leadership from the medical community was essential.”

Terminology

Collaboration: “Two or more local organizations taking action based on decisions they reach together.”

Community: “An aggregation of individuals in a geographic space that includes at least one public entity for general governance. In rural America, a community is typically a local government jurisdiction and surrounding area.”

Integration: “Two or more organizations arrange to have at least one service from each contribute to the same program. Integration can be as minimal or extensive as the organizations desire. A memorandum of understanding or similar document may be used to combine services; a separate organization may be formed to operate a new program that combines services from multiple organizations, or organizations may merge into a new formal governance structure. In any of these arrangements, the connection of related services is seamless to the end user.”

Services: “Those activities that deliver value directly to clients of a local organization.”

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