RURAL HEALTH INITIATIVE

Assessing the Impact

The REACH Healthcare Foundation's Rural Health Initiative (RHI) was launched in 2012 to identify innovative strategies to significantly improve access to health care services and reduce health inequities in three rural counties in the REACH Foundation's service area: Cass and Lafayette in Missouri, and Allen County, Kansas. At its core, RHI is a systematic and coordinated approach to community capacity building that involves technical assistance, facilitation and other support to help rural leaders build local community networks, expand leadership and use innovative workgroups to identify solutions and champion change.

Evaluating community change requires identification of how the initiative components will ultimately lead to the desired goals. Yet, it needs a strategy more flexible than traditional evaluation to enhance innovation and evolve quickly based on new learnings. Therefore, the RHI evaluation design combines two complementary approaches: theory of change and developmental evaluation.

Theory of Change

A Theory of Change provides a specific and measurable description of a community change initiative that forms the basis for strategic planning, ongoing decision-making and evaluation. It explains how a group of early and intermediate accomplishments set the stage for producing long-range results and helps identify assumptions that explain both the connections between early, intermediate and long-term outcomes, and the expectations about how and why proposed interventions will bring about results. The Theory of Change is a graphical representation that displays the pathway of change.

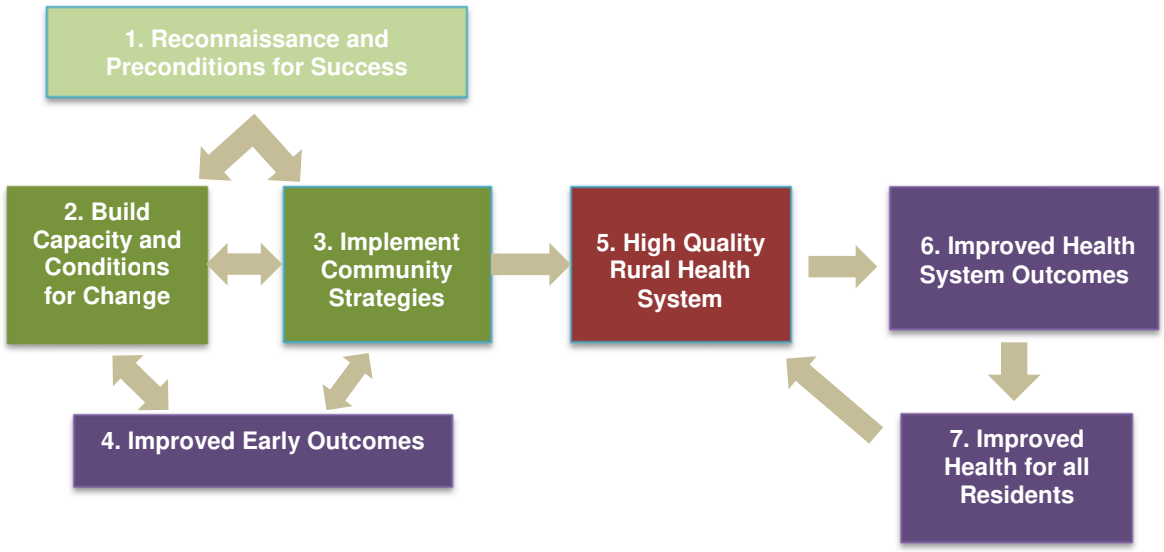
The stakeholders of the RHI have worked with the RHI evaluator to create an overarching theory of change for the Initiative. In order to achieve the long-term goals of "improving community health outcomes" and "reducing disparities in those outcomes," research and practice suggest that the RHI counties need to achieve the following intermediate outcomes:

1) Increase access to health services
2) Improve quality of care
3) Ensure better coordination among health service providers
4) Improve utilization of health services by consumers
5) Create a culture of health/prevention

To improve these intermediate outcomes, the health care system needs to be streamlined and more effective using specific approaches. Finally, for the health system to be more effective, the community must build the capacity and conditions for this kind of meaningful change to occur.[1] See Figure 1 for a visual depiction of the RHI Theory of Change. As with any good theory of change, it continues to evolve as the RHI stakeholders learn more about what it takes to create meaningful change.

[1] More specifics about the RHI theory of change – as well as the local adaptations of it – are available upon request.

Figure 1. The REACH Healthcare Foundation's Rural Health Initiative Theory of Change



Evaluation Design: Developmental Evaluation

RHI needs a program evaluation design that can capture the shifts in thinking – and, in turn, shifts in implementation strategies – that occur with new learning. Developmental evaluations can facilitate nearly real-time feedback to stakeholders, thus facilitating a continuous feedback loop (Patton, 2010). Measures and tracking mechanisms are developed quickly as new outcomes emerge; and data is shared in a user-friendly format. In this way, the evaluation ensures that stakeholders learn enough to get to impact.

The RHI evaluation uses the theory of change to guide data collection and help stakeholders clarify the "what" of the initiative. These data are then shared in a continuous feedback loop to make mid-course corrections in implementation interventions as needed. For example, the RHI Stakeholders have utilized their network maps to articulate community needs common across multiple organizations as well as to identify community members and/or organizational partners interested in engaging and/or leading workgroups around identified community needs. In addition, a brief survey capturing participants' experiences of the network culture was recently developed to be used after each RHI meeting. These data are captured via Google forms to make it both free and easily accessible to RHI stakeholders (via smartphone, tablet, or computer). Data are then fed into a dashboard that can be immediately accessed by the meeting participants. In this way, the team can review whether they are meeting their goals of supporting emergent leaders, establishing a venue for innovative ideas to surface, and collaborating with new partners.

Data Collection Activities and Schedule

Data associated with early, intermediate and long-term outcomes have been collected throughout the initiative. As the initiative evolved, tools such as surveys and interview protocols have been adapted to more accurately represent new learnings.

Data Source	Implementation Year			
	2013	2014	2015	2016
Network Mapping		X		X
Interviews	X	X	X	X
Surveys: Network Culture, Skill Building, Leadership Development, etc.		X	X	X
Surveys: RHI Structures		X	X	X
Surveys: RHI Capacity			X	X
Public Data Sources: Key health outcomes	X	X	X	X
Document Review (e.g., Meeting minutes, agendas)	X	X	X	X

Selected Early and Intermediate Outcomes

Early results for RHI suggest that the initiative has moved key early and intermediate outcomes. While many health trends are improving in RHI counties, there are still tremendous disparities in health status due to high concentrations of vulnerable populations – those in poverty and aging in Allen County; migrant workers, Spanish-speakers, minorities and the aging in Lafayette County. The counties are using learnings to date to rally around these challenges. Data are current through spring of 2015.

EARLY OUTCOMES: CAPACITY BUILDING

- *Emerging Network Culture*: Increased pursuit of innovative ideas; increased inclusion of new and more diverse community partners in collaborative projects.
- *Building Relationships*: More meaningful, strategic relationships among key organizational entities. These relationships have led to more synergistic opportunities to support the health care system.
- *Identifying New Leaders*: RHI has supported the identification and engagement of new community members to lead different aspects of the community change initiatives.
- *Innovative Self-Organizing*: development of highly successful innovative working groups to solve health access problems.
- *Identifying New Resources*: Since the outset of RHI, county stakeholders have been able to leverage RHI funds to secure additional dollars to support their work – Allen County has brought in $844,550 and Lafayette County has brought in $2,675,000.

INTERMEDIATE OUTCOME: INCREASE ACCESS TO HEALTH SERVICES

- There has been a DECREASE in the percentage of uninsured in both counties due to a focus on ACA enrollment. There was also a significant percent increase in ACA marketplace enrollees between 2014 and 2015 with Allen County's percentage increase at 120% and Lafayette's percentage increase at 72%.
- There has been a significant INCREASE in the number of new providers brought into RHI counties – a generally large challenge in rural counties. With a population of 13,124, Allen County has secured five new providers. With a population of 32,943, Lafayette County has added 16 new providers.
- As a result, there has been a dramatic DECREASE in the county health measure pertaining to "Ratio of Population to Primary Care Physicians" where lower numbers are better, indicating each professional has fewer patients to serve and is, therefore, more accessible.

Ratio of Population to Primary Care Physicians

	2012	2013	2014	2015
Allen County	6634:1	3337:1	3331:1	2664:1
Lafayette County	4689:1	3340:1	3321:1	3007:1

Important learnings and intriguing questions about how best to implement community change in rural environments have been uncovered: What is the role of a rural backbone organization to lead the charge? Do you need an outside entity (e.g., funder) to create urgency? How do you create a safe space for innovation where participants try on new roles when "everyone in a rural community knows each other"? Do you need to create a culture of health in order to change the health beliefs of those living in generational poverty? These and other questions have been faced head on during early implementation of RHI and continue to be considered as the RHI teams strive to strengthen and deepen implementation of the RHI in Missouri and Kansas.

Additional Resources

Dana H. Taplin, Dr. Heléne Clark, Eoin Collins, and David C. Colby (2013). *Theory of Change Technical Papers: A Series of Papers to Support Development of Theories of Change Based on Practice in the Field*. ActKnowledge: New York. http://www.theoryofchange.org/wp-content/uploads/toco_library/pdf/ToC-Tech-Papers.pdf

Patton, Michael Quinn (2010). *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use*. Guilford Press, New York.

Learn more about the REACH Healthcare Foundation

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