



RURAL HEALTH INITIATIVE

Sustainability of the Initiative

There are many different ways to think about sustainability of a community change initiative, such as the REACH Healthcare Foundation's Rural Health Initiative (RHI). According to the Centers for Disease Control (CDC, 2012), sustainability is defined as "a community's ongoing capacity and resolve to work together to establish, advance, and maintain effective strategies that continuously improve health and quality of life for all." To build such sustainability, RHI encourages a three-part network strategy that increases a community's capacity to make and sustain change. This strategy includes building strong networks, increasing the capacity of many people in the community to initiate collaborative projects, and opening new resource flows into the community.

Building Strong Networks

Network Mapping, Analysis and Enhancement:

Building a strong network with a well-developed core group of participants willing and able to work together is critical to the long-term sustainability of health access activities. Strong networks also need people from other places who can be accessed for innovations and new resources – this is referred to as the "network periphery."

Through network mapping, network participants develop a visual understanding of their network, which enables them to take explicit steps to create a more sustainable – diverse, inclusive and connected – network. RHI stakeholders have used network maps to identify people from underrepresented organizational types, such as faith-based organizations and from the most rural parts of their counties, and invite them to core teams or to participate in new projects.

Network Mindset:

One of the most essential features of a sustainable network is when many people in that network have a network mindset. A network mindset means that participants value and practice openness, innovation, experimentation, diversity and inclusion, collaboration, flexibility and letting go of control. These qualities enable people and organizations in the network to experiment, work together, and learn from their experience so that a continual stream of new activities can arise to increase access to healthcare.

RHI has used online surveys (accessible via computer, smartphones or tablets) to help network participants become more aware of these values and behaviors, notice challenges and develop strategies to shift behaviors.

Expanded Network Leadership:

Increasing the number of people in a community who see themselves as network leaders is critical for sustainability. Network leadership differs from traditional leadership in that it is about taking responsibility for the health and effectiveness of the whole network and helping others see themselves as leaders who are able to initiate action. In rural communities the pool of visible leaders is often small. The sustainability of the

network can be greatly increased by identifying potential, “hidden” leaders (often by using network maps). Having co-coordinators for working groups is another way that RHI counties have used to expand leadership. Having co-coordinators provides opportunities for diverse partners to step into leadership roles they might not have been willing to take on alone, and creates opportunities for seasoned leaders to mentor new, emerging leaders.

Building Capacity for Action and Improvement

Network Structures:

Sustainable networks set up structures that encourage many people to initiate collaborative projects to increase access to healthcare for county residents. Once communities understand self-organizing – the capacity of anyone in the community to see a need and join with others to do something about it – they are likely to continue this mode of action indefinitely.

In RHI, counties set up core teams who build the county network, identify barriers to access, and encourage residents to form working groups to tackle specific barriers. For example, counties set up working groups around Affordable Care Act (ACA) outreach. In addition, a Connectors working group was established in Lafayette County, a mental health working group in Cass County and a working group in Allen County to help individuals move out of poverty.

Tracking, evaluation, and improvement:

Key to increased sustainability is development of a Theory of Change that guides community action. Because working in networks is a new way of making change, using surveys and dashboards for data collection/analysis, along with reflection sessions on those results, can facilitate behaviors that lead to increased network sustainability.

Allen County has developed a customized Theory of Change to guide its work; Lafayette County is still in the process of doing so. Two of the counties have experimented with surveys that track changes in meeting process and network behavior, and engaged in reflection sessions to identify success and future TA needs.

Opening New Resource Flows

Even the least populous rural community has “hidden” or untapped resources that, when mobilized, can increase the sustainability of that community. One of the major resources unleashed in the RHI project was the capacity of counties to learn about new resources from each other and from their periphery (REACH Foundation staff and the TA Team). For example, the counties learned at an RHI community of practice that there was shared interest in pursuing a similar solution for addressing transportation barriers. By teaming up, the RHI counties built on shared resources and together created a strong proposal to seek external funding.

Lafayette County’s RHI Network formed a Connectors working group that enables people to be connected to services and other resources no matter which agency or organization they use. The intake staffs of several dozen organizations met monthly to learn about each other’s services, bringing representatives from agencies such as the Social Security Administration to discuss

benefits, eligibility and intakes processes, and to develop a county resource guide. In this way, currently available services in the community are made more accessible to those needing them.

Allen County has a working group that enables people living in poverty to develop networks of local “allies” who help them access a variety of services so that they become more self-sufficient.

All of the counties have utilized the RHI structures to create a forum for discussion of whether and how to partner on new funding opportunities. They also have leveraged RHI structures and programs when applying for other grant opportunities, leading to an increase in revenue streams for all of the partners. REACH has invested over \$1 million in RHI. As of June 2015, those RHI dollars have been leveraged by Lafayette County to bring in an additional \$5,258,745, and an additional \$1,147,550 Allen County.

Additional Resources

Beth Kanter and Allison Fine, *The Networked Non-profit: Connecting with Social Media to Drive Change* <http://amzn.to/1lirNi4>

Holley, June (2012). *Network Weaver Handbook: A guide to transformational networks*. Athens, OH: Network Weaver Publishing.

Learn more about REACH Healthcare Foundation

Visit us at **www.reachhealth.org** or contact:

William Moore, Ph.D., Vice President of Programs and Evaluation, REACH Healthcare Foundation
Phone: (913) 432-4196 **Email:** bill@reachhealth.org **Twitter:** @wmoore_KChealth