

Purpose and Goals - Reminder

To improve the health of people living in rural Delta areas by:

- » Improving systems of health care in rural areas in the Delta
- » Strengthening rural Delta State community organizations' ability to develop and implement projects to address local health care needs



Program Structure

- » Total program allocation = \$5,281,639
- » Amount awarded to each State is based upon # of rural Delta-designated counties
- » Grantee subcontracts two-thirds of grant funds to fund local networks
- » Approximately \$17,700 per county



Networks vs Networking

Given limited DSRDN program resources, ORHP recognizes that grant funds will contribute to networking more so than resulting in creation of "formal" rural health networks



Networking

- » Communicating, meeting
- » Sharing ideas
- » Joint planning
- » Working on a project together
- » Coordinating functions or services



Rural Health Network

A formal organizational arrangement among at least three separately owned health care providers (and others) that provide or support the delivery of health care services. The purpose of an integrated network is to foster collaboration and integration of functions among network entities to strengthen the viability of providers, the coordination of services for the population to strengthen the rural health care system overall.



Both Can Improve Access to Care By:

- » Examining community health needs
- » Developing fundable health intervention projects
- » Identifying potential funding for these projects
- » Implementing projects



Grantees either...

- » Developed process for creating networks/coalitions

OR

- » Built on existing network/coalition entities



Resources Distributed at Two Levels

- » Program requires the grantee to assemble a state level “network” or steering committee consisting of at least 3 organizational partners
- » Partners create process for subcontracting grants funds
- » Grantee must have capacity to assist communities to form and implement local outreach networks



Key Needs Identified in Year One

- » Create access to:
 - primary care
 - dental care
 - mental health services (short and long term)
- » Chronic disease management/ intervention programs
- » Transportation to services
- » EMS support
- » Wellness and health education programs that support lifestyle changes



Key Needs (continued)

- » Recruiting health care providers to communities
- » Increasing awareness of available services
- » Conducting community health needs assessments
- » Implementing school-based health services



Program Challenges

- » Integrating Delta Network program with existing efforts
- » Conversely, starting from “scratch”
- » Internal and external mechanisms for communication with other entities
- » Receipt of multiple applications from a single county
- » Need greater than available resources



Current Program Emphases

- » Flexibility
- » Inclusiveness – include hospitals and other key providers to the extent practicable
- » Projects with promise
Does it support future efforts? Or.....
Does it “plug a hole”?
- » Building for the future



Program Flexibility

Office of Rural Health Policy recognizes:

- » Differing environments
- » Differing infrastructures and existing resources
- » Some states/communities already conducted needs assessments, others had not



Inclusiveness

- » Are key health providers involved?
- » What would it take to bring them in?
- » Delta Rural Hospital Performance Improvement project (Delta RHPI)



Projects with Promise

- » Find out as much as possible about applicants
- » Is the project “forward-looking” in its approach?
- » Anticipating future needs, future trends
- » Projects with potential



Moving Forward

- » Planning is important
- » Understanding the problem, reviewing data
- » Implementation is key
- » Help communities identify resources
 - New Rural Health Network Development Planning Grant Program
 - Recognition of State and local budget cuts
 - Uncertain future of DSRDN funding



If you still aren't sure....

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