

Leveraging Partners and Assets to Improve Health and Equity: Recommendations for the Robert Wood Johnson Foundation

Project Overview

With funding from the Robert Wood Johnson Foundation (RWJF), the NORC Walsh Center for Rural Health Analysis (NORC Walsh Center) is conducting a one-year formative research study to explore opportunities for diverse rural stakeholders that will accelerate or fundamentally improve health and equity in rural communities. This is being done through enhanced understanding of culture and history, priorities, assets, partners, and promising strategies unique to and common across rural communities and regions. The NORC Walsh Center team has engaged several partners across sectors and geographic scales to understand how rural capacities can be leveraged to improve health and equity.

The NORC Walsh Center project team has finished conducting several data collection activities, including a peer-reviewed and grey literature synthesis, a national discussion forum, key informant interviews, and four regional community forums, and are now beginning to vet preliminary findings and recommendations in partnership with the State Offices of Rural Health (SORHs) (See Appendix A for a project overview and timeline).

Vetting Session Objectives

The purpose of this document is to provide a brief background of the project and preliminary recommendations in advance of the SORHs vetting session discussion. The NORC Walsh Center team will provide more detail at the beginning of the session. The objectives of the vetting session include:

1. Provide background and overview of RWJF study
2. Review preliminary findings
3. Discuss and refine preliminary recommendations

Project Update

The project team, along with RWJF, developed the following research questions to guide the study:

1. What **assets** can be leveraged to support health and equity in rural communities?
2. What **assets exist in different rural regions**?
 - What are the **similarities and differences** in assets across rural regions?
 - Are there **common assets**?

3. What **cultural factors** exist within and between rural regions that impact health and equity?
4. What types of **promising strategies** exist to leverage rural assets to improve health and equity?
5. How can **specific assets** such as culture or social cohesion accelerate improvements in health and equity?
6. Who are the **change agents**, champions, and partners in different rural sectors that can support a culture of health in rural communities?
7. Why have **challenges** not been overcome with respect to improving health and equity in rural communities?
8. What are the **opportunities for action** for RWJF and others to build on current work to leverage assets to improve health and equity? What are the **implications** of our findings?

In an effort to understand and describe rural assets and strengths, the project team reviewed relevant literature from the past 10 years. The project team identified over 300 peer-reviewed articles, and from these findings constructed a map highlighting different types of rural assets, to be used as the foundation for generating understanding of how to create positive change in rural communities (Appendix B). This framework was adapted from the work asset-based community development work of John L. McKnight and John P. Kretzmann, which is grounded in principles of community development, recognizing that communities can build and drive change, and that this change is driven by the resources and capacities of individuals, organizations, and communities working together.¹

To refine this framework, the project team hosted a discussion forum at the National Rural Health Association's (NRHA) Policy Institute meeting in Washington, D.C in February, 2017. The purpose of this forum was to engage representatives from different sectors at the national level to gather additional information related to assets in rural America, as well as to discuss strategies and opportunities for communities and national organizations to leverage these assets to improve health and equity. Following the forum, the project team conducted 24 telephone key informant interviews to further explore these topics with additional sector representatives who are not based in the Washington D.C. area. Key informants included local, regional, and national foundations, leaders in rural mental health, aging, education, rural economic and community development organizations, and experts in food, faith, and healthcare systems, among others.

Following the key informant interviews, the project team organized four regional community forums across the country to understand a community's experience across sectors on efforts to improve health and well-being, and what that means within the broader region. Forums centered around three main topic

¹ Kretzmann, J.P. and McKnight, J.L. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing Community Assets*. ACTA Publications, Chicago, IL: 1993.

areas with associated discussion questions: 1) Community assets, 2) Partnerships and cross-sector strategies, and 3) Key recommendations for positive change. The four regions and communities included:

- U.S. Mexico Border: Deming, New Mexico
- Delta: Delhi, Louisiana
- Northeast: Norway, Maine
- Upper Midwest: Black River Falls, Wisconsin

Even though the project team is still conducting formal analyses on the wealth of data collected throughout the course of the project, there are emerging preliminary recommendations for national organizations and other rural stakeholders to support efforts that strengthen communities and improve health.

Preliminary Recommendations and Opportunities for Action

Preliminary recommendations for national organizations to engage in rural communities are beginning to form into three general categories: 1) Rural Assets and Opportunities, 2) Requests from Rural Communities, and 3) Specific Opportunities for Action.

1. Rural Assets and Opportunities

- There is great potential in rural communities due to several common assets, including:
 - Social cohesion, collaboration, and multi-sector approaches
 - Creativity and innovation
- A small financial investment makes a large and lasting impact in rural communities
- Competition for resources vs. collaboration among organizations working to improve health and equity
- Fewer confounding variables allow for robust evaluation
- Improving health is already a shared value
- Significant opportunities for improvement in rural health and equity due to growing health disparities

2. Requests from Rural Communities

- Consider longer-term funding cycles
- Matching requirements can create barriers for rural communities
- Consider the definition of “success” and “impact”
- Partner with regional, state, and local funders who have a pulse on community needs and can manage smaller amounts of money

- They also have a pulse on local culture and key barriers that need to be overcome (i.e. politics, perceptions of responsibility to address health)
- Balance the need for consistently structured programs vs. flexibility to address local priorities
- Consider the power of qualitative data
- Rugged independence makes rural communities hesitant of being told what to do from “outsiders,” so building relationships and trust is key

3. Specific Opportunities for Action

- Focus on capacity building and technical assistance as opposed to sustainability planning
 - Areas can include: grant writing, evaluation, community organizing, meeting facilitation
- Support local quantitative and qualitative data collection and analysis to build a rural evidence base
- Rural communities can implement pilot programs and then scale-up to larger communities or scale-across to other ‘like’ communities
- Integrate rural into existing programs and efforts
- Public-private partnerships to navigate perceptions of government
- Network building to align groups and programs working to achieve related missions
- Create a national rural peer-learning community
- Grow the next generation of rural health leaders
- Utilize regional approaches to increase collective impact, distribute resources, and address social determinants of health

Overall Discussion Questions for SORHs

The following discussion questions are designed to stimulate thought in advance of the vetting session discussion.

A. Recommendations for National Organizations and Funders

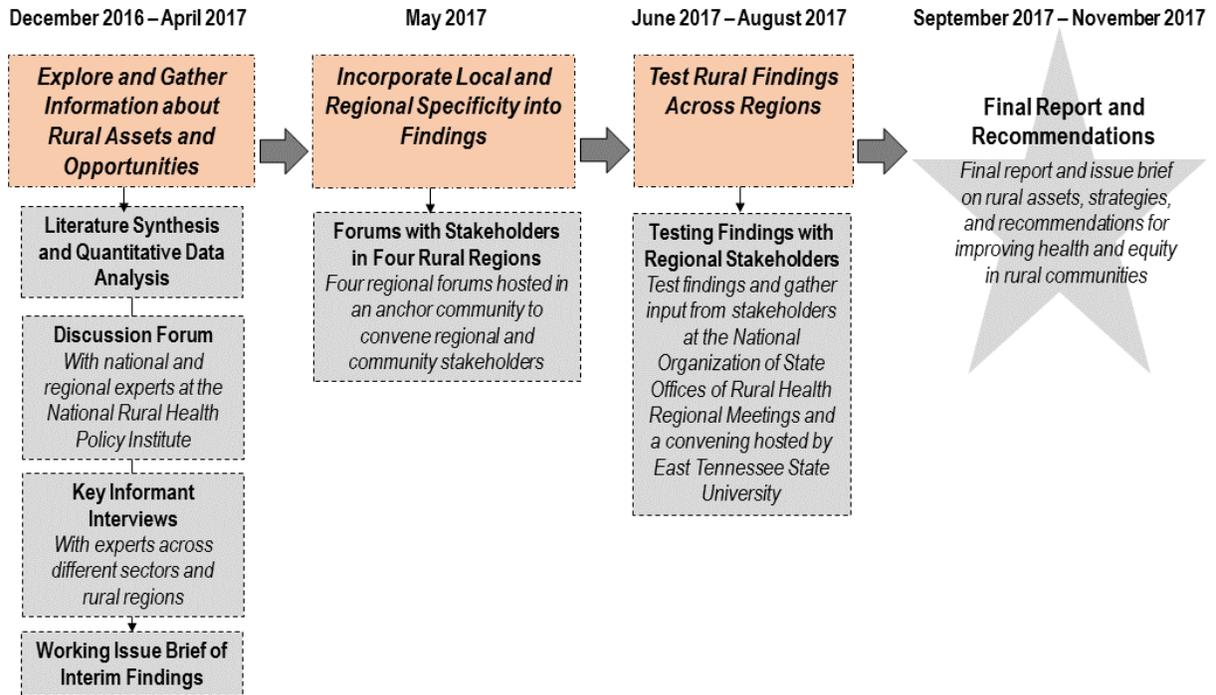
1. What experiences have you had with funding from the Robert Wood Johnson Foundation?
2. What do national organizations and funders need to know about rural communities? About your region?
 - a. Demographic trends?
 - b. How do systems work differently in rural areas?
3. What specific recommendations do you have for national organizations and funders to invest in rural communities?
 - a. How can these recommendations be implemented?
4. How can national organizations and funders ensure a ‘return on investment’ when supporting rural communities?

5. What is your pitch to national organizations and funders to make them want to invest in rural communities and regions?
 - a. What is your counter-argument for hesitation to invest in rural communities and regions?
6. What would make the recommendations most useful to national organizations? How can they be organized and presented?

B. Opportunities for Action

1. What types of support are needed in your region to accelerate change?
2. Are there remaining barriers that must be overcome to positively impact rural communities? How can they be addressed?
3. What are the starting points? What are the leverage points?
4. Who are the key influencers, partners, and networks that must be engaged? Who are the facilitators of change?
5. How do we build bridges across different population groups?
6. What are the opportunities to address social determinants of health and systems-level priorities in rural communities?
7. What are key promising strategies for improving health and equity in rural communities?

Appendix A: Project Timeline





Contextual Factors: *Political environment, policies, history*