



## **Rural Health Capital Resource Council National Organization of State Offices of Rural Health Strategic Directions October 2022**

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With support from the Federal Office of Rural Health Policy for FY 2022-2023, the National Organization of State Offices of Rural Health (NOSORH) has convened a national expert group to form the Rural Health Capital Resources Council.

The Council brings together over 30 national organizations, philanthropic organizations, regional community development finance organizations, State Offices of Rural Health, and federal agencies. The organizations represent community development finance, housing, economic development, rural health, broadband, and the many components that comprise healthy communities. The Council met in March and May 2022 in virtual sessions and in-person in Baltimore on June 13-14, 2022 and will meet quarterly in FY 2023.

The goal of the Council is to develop a strategic and sustainable approach to helping rural communities, hospitals, healthcare organizations, and clinics access the capital they need for infrastructure, new services, and addressing community health needs. Tom Morris, Associate Administrator for Rural Health Policy in the Health Resources and Services Administration (HRSA) outlined key themes for the work of the Council at the March 4, 2022, meeting:

- Bring together key people with a breadth of experience
- Collaborative approaches
- Learning from each other
- Engaging federal agencies, economic development, Federal Reserve, philanthropy with State Offices of Rural Health (SORHs)
- Build on the work of the Interagency Policy Committee
- Identify the best role for NOSORH, State Offices of Rural Health and FORHP

The Rural Health Capital Resource Council and NOSORH will provide leadership in continuing to develop capital resource expertise and technical assistance for SORHs, capital resources organizations, and communities. The following pages provide a summary of the strategic planning that took place throughout FY 22, including a two day in person strategy session in Baltimore, June 13-14, 2022.

## ***Strategic Directions and Concepts – Strategic Planning Summary***

*Connectivity, catalysts, capacity, placemaking, relationship building, partnerships, stacking capital, streamlining, building on existing resources, equity, rural prosperity, linking buyers, producers and consumers of health, multi-sector, community focus, TRIC (Tailored, Resilient, Inclusive Collaborative)*

### **Themes, Ideas, Projects**

- Capital for infrastructure, drivers of health and community well-being
- Bring people together
- Tailored, collaborative approaches
- Learn from each other
- Create multi-sector approaches, learning how to talk to one another with shared language
- Engage federal agencies, community and economic development, Federal Reserve, philanthropy, and State Offices of Rural Health
- Build on the work of the Interagency Policy Committee

### **Specific Recommendations From Council Members and Stakeholders**

#### **Convening**

- **Nationally:** Convene rural health and capital resource partners at a national level to increase understanding, opportunities for shared work – build deep relationships to build trust
- **Locally:** We need *catalysts* - conveners of cross sector structure, funding for a “person or office” to do the cross-sector work – amassing and getting resources
- **Collaboratively:** Create and sustain a council around shared issues
- **Multi-sector:** Provide state and regional level opportunities for multi-sector rural health capital resource collaboration, training, and technical assistance
- **Structure:** HRSA is in an ideal role to facilitate this collaboration across multiple sectors
- **Connecting** CDFIs and other sources of capital to SORHs, at a national level through NOSORH, and through state level technical assistance and support

#### **Training and Technical Assistance**

- Creating a toolkit/template of services, activities, partners working in this space – rather than reinventing the wheel – where can we take, replicate, scale
- Creating joint training opportunities among State Offices of Rural Health, Community Development Finance Institutions, federal funders, philanthropy, and national organizations
- Can we host a regular Zoom call of RHCRC members to support ongoing peer learning? A peer learning network would be more valuable than one-way education. Consider what

strategies would be needed to build regular attendance on this call. Can we establish an email list-serve to help establish this network?

- Create a communication plan - get creative and bring the “communication sector” to the table, have a strong media kit, look at RWJF Systems for Action, learn from others, share success, share knowledge, engage the communication structures of the partners that area already in place

### **Building on our Strengths**

- Building on existing collaborative work of organizations such as Building Healthy Places, White House Rural Policy Network, Federal Reserve Community Development, Anchor Network, National Organization of State Offices of Rural Health, Rural LISC, USDA, SBA, and many more
- Scale up successful projects highlighted in RHCRC meeting presentations at the local, state, regional and national level
- Get this topic and successful models on the agenda of national meetings – e.g., American Hospital Association, National Governor’s Association, Opportunity Finance Network, USDA Rural Development, National Organization of State Offices of Rural Health, NRHA
- Build communications through continued convening of this group, shared website resources, webinars, and training opportunities
- Explore the potential for NOSORH and SORHs to be technical assistance providers on capital resources, in collaboration with the partners

### **Promoting Equitable Opportunities for Access to Capital for Rural Health**

- Build on the work around rural prosperity from the Federal Reserve, Aspen Institute, Brookings Institute, Building Healthy Places Network, and others – much of it funded by the Robert Wood Johnson Foundation
- Think of equity in the rural frame of mind – utilizing concepts of opportunity, including everyone, engaging, fairness, bringing everyone to the table
- Promote the role of community catalysts, navigators, liaisons, or community health workers to accomplish this work at the community level
- Articulate clear pathways for stakeholder involvement in a project, and for interested parties to understand what step they are at in a project – engaging stakeholders who are not typically at the table
- Assist communities in prioritizing capital needs, utilizing community health needs assessments

### **Develop a sustainable model for multi-sector engagement**

- Build on existing partnerships and multi-agency efforts. Partnerships are an “asset”
- Articulate how financing is blended and stacked to support rural health projects – hospitals, clinics, housing, childcare, transportation, etc.
- Gain greater economy by working together
- Utilize SORH infrastructure – not starting from scratch, regional opportunities
- Are we trying to make more efficient what already exists or creating new?

- A center/hub could help with efficiency
- Who’s in the hub/center? Is it a network at the national/state/local level?

## FY 2023 Goals and Objectives

<b>Goal</b>	<b>Improve access to rural healthcare and build healthy rural communities by increasing access to needed capital resources</b>
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. <b>Convening:</b> Create a multi-sector Council and Center infrastructure for on-going communication, strategic planning, and program development</li> <li>2. <b>Training and Technical Assistance:</b> Create toolkits, joint training programs, peer learning and technical assistance to support multi-sector rural health capital resource programs at the national, state, regional and local level</li> <li>3. <b>3. Build on Strengths:</b> Increase understanding and participation in existing multi-sector, collaborative policies, projects, and models that increase capital resources for rural health.</li> <li>4. <b>Equitable Opportunity:</b> Task the Council and Center to be intentionally inclusive about who is at the decision-making table, who benefits from the work, and that it is created and carried out through a collaborative process (Targeted, Resilient, Inclusive, Collaborative – TRIC).</li> <li>5. <b>Sustainability:</b> Develop a sustainable model for multi-sector engagement for rural health capital resources</li> </ol>

### *Approach*

*The Rural Health Capital Resources Council is a network of organizations and agencies that serve and are providing resources to rural communities, rural organizations, and rural health. While each exists within prescribed agency or organizational mandates, collectively they provide the opportunity to deliver collaborative programs, stack financing, and address a broad range of conditions that impact rural health, community prosperity and wellbeing. As a council, advising a center, there is the opportunity to*

- Improve access and quality of health care in rural areas through sustainable programs that address health and the drivers of health through collaboration
- Demonstrate and collectively document improved health outcomes and community impact
- Promote the sustainability of the Rural Health Capital Resources Council and Center through the creation of diverse products and services
- Utilize evidence-based approaches for rural health and prosperity

## Strategies

*Goal: Improve access to rural healthcare and build healthy rural communities by increasing access to needed capital resources*

<b>Objective 1</b>	<b>Convening: Create a multi-sector Council and Center infrastructure for on-going communication, strategic planning, and program development</b>
<b>Strategies</b>	<ul style="list-style-type: none"> <li>a. NOSORH will convene quarterly meetings of capital resources stakeholders to continue with joint communications, sharing of resources, strategic planning, and exploration of joint program development</li> <li>b. NOSORH, with Capital Resources partners, will provide guidance to SORHs and partnering organizations on how to convene capital resource partners at the state level</li> </ul>
<b>Objective 2</b>	<b>Training and Technical Assistance: Create toolkits, joint training programs, peer learning and technical assistance to support multi-sector rural health capital resource programs at the national, state, regional and local level</b>
<b>Strategies</b>	<ul style="list-style-type: none"> <li>a. NOSORH will create a resource section for the Rural Health Capital Resources Council and Center on its website, utilizing resources provided by the partners</li> <li>b. With partners, NOSORH will organize a webinar series targeted to SORHs, CDFIs, rural development organizations, and other rural health and community development organizations at the national, state, regional and local level</li> <li>c. The Council and partnering organizations will explore development of technical assistance programs linking rural health and capital resources</li> </ul>
<b>Objective 3</b>	<b>3. Build on Strengths: Increase understanding and participation in existing multi-sector, collaborative policies, projects, and models that increase capital resources for rural health.</b>
<b>Strategies</b>	<ul style="list-style-type: none"> <li>a. Council members will identify opportunities for presentations at national and regional conferences and meetings on collaboration for rural health capital resources</li> <li>b. Council members will identify existing collaborations and programs that can be scaled up or expanded to include rural health</li> <li>c. Council members and organizations will share resources and communication strategies to increase knowledge of programs, resources, and financing by rural health and rural community-based organizations</li> </ul>

<b>Objective 4</b>	<b>Equitable Opportunity: Task the Council and Center to be intentionally inclusive about who is at the decision-making table, who benefits from the work, and that it is created and carried out through a collaborative process (Targeted, Resilient, Inclusive, Collaborative – TRIC).</b>
<b>Strategies</b>	<ul style="list-style-type: none"> <li>a. The Council and Center will develop strategies, communications and projects based on the concepts of rural prosperity and development</li> <li>b. The Council will provide input on how their organizations are supporting the work of community catalysts, navigators, and community health workers to promote community level planning and programs</li> <li>c. The Council will conduct a stakeholder analysis to identify opportunities for equitable participation</li> </ul>

<b>Objective 5</b>	<b>Sustainability: Develop a sustainable model for multi-sector engagement for rural health capital resources</b>
<b>Strategies</b>	<ul style="list-style-type: none"> <li>a. Create a Council and Center structure that supports on-going strategic planning, communications, and programming</li> <li>b. Identify opportunities to braid funding for collaborative work</li> <li>c. Develop a sustainability plan to support the on-going convening and work of the Council and Center.</li> </ul>

**Next Steps for FY 2023**

NOSORH is convening the Rural Health Capital Resources Council four times in FY 23, including an in-person meeting in the Washington DC area in late spring. During the year, the Council will be offering a series of collaborative projects including a training series on community catalysts, cross-sector collaboration, and a collaborative, multi-sectoral learning community on capital resources for rural health.

**For More information:**

**Website:** <https://nosorh.org/rural-health-capital-resources-council-project/>

The website provides information about the project, as well as resources and documents that have informed the strategic planning process.

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