RURAL COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (R-CHIP) DEMONSTRATION:

A ROADMAP TO IMPROVING RURAL HEALTH IN MAINE

PHASE 1 PLANNING EVALUATION REPORT

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BACKGROUND

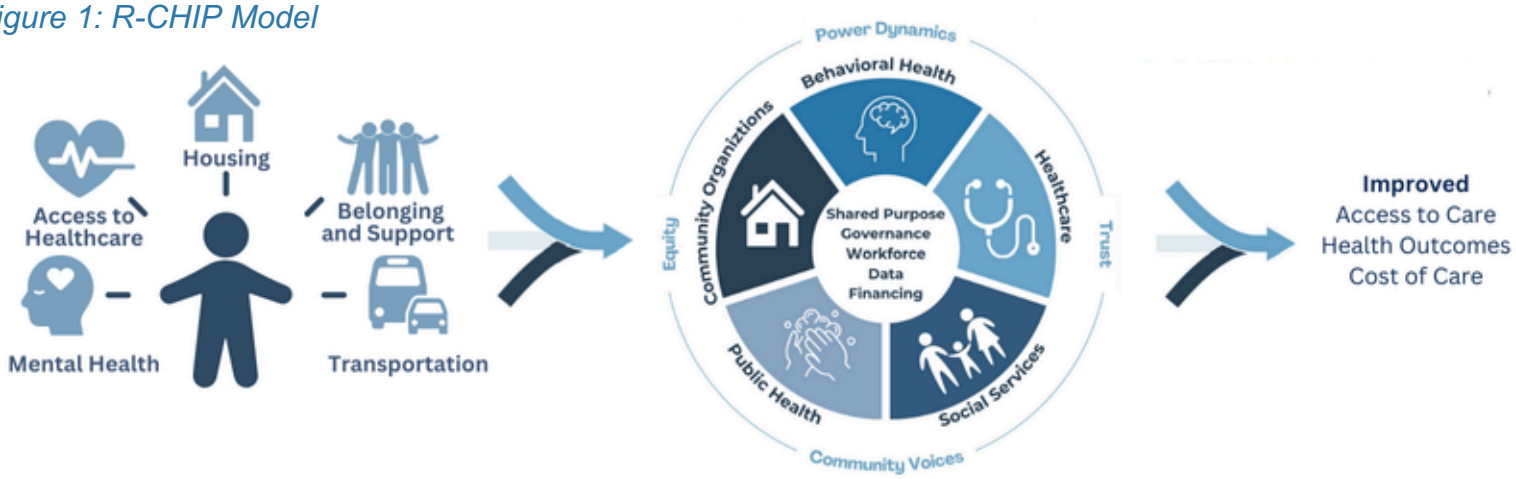
Over the past decade there has been a growing recognition that both the health-related social needs (HRSNs) of individuals (e.g., lack of stable and affordable housing, lack of access to transportation, and food insecurity) as well as their health care needs must be addressed to improve health outcomes. Integration of services by community-based organizations (CBOs), public health, and health care is needed to provide this "whole person" care. However, these three sectors are often siloed and lack awareness of services offered by organizations in their communities.

RCHIP
RURAL COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP

THE R-CHIP MODEL

To enable rural communities within Maine to improve access to integrated services that improve health outcomes and reduce cost of care, the Maine Department of Health and Human Services (DHHS) developed the Rural Community Health Improvement Partnership (R-CHIP) Demonstration[1] based upon the Aligning Systems for Action program of the Robert Wood Johnson Foundation (RWJF)[2]. The R-CHIP Model encourages public health, health care, and social service sectors to align by establishing a local community partnership with a shared purpose and governance structure. Together the partners work to identify priority health needs and populations most at risk, address workforce challenges, share data, and develop integrated service strategies and a sustainability plan to financially support their work. Led by regional community organizations that serve as "hubs" and supported by a statewide Technical Assistance Hub, the partnership builds trust among partner organizations and community members through open and honest dialogue, establishing "equal footing", and addressing inequities.

Figure 1: R-CHIP Model

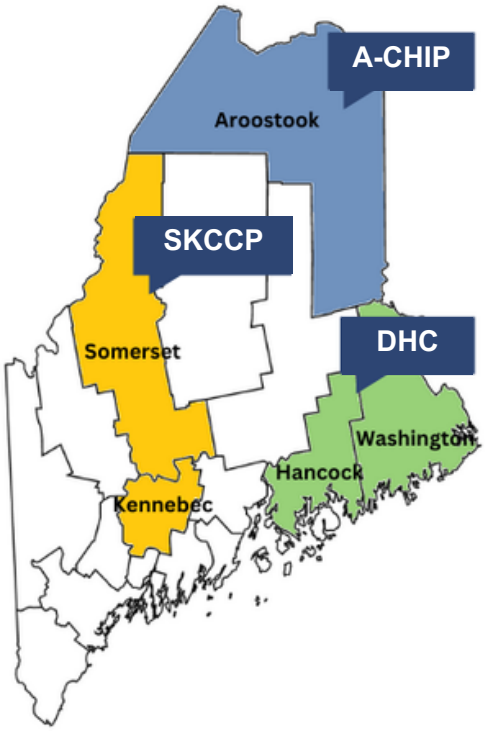


DEMONSTRATION SITES

Three regional demonstration sites in Maine participated in R-CHIP Phase I Planning, which began in March of 2023 and ended in November of 2024: Aroostook Community Health Improvement Partnership (A-CHIP) led by Aroostook Agency on Aging, DownEast Housing Collaborative (DHC) led by Healthy Acadia, and Somerset and Kennebec Counties Community Partnership (SKCCP) led by Healthy Living for ME.

The three demonstration sites received funding from the Maine DHHS to support R-CHIP Phase I Planning activities designed to achieve four goals: 1) formalize a community partnership, 2) create a detailed plan describing the populations and related HRSNs it intends to target, 3) outline specific strategies and steps for addressing the priority HRSNs, and 4) create a sustainability plan for securing implementation funding.

Figure 2: R-CHIP Demonstration Sites



	A-CHIP	DHC	SKCCP
Lead Organization	Aroostook Agency on Aging (AAA)	Healthy Acadia	Healthy Living for ME (HL4ME)
Priority HRSNs	Access to Healthcare Social Connection, Belonging and Support Transportation	Housing	Financial Strain Mental Health Housing
Target Populations	People with household income less than $40K Adults 65 years and older People experiencing behavioral health concerns Single parents or guardians, and grandparents raising grandchildren	People experiencing housing insecurity, mental health, alcohol and substance use issues, and disability	Parents/Caregivers People with disabilities Black, indigenous, and other people of color

To support the three demonstration sites, Maine DHHS awarded MCD Global Health (MCD) a grant to serve as the Technical Assistance (TA) Hub. MCD received funds to support demonstration sites by creating opportunities for joint learning, problem solving, and sharing of resources. Additionally, MCD oversaw the external evaluation completed by the Maine Rural Health Research Center at the University of Southern Maine and developed a TA Hub Advisory Group consisting of subject matter experts with whom they routinely consulted and who at times provided educational sessions to the demonstration sites.

EVALUATION APPROACH

The evaluation team continuously assessed the demonstration sites' progress and provided ongoing feedback utilizing a mixed-methods design from the following data sources:

- Two partner surveys (Fall 2023 and Summer 2024)
- Interviews with each demonstration site's R-CHIP Project Directors
- Interview with the TA Hub and TA Hub Advisory Group
- State reports (quarterly performance and program monitoring reports and on-site visit report)
- Documentation from each demonstration site (e.g., readiness assessments, implementation plans,
- meeting minutes, funding opportunities, and emails)

Baseline and follow-up surveys were sent to the partners in the fall of 2023 and summer of 2024 to assess changes within the partnerships. The survey questions were based on research-tested success factors[3] covering a range of topics such as mutual respect, understanding, and trust, ability to compromise, development of clear roles, open and frequent communication, shared vision, and skilled leadership. Additional survey questions inquired about each partnership's TA needs as well as the partner's satisfaction with the R-CHIP Phase I Planning process.

To assess the partnership's achievement of key milestones, the evaluation team developed two rubrics based on the Request for Proposal (RFP) requirements. The first rubric was used to evaluate each demonstration site's readiness assessment and provide site-specific feedback in May 2024. The second rubric was used to evaluate each demonstration site's partnership development in ten areas: (1) management of the demonstration; 2) MOU and data sharing agreement; 3) shared vision and mission, 4) shared governance and decision-making process; 5) partners' roles, responsibilities, and engagement; 6) implementation workplan; 7) data sharing/collection system; 8) sustainability plan; 9) partner satisfaction; and 10) lessons learned. Site-specific reports were disseminated in September-October of 2024. This final report synthesizes the findings from all the evaluation activities and highlights lessons learned from the demonstration sites' R-CHIP Phase I Planning efforts.

Figure 3: R-CHIP Phase I Planning Evaluation Timeline

LESSONS LEARNED FROM R-CHIP PHASE I PLANNING

Phase I Planning required more time than initially anticipated

Originally the timeline for Phase I Planning was fourteen months, but when more time was needed to finalize contracts, recruit staff, engage community organizations, and form a cross-sector partnership, Maine DHHS issued a six-month no-cost extension beginning May 2024. As the three partnerships developed, the demonstration sites discovered that the Phase I Planning process was non-linear, but iterative and/or continuous, with multiple feedback loops. The demonstration sites found that some activities needed to begin sooner (e.g., sustainability planning), and some needed to be put on hold (e.g., developing an MOU and/or data sharing agreement, solidifying their shared vision after conducting the readiness assessment). As the partnerships discovered what worked best for them given their local context, twenty months became a more realistic timeframe to complete Phase I Planning activities.

"One year isn't a lot of time to pull together a new group, learn about each other, and come to consensus around planning."
- SKCCP

Essential elements of shared governance

The following elements were key facilitators of the partnerships' development:

- Skillful leadership and management of the demonstration by the lead
- organizations
- A strong shared vision outlining the group's purpose, goals, and passion
- around common issues
- Active participation by partner's executive leaders in shared governance

"People are very willing to engage and passionate about the issue." And in response to key factors to success: *"Involvement across the partnerships, commitment to the issues, coordination of the process."*
- DHC

To encourage alignment, cooperation, and collaboration among partners, the project directors created opportunities to build relationships based on mutual respect and trust by learning more about each partner organization and working together to identify a shared vision, establishing a governing structure, and outlining expectations. Project directors continually assessed how partnerships were evolving and pivoted as needed.

When partner organizations had previously worked together to address HRSNs in similar consortiums, establishing a shared vision was more easily attained. Alternatively, sites consisting of large groups of organizations with diverse interests were initially uncertain about their shared vision. The partners carefully deliberated and revised the proposed purpose, vision, mission, and objective statements that project directors initially drafted. One partnership used the formal process of drafting their MOU to develop a shared vision, governance structure, and clarify partner's roles, responsibilities, and participation requirements. As the partnerships evolved and completed their readiness assessments, their shared vision became clearer and partners coalesced around priority HRSNs.

In response to key factors to success: "Great leadership, sticking to the timeline, and remaining focused on establishing the outcomes."
- A-CHIP

Actively engaging the partners' executive and senior leaders in decision-making allowed the partnership to advance their efforts more efficiently and effectively. The sites required organizations to assign representatives to the partnership who had clear authority to represent their respective organizations and approve key decisions. When the partners had executive or senior leaders actively engaged in governing, their staff had time allocated to attend partner meetings and complete work assignments. Some sites added this requirement in their MOU and tied it to a financial incentive to provide a way to enforce this requirement if needed.

Technical Assistance Hub played central role in supporting the demonstration sites

To support the demonstration sites, the TA Hub responded to individual requests, met routinely with the project directors to discuss project timelines and deliverables, and attended many of the partnerships' meetings. The TA Hub hosted regular Peer Learning Group sessions covering topics such as collaborative governance, lived experience and community voice, readiness assessments, implementation planning, and preventing duplication of efforts. Based on feedback from a project director, the TA Hub began offering informal opportunities for all the project directors to meet and share successes, challenges, and resources. The TA Hub maintained a list of funding opportunities and worked with the demonstration sites to develop sustainability plans for both the core infrastructure and capacity needs as well as demonstration site-specific projects. Additionally, the TA Hub Advisory Group provided valuable insight into strategies for building systems of care in rural Maine to better address HRSNs and advance whole-person care.

> *"The TA Hub has given us a lot of resources. The staff has been great and responsive. The program manager is always around, and we always hear from her, which I think is very important."*
> **- A-CHIP**

Key management strategies to encourage partner participation and engagement

The project directors learned to distinguish between limited partner capacity (lack of time, resources, and personnel) versus lack of partner engagement (noncommitment and nonalignment of resources to shared vision) since the two issues may present as noninvolvement but require different management strategies.

Strategies used to alleviate the burden on partners with limited capacity

- **Choose appropriate meeting format:** The project directors found in-person meetings useful to kick-off key activities and build relationships; when planned strategically, they often infused energy into the partnerships. A mix of hybrid and virtual meetings enabled those partners to attend who otherwise would be unable due to long commuting times; video conferencing enabled partners to work productively and encouraged members to either share their perspectives virtually or via messaging within a chat box.
- **Use partners' preferred method to complete work:** The demonstration sites capitalized on completing work during in-person, hybrid, and/or virtual meetings. They also worked asynchronously and shared their work online via the SharePoint sites and by email.
- **Adjust meeting cadence and communication to match partners' capacity:** Project directors were sensitive to partners' feedback regarding how often and for how long they could meet and adjusted accordingly.
- **Use partners' preferred style for communication:** While some partners appreciated weekly emails, others preferred distributing their work on the shared drive(s), and/or one-on-one "check-in" conversations.
- **Use organized processes to guide partners to attain key milestones:** During working meetings, the project directors provided necessary resources and communicated what needed to be accomplished and in what timeframe.

Strategies used to encourage partner engagement and equal footing

- **Financial incentives tied to the MOU:** Providing financial incentives supported the partners' contributions and encouraged engagement as partners understood what was expected and what the reward would be for participation. For example, one of the sites expected their members to abide by the MOU requirements and attend at least 75% of general meetings and work group meetings as applicable. Sites that weren't using financial incentives have since written partner incentives into recent planning grants they were awarded.
- **Develop a strong sustainability plan:** Partners need to know that funding will be available to implement the interventions they have invested valuable time and effort in developing. The sites found that funding they received to address some of their integrated strategies infused momentum into their partnership.
- **Manage power dynamics:** To avoid the potential pitfalls of larger organizations overshadowing smaller organizations, some of the sites included ground rules in their MOUs for maintaining equal footing within the partnership. All three demonstration sites found skillful meeting facilitation (whether internal or external) to be an effective way to create an unbiased environment, navigate challenging topics, and ensure every partner had an equal voice. Additionally, partner surveys fielded by the independent evaluators afforded partners the opportunity to share their perspectives anonymously.

Readiness assessments informed shared visions and implementation plans

Readiness assessments were the demonstrations sites' first major deliverable. They included:

- Identifying community health needs and priorities
- Gaps and opportunities for cross-sector collaboration to address HRSNs
- A description of the current health care, public health, and social service funding, service delivery arrangements, and opportunities for improvement
- An assessment of HRSN screening systems, cross system communications, information sharing about HRSNs, and opportunities for improvement
- An assessment of the existing workforce capacity and needs for addressing HRSNs in the community

"The community readiness assessment requirement provided SKCCP with a foundation to guide its current planning activities and embed community voice and perspective in our current work and into the future decision-making/implementation."
- SKCCP

"Our community survey results informed us where the support needed to be prioritized."
- DHC

To complete the readiness assessments each demonstration site convened work groups to organize and guide partner efforts. For example, all three demonstration sites had work groups focused on conducting participatory research with community members most impacted by priority HRSNs. The readiness assessments coalesced partners around concrete tasks, and the results sharpened their shared vision, and informed implementation plans.

Planning activities prepared partnerships for seeking funding opportunities

As the demonstration sites near the completion of Phase I Planning, the multi-sector partnerships are posed to begin implementing the integrated strategies they have developed over the past six to nine months. The three demonstration sites, MCD, and the TA Hub Advisory Group have developed a joint sustainability plan to ensure

stability during implementation and continue TA support and evaluation. Together they are seeking funds to cover core infrastructure and capacity needs (salaries and fringe benefits for core staff and consultants, overhead, administration, and other costs) from January 2025 through December 2027. Additionally, each demonstration site is seeking funds to cover specific projects in their implementation plans. As funding opportunities arise, the partnerships are prepared to present proposals that are well informed by a comprehensive community readiness assessment and contain thoughtful strategies that align sectors to address priority HRSNs.

"SKCCP is seeking to address the underlying barriers to access that were expressed by community members and not isolated to specific HRSNs; by completing activities to address systematic design and change across sectors, SKCCP anticipates improving all HRSNs - including the top three identified in our CRA (Poverty/Financial Strain, Housing, and Mental Health)."

- SKCCP

"The strategies developed in this process have successfully identified how several sectors can collaborate to provide direct services and access to services. I think once the plan is fully implemented, there is a lot of capacity for more community partners to utilize the network."

- A-CHIP

"We will certainly use the results of our work as a collaborative (the readiness assessment, the implementation plan) to inform our work moving forward. We also anticipate collaborative efforts emerging from our plan, thanks to the stronger partnerships developed through this process."

- DHC

CONCLUSIONS

As public health, health care, and social service organizations seek to provide vital services to Maine residents to address their HRSNs and health care needs, inter-sector coordination and alignment is needed to break down siloes, remove barriers, and deliver integrated care. Developing community-driven, collaborative partnerships among these sectors can be both a challenging and rewarding endeavor that requires skillful leadership, committed partnerships, and well-defined processes to achieve a shared vision, and the governance, data, and financing structures necessary to sustain the partnership. The R-CHIP model offers a promising road map for rural communities to provide whole person care.

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Acknowledgements

GRANTEES:

A-CHIP

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Lead Organization

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County of Aroostook
ARTS
HRH Houlton Regional Hospital
Maine Public Health District 8
mdf Connecting People & Strategies to Drive Maine's Economy
CARY Medical Center
University of Maine at Presque Isle
Northern Light A.R. Gould Hospital
Northern Maine Community College
Maine Veterans' Homes
Healthy Living for ME
United Way of Aroostook
Maliseet Health & Wellness Center

DHC

Healthy Acadia
Building vibrant communities for over 20 years
Lead Organization

HealthWays
Next Step Domestic Violence Project
Mount Desert Island and Ellsworth Housing Authorities
Mano en Mano Hand in Hand
Downeast Community Partners
Eastport Health Care
Northern Light Maine Coast Hospital
Mount Desert Island Hospital
Habitat for Humanity Hancock County
Bucksport Regional Health Center
Maine Seacoast Mission
Sunrise Opportunities
H.O.M.E. Inc.
Machias Savings Bank
AMHC
The Community Caring Collaborative
Sunrise County Economic Council
Northern Light Blue Hill Hospital
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Community Health and Counseling Services
Neptune Advantage
Greater East Grand Economic Council

SKCCP

Healthy Living for ME
Lead Organization

KVCAP
Somerset Public Health
healthy communities of the Capital Area
Public Health Central District
United Way of Kennebec Valley
SKILLS
spectrum generations
MaineGeneral Health
Kennebec Behavioral Health
New Mainers
HealthReach Community Health Centers
Maine Primary Care Association
HPA
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