



Center for Rural Health

University of North Dakota
School of Medicine & Health Sciences

Summary of North Dakota Rural Health Network Development Planning Grants

The Rural Health Network Development Planning Grant (Network Planning) program supports projects that expand access to, coordinate and improve the quality of essential health care services and enhance the delivery of health care, in rural areas. The Network Planning program provides one-year grants to support the planning and development of a formal health care network to improve health care delivery in rural areas. This program allows applicants to develop a business or strategic plan, conduct a needs assessment, conduct health information technology readiness and ultimately form a network. Funds cannot be used for direct delivery of health care services. Successful grantees often apply for the three-year Network Development implementation grant to continue the work they started under the Network Planning grant. More information can be found at:

<http://www.hrsa.gov/ruralhealth/about/community/rhnetworkplanning.html> .

Coal Country Community Health Center, Beulah, ND (FY 2020)

Coal Country Community Health Center (CCCHC), along with its partners, the Sakakawea Medical Center (SMC), Knife River Care Center (KRCC) and Custer Health will utilize the funds to develop a formal network aimed at improving population health across the continuum of care while ensuring the project partners position themselves for transformative changes in the health care system. Currently there are informal partnership in place to achieve efficiencies in health care service delivery, expand access to care, improve quality of care, and strengthen the rural health delivery system as a whole. Upon completion of the Planning Grant, the Network intends to achieve the following outcomes: (1) Formally establish the Energy Capital Health Network with an aligned mission, strategic vision, governance structure, and sustainable business plan; (2) Develop a long-range strategic health plan for the region to serve as a roadmap for regional health care transformation; and, (3) Use findings from the recently completed Community Health Needs Assessment to identify and prioritize collaborative network solutions and future resource expansion projects to meet identified population needs.

Valley Community Health Centers, Northwood, ND (FY 2013)

The Rural Community Care Transitions Program is aimed to assist the growing percentage of elderly residents, ages 65 and older, living independently, but have complex health issues to stay in their home and reduce preventable hospital readmissions. The program's network members include, Altru Health System, Alzheimer's Association Minnesota-North Dakota, Good Samaritan Home Care, Grand Forks County Social Services, Grand Forks Public Health, Grand Forks Senior Center, North Dakota Department of Human Services, Regional Adults and Aging Services, Options Resource Center for Independent Living, and Valley Community Health Centers. The program will develop a system framework of coordinated community-based care and interventions, based on a patient centered medical home model. The program holds five goals – identify the roles and responsibilities of network partners, implement a patient navigation program, identify gaps in services for the elderly population, assist HIE to implement a secure data exchange process, and develop a sustainability plan for the patient navigation program.

Dakota Boys and Girls Ranch, Minot, ND (FY 2011)

The Prairie Mental Health Project, a collaborative between the Dakota Boys and Girls Ranch, the North Dakota Center for Persons with Disabilities, Peace Garden Consortium and Stein's Specialized

Counseling Center, plans to complete an assessment and strategic planning process around community mental health needs. The project will lay the groundwork for networking infrastructure activities, development of MOA's and MOU's, development of a network strategic plan, development and implementation of a community mental health needs assessment in the service region, and promotion the network's benefits to citizens.

Nelson County Health System, McVille, ND (FY 2009)

The North Dakota Critical Access Hospital Quality Improvement (ND CAH QI) Network Project, sets to partner with all 36 critical access hospitals in the state, as well as the University of North Dakota Center for Rural Health, to develop a strategic plan and communication plan to prevent duplication of service, increase collaboration/cooperation, decrease competitiveness, and increase data sharing. The Network will also evaluate the current program infrastructure, and services that are present, as well as make sustainability recommendations. The CAH's hope to improve their data scores, and reduce the gap between CAH's and prospective payment hospitals.

Northwest Venture Communities, Inc., Minot, ND (FY 2008)

The project, the Wilson Health Planning Collaborative, sets out to assess the health care status of the region, focusing on the 28 topics identified in the Healthy People 2010 initiative, and gather input from residents regarding their thoughts and expectations of their local health care system. The Collaborative will create a strategic plan to move the data points found in the assessment, closer to the national standards. The Collaborative includes: local elected officials (New Town and Parshall), faith-based communities, Coal Country Community Health Centers, Community Health Care Association of the Dakotas, civil engineer, Minne-Tohn Health Center, Mountrail County Health Center, Northcountry Cooperative Foundation, ND-DOH, Northwest Venture Communities, Inc., Souris Basin Planning Council, St. Joseph's Community Health Foundation, Three Affiliated Tribes, Trinity Health, University of North Dakota Center of Rural Health, USDA Rural Development –North Dakota, and the West Central Community Health Center Network.

First Care Health Center, Park River, ND (FY 2008)

The Wellness Network, a partnership with Walsh County Health District, Altru Home Services, and the First Care Health Center, plan to work to create an interagency comprehensive community wellness plan. The Wellness Network will also identify health care issues facing their rural communities. This plan will serve as a potential guide for future program development.

North Dakota Center for Persons with Disabilities, Minot, ND (FY 2007)

The North Dakota Family Support Coalition, consisting of the North Dakota Center for Persons with Disabilities, North Dakota Center for Rural Health's Family to Family Network, and the Family Voices of North Dakota, will complete a strategic planning process around North Dakota children with special health care needs. The strategic planning process will focus on the following factors: rural (frontier) population, low birth rate, out-state migration of population, in-state migration to population centers, residents with needs in very small communities, low income statewide (with a special emphasis on rural and frontier counties), over 17,000 youth with special health care needs, and the lack of access to services, especially in frontier counties. The Coalition expects the following outcomes: creation of a collaborative network of rural health/human service partners, and the development of a strategic plan for family support services.

City-County Health Department, Valley City, ND (FY 2006)

The Barnes County Rural Healthcare Network Project, aims to provide a rural home-based healthcare network, within their common service delivery area. The network partners include, Barnes County Social Services, Mercy Hospital and the City-County Health Department. Due to limited funding, the entities will work to move to collaboration, and away from competition, with the sharing of client bases and program resources, to ensure better access and visibility of all three programs by citizens. The three

program partners, will also work to assess current gaps, and will fill in, as the network program sees fit. The primary target population will include Barnes County, and the 6 surrounding counties, with a specific focus on the elderly population, newborns and children, and disabled persons.