Maryland
Rural Health Network Development Planning Grant Program

Strategic Plan

1. Network Statement

Rural communities on the Mid-Shore of Maryland face unique challenges to improving health. Rural residents are typically older and poorer and shoulder a greater burden of chronic health conditions such as chronic obstructive pulmonary disease and diabetes. The creation of the Maryland Rural Health Plan brought together health care providers, rural community members, and community organizations from across the state to better understand rural health behaviors and develop a set of recommendations to address these health inequities.

Now, the Maryland Rural Health Planning Consortium is expanding on the success of the Maryland Rural Health Plan. As we continue to foster our long-standing relationships, we are working together to identify the best recommendations from the Health Plan to set priorities that will ensure continued improvement of health on the Mid-Shore.

2. Organizational Overview

The Maryland Rural Health Planning Consortium (MRHPC), comprised of representatives from the Eastern Shore Area Health Education Center, Maryland Rural Health Association, University of Maryland Shore Regional Health, The Horowitz Center for Health Literacy, Choptank Community Health Systems, Inc., and Maryland Hospital Association, was created to address health disparities in rural Maryland. Consortium organizations and representatives were chosen based on their engagement and dedication to better health outcomes in rural Maryland, and a long history of collaboration in the rural health sector. The MRHPC was created in 2019 to review and assess feasibility of implementation of key recommendations from the Maryland Rural Health Plan to improve the quality and access to health care to rural Marylanders.

The MRHPC's mission is to achieve health equity and revitalize rural voices by assessing the impact of the Maryland Rural Health Plan and providing a framework for improvements to the health of rural Marylanders. Each partner acts on the Governing Board for the consortium. Each partner has appointed a designated team leader from each participating member and to attend monthly meetings and review progress towards each objective as well as all initiatives and evaluation materials. Information flows freely between consortium partners, allowing for open and productive dialogue to achieve our goal of providing better care for rural communities.

3. Strategic Planning Process

Our strategic planning process involved several steps, some of which are ongoing. First, the Maryland Rural Health Planning Consortium (MRHPC) was established. The MRHPC exists to review the Maryland Rural Health Plan and determine how it can be used to assist providers in better serving the community. Next, by performing a SWOT analysis of the Maryland Rural Health Plan, the consortium assessed the opportunities as well as obstacles to implementing the recommendations in the Plan. The SWOT was conducted in partnership with an external evaluator. Members of the consortium were interviewed and filled out worksheets to provide input on various

sections of the Plan relevant to the scope of their organizations' work. SWOT data was analyzed and written into a report. The consortium will use the data to identify opportunities and short-term goals that better address regional health needs. The consortium will also develop specific actions that lead to implementation of these goals. This plan will involve strategies to communicate with the community about changes in the health care landscape and how to maintain access to viable health services.

4. External Environmental Scan Summary

Digital worksheets were utilized to collect written feedback pertinent to the Scan. Responses from worksheets supplemented with qualitative data from live interviews with an external evaluator. Digital worksheets were completed by members of all six-member organizations of the MRHPC. Member organizations were instructed to convene several key staff in order to complete these worksheets. An external evaluator examined the written feedback and conducted follow-up interviews to clarify the feedback given on the worksheets. Interviews were transcribed and added to the worksheet feedback. After these interviews, the evaluator conducted a thematic analysis to extract themes from member organizations' worksheets and interviews.

The revitalization of the Mid Shore Local Health Improvement Coalition (LHIC) is one of the most significant opportunities to pursue the work of the MRHPC. By participating in the LHIC, the MRHPC has the opportunity to unify industry partners in the messaging of rural health needs. Collaboration with other organizations in the LHIC also presents an opportunity to collectively apply for grant funding opportunities that come from the State. The competition for local resources is high in rural areas, given the relative lack of investment.

The MRHPC has at least two strengths to meet this challenge: 1) its regional social capital (i.e., reputation, trust) and 2) its strength in communication. By utilizing these skills, the MRHPC will address the threat of local competition for resources by strategically collaborating with other local organizations who are invested in outcomes related to the work of the MRHPC. The MRHPC will carefully identify funding opportunities that will appeal to several organizations, who can share the burden of both applying for and administering these funds.

5. Network Organizational Assessment Summary

Part 1. Process: The process for completing the Network Organizational Assessment began with a meeting of the entire MRHPC. The consortium members discussed the meaning of each question so that members had a chance to ask clarifying questions (and signal the need for technical assistance if needed). Four out of six consortium members provided individual contributions to the Assessment. The same members also participated in the review of others' comments on the Assessment in order to achieve agreement on the final product. The members were mostly in agreement for each question. There was some disagreement as to whether the MRHPC was at the Emerging or Proficient level for questions 8 & 9. The members communicated electronically regarding the proper placement of these answers and agreed that the consortium is in the Emerging level for those questions. The consortium members remain passionate about promoting health equity among rural residents and are hoping to clarify next steps in the coming weeks.

Part 2. Strengths & Implications: There are two primary strengths to the MRHPC. First, the member organizations are well-known and well-respected within the rural health community. Given that collaboration is such a vital part of ensuring health equity in rural areas, the reputation of member organizations is a key factor in the success of the consortium's efforts. Another notable strength is the diverse composition of member organizations. Two organizations are education-focused, two organizations are advocacy-focused, and two organizations are direct

health care providers with a full array of primary care and behavioral health services. When tackling issues with social components such as health equity, it is essential that the advocacy and education organizations maintain a connection to "boots on the ground" providers to stay current on the issues that affect rural health care consumers. Providers have data that can be used for education and advocacy efforts. In addition, providers can inform advocates of the issues that need to be addressed at the political level. The primary strengths noted here contribute to the long-term viability of the consortium as a player for rural health equity. The reputation and collaborative nature of the MRHPC ensures that the community at large takes the work of the consortium more seriously. The diverse composition of the consortium adds credibility to education and advocacy activities, ensuring that each is grounded in the experience of organizations with a long history of serving rural residents.

Part 3. Weaknesses & Implications: The primary weakness of the MRHPC is the lack of a concrete area of focus for the consortium's work to promote the Maryland Rural Health Plan. Because the Plan includes several areas of potential action, deciding which area to focus on has been a challenge. The SWOT process, completed as part of the External Environmental Scan, provided some promising avenues for narrowing down the focus of the consortium. For example, several organizations highlighted the need for consolidation and review of the rapid expansion of telehealth as a viable health care delivery mode. Other organizations focused on the need to reinvigorate Local Health Improvement Coalitions (LHIC) so that the consortium's strength of collaboration can be better utilized. As of the submission date for this Assessment, the MRHPC is taking steps toward a final decision on areas of focus, and has seen considerable support for becoming involved with the Mid-Shore LHIC. If the issue of concrete areas of focus is not resolved, it is likely the member organizations will see their time pulled away from consortium activities, which would present a threat to sustainability. However, given that the consortium has already identified this weakness and has spent recent meetings directly discussing it, it is unlikely that the negative outcome will occur.

6. Network Programming Goals & Objectives

The MRHPC identified the following programming goals and objectives:

1) Determine if the consortium will continue to work independently for ongoing work and sustainability for ongoing enhancements of the Maryland Rural Health Plan in the three identified counties.
   a) Identify and evaluate advantages and disadvantages for the consortium remaining independent.
   b) Utilize completed advantages and disadvantages tool to make decision for remaining independent.

2) Assess external partners to determine if the consortium will ask to join with Mid Shore Local Health Improvement Committee (LHIC) as a subcommittee for ongoing work and sustainability for ongoing enhancements of the Maryland Rural Health Plan in the three identified counties.
   a) Identify and evaluate advantages and disadvantages for the consortium to join with Mid Shore LHIC as a subcommittee for ongoing work and sustainability.
   b) Utilize completed advantages and disadvantages tool to make decision to ask to join with Mid Shore LHIC.

3) Utilize completed SWOT, External Environmental Scan, and Organizational Assessment to determine programmatic focus area(s)
   a) Identify and evaluate focus areas identified in SWOT and Organizational Assessment.
   b) From identified focus areas choose 1-3 for continued work.
   c) Utilize focus area(s) to inform network development and sustainability goals.
   d) While the application was completed prior to the pandemic starting and its overarching impact, having the opportunity for this assessment was beneficial in the ability to further drill with a COVID lens on gaps and needs.

Having utilized the above outlined goals and objectives, the MRHPC has decided the following:

1) The consortium will ask to become a subcommittee of the Mid Shore LHIC.
2) The consortium will focus on the telehealth and health professional recruitment and retention moving forward.

7. Network Development and Sustainability Goals & Objectives

1) The MRHPC will ask to become a subcommittee of the Mid Shore Local Health Improvement Committee (LHIC)

2) While the LHIC focuses on all five Mid Shore Counties, the MRHPC will start its focus on Caroline, Dorchester, and Talbot Counties to address telehealth issues.
   a) Utilizing the consortium's partner network, funding opportunities for telehealth enhancements will be sought.
   b) Utilizing the consortium's partner network, policy issues will be addressed.
   c) Expansion into Kent and Queen Anne Counties will be assessed and implemented according to consortium findings.

3) While the LHIC focuses on all five Mid Shore Counties, the consortium will start its health professional recruitment and retention in Caroline, Dorchester, and Talbot Counties
   a) Collective and individual health professional recruitment and retention strategies will be evaluated.
   b) Health professional recruitment and retention strategies will be enhanced through the consortium's partner network.
   c) Funding strategies for health professional recruitment will be investigated and updated strategies will be developed.
   d) Expansion into Kent and Queen Anne Counties will be assessed and implemented according to consortium findings

8. Use of the Strategic Plan

The MRHPC will ask to become a subcommittee of the Mid Shore LHIC. This will provide partner and funding stability for the consortium. This will provide an opportunity for implementation and forward movement. It will broaden the partner pool, thus lessening the impact of partner burnout. As the Mid Shore LHIC has existing funding streams, a continuation of efforts can occur more readily while securing additional funding. The leveraging of resources of time, talent, and revenue can more readily be accessed. An opportunity to decrease silos and partner productivity can be found with this move. It aligns the consortium with local, state, and federal goals, with a strong collective voice for current and future movement.

The MRHPC joining with the LHIC benefits them, as much heavy lifting has been completed. The consortium brings a completed and analyzed SWOT and strategic plan to the table. The prioritization of the consortium better informs the LHIC on targeted areas of telehealth and health professional recruitment and retention. A regional approach was the lens through which the consortium completed its work, not unlike the LHIC, and can readily be expanded to the two counties not a part of the consortium. Once expansion takes place at a five-county level through the LHIC partnership, potential broader expansion can be better demonstrated.