December 2000

Rural Health Network Profile Tool

Prepared by

The National Rural Health Resource

For the

Networking For Rural Health Project

ACADEMY
FOR HEALTH SERVICES RESEARCH
AND HEALTH POLICY

Introduction

The *Networking for Rural Health Project*, in conjunction with the National Rural Health Resource Center, has developed the Rural Health Network Profile Tool because we realize that building a rural health network is a complex and time-consuming task. Network organizers must think through intricate organizational issues around leadership, finance, planning, and decision making. In an effort to move fledgling rural health networks down the learning curve faster, this tool can be used to assess the organizational strengths and weaknesses and target the network's technical assistance needs. It is intended to be used as a self-assessment instrument that network executives and members can use to identify areas needing attention.

This tool consists of 41 statements arranged in eight sections. Each section represents a key characteristic associated with successful rural health networks. These include: Purpose; Government/Decision Making; Planning; Financing; Leadership/Management; Staffing; Communication; and Evaluation. Network leaders, board members, physicians, or other involved parties can use the tool to benchmark their current position or use it as a starting point for a discussion around the present or future direction of their network. The numbers associated with each statement are not intended to be used as a composite score, only to reflect how the network is doing in critical areas and where attention and/or improvement efforts could be directed.

For the purpose to the project and this profile tool, a rural health network is defined as a formal organizational arrangement among rural providers (and possibly insurers, social service agencies, public health departments, or schools) that uses the resources of more than one existing organization and specifies the objectives and methods by which various collaborative functions will be achieved.

About the Networking for Rural Health Project

The *Networking for Rural Health Project* is a three-year initiative of the Academy for Health Services Research and Health Policy with support from The Robert Wood Johnson Foundation. The Project is intended to strengthen the rural health care infrastructure by fostering the development of rural health networks that seek to improve access to and the quality of health care services in rural communities. The Project will provide a variety of technical assistance tools and services to support network leaders. Broad-based technical assistance resources – to assist network leaders in addressing cross-cutting issues faced by most networks – will be made available to all networks nationally. Network-specific resources – including Site Visits and Targeted Consultations – will be awarded on a competitive basis.

About the Academy for Health Services Research and Health Policy

The Academy provides a professional home and technical assistance resource for both researchers and policy professionals. Health services researchers and policy professionals benefit from increased communication and interaction, which help facilitate the translation of research into effective health policies. The Academy also helps researchers and policy professionals strengthen their skills and expertise through both technical assistance and expanded professional development opportunities (e.g., an annual meeting, health services research method workshops, and other activities). The Academy aspires to be the preeminent source for stimulating the development, understanding, and use of the best available health services research and health policy information by public and private decision makers.

Acknowledgments

The Academy would like the thank Terry Hill and the staff at the National Rural Health Resource Center in Duluth, Minnesota, for their work in developing the Rural Health Network Profile Tool. Additionally, we would like to extend our appreciation to Co-Project Director Ira Moscovice, and the *Networking for Rural Health Project's* National Advisory Committee:

Instructions

- Please read each statement and circle the number that best reflects your network's present position.
- The numbering key is as follows:
  - 1 = No
  - 5 = Yes
  - N/A = Not Applicable
  - 2, 3, or 4 should be marked if neither "yes" or "no" is entirely accurate and if the statement "somewhat" reflects the position of your network, e.g., 2 would indicate a weak position, 3 a moderate position, and 4 a relatively strong position. Numbers 2 - 4 could also be used to indicate your network's progress toward achieving an objective related to the statement. In other words, 2 might indicate "we've begun to work on it", 3 might be "we're working on it" and 4 might be "we've nearly completed it."
- Use the comment section that follows each set of statements to clarify or expand on your positions. Cite the statement number related to each comment.
- The numbers will not be totaled or used as a score.
- Be as candid as possible.

Questions and Feedback

If you have any questions pertaining to the Rural Health Network Profile Tool, please contact Dan Campion or Katherine Browne at the Academy at 202.292.6700 or Terry Hill at the National Rural Health Resource Center at 218.720.0700.

It is our intention to periodically update and improve the Profile Tool. To this end, we would appreciate any feedback and suggestions that you may have. Please send your input to:

> The Academy for Health Services Research and Health Policy
> Networking for Rural Health
> 1801 K St., N.W., Suite 701-L
> Washington, D.C. 20006
> or to: rural@ahsrhp.org

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> **Purpose:** A clear sense of network purpose facilitates ongoing member and community support. It also helps to focus network resources on programs and activities that are most important.

Purpose	No		Somewhat		Yes	N/A
1. The network's purpose and mission are understood by the network members.	1	2	3	4	5	N/A
2. The network's mission is clearly expressed in writing.	1	2	3	4	5	N/A
3. Generally speaking, key community leaders in the network service area (government officials, clergy, business people, etc.) understand the purpose and mission of the network.	1	2	3	4	5	N/A

Comments:

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> **Governance/Decision Making:** Well-defined, inclusive governance and decision-making processes will minimize conflict in the network and save time and resources. It will also ensure members' ownership of network products and services.

Governance / Decision Making	No		Somewhat		Yes	N/A
4. The network has a governing board or steering committee.	1	2	3	4	5	N/A
5. The governing board or steering committee is representative of the members in the network.	1	2	3	4	5	N/A
6. Governance and decision making processes are stated clearly in writing.	1	2	3	4	5	N/A
7. Network decision making is inclusive and involves input by key network members.	1	2	3	4	5	N/A
8. The network board or steering committee respects governance / administrative boundaries.	1	2	3	4	5	N/A
9. There is a defined network mechanism for resolving internal conflict.	1	2	3	4	5	N/A

Comments:

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Planning: An ongoing, inclusive strategic planning process will ensure that network decisions are timely and based on sound information. It will also enhance the quality and profitability of network products and services.

Planning	No	Somewhat	Yes	N/A
10. There is a defined strategic planning process in place for the network that includes gathering information, assessing needs, setting goals and action strategies, allocating resources, assigning responsibilities for carrying out activities, and evaluating outcomes.	1	2 3 4	5	N/A
11. Strategic planning is ongoing with opportunities for member input.	1	2 3 4	5	N/A
12. Information and input has been gathered from key community, government, and business leaders in the network service area for consideration in the strategic planning process.	1	2 3 4	5	N/A
13. The network's strategic plan has been distributed to all network members.	1	2 3 4	5	N/A
14. Feasibility analyses and business plans are prepared for proposed products and services.	1	2 3 4	5	N/A
15. The network's business plan identifies specific products and services, as well as targeted customers.	1	2 3 4	5	N/A

Comments:

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Financing: A concentrated focus on building and sustaining diverse sources of network revenue will help to ensure both short- and long-term financial viability.   Networks dependent of single source, limited time period funding, e.g., grants, are vulnerable to organized breakdowns at the conclusion of the funding period.

Financing	No		Somewhat		Yes	N/A
16. The network has an annual budget that has been developed with the input of network members.	1	2	3	4	5	N/A
17. The network follows generally accepted financial management procedures.	1	2	3	4	5	N/A
18. In the short-term (1-2 years), sources of network revenue are diverse.	1	2	3	4	5	N/A
19. Sources of network revenue are sustainable.	1	2	3	4	5	N/A
20. Sources of network revenue are sufficient to finance operations and capital development.	1	2	3	4	5	N/A
21. All members contribute money to support the network.	1	2	3	4	5	N/A
22. A long-range strategy (3-5 years) is articulated in writing for obtaining future network revenue and economic self-sufficiency.	1	2	3	4	5	N/A

Comments:

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> **Leadership/Management:** Studies indicate that perhaps more than any other variable, strong, committed leadership is a necessary component of successful health networks. In short, enlightened leadership ensures that other crucial variables are addressed.

Leadership / Management	No		Somewhat		Yes	N/A
23. The network has a paid executive director.	1	2	3	4	5	N/A
24. The network commits money and time for leadership training and development.	1	2	3	4	5	N/A
25. The network executive director has skill and experience in management of collaborative organizations.	1	2	3	4	5	N/A
26. Network board members' sometimes conflicting leadership roles -- doing what's best for the network versus doing what's best for their individual organizations -- is recognized and managed successfully.	1	2	3	4	5	N/A
27. Physicians and other key health care providers have active roles in network leadership.	1	2	3	4	5	N/A

Comments:

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Staffing: Network staff function as the engine to carry out network goals and objectives. Even the most dedicated network members have other professional responsibilities and time commitments and can rarely volunteer significant amounts of time over extended periods. Without professional staff, networks are severely limited in what they can accomplish.

Staffing	No		Somewhat		Yes	N/A
28. Staffing levels are adequate to carry out network activities.	1	2	3	4	5	N/A
29. Network staff are qualified and contain a mix of senior- and junior-level professionals.	1	2	3	4	5	N/A
30. Staff has the technology, equipment, and software needed to maximize productivity.	1	2	3	4	5	N/A
31. Turnover of key staffing positions is historically low.	1	2	3	4	5	N/A

Comments:

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Communication: Ongoing communication within the network using multiple methods and mediums to interact and exchange information is crucial to network successes. Regular interaction with the community as a whole, e.g., other health providers, business groups, civil leaders, consumers etc., will provide valuable marketing information and help to encourage utilization of both local health services and network products.

Communication	No	Somewhat	Yes	N/A
33. Network staff communicate regularly with network members.	1　　2	3	4　　5	N/A
34. Network members use the network as a forum both for sharing information and problem solving.	1　　2	3	4　　5	N/A
35. Network members have the electronic capability of communicating with each other.	1　　2	3	4　　5	N/A

Comments:

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Evaluation: Developing and implementing multiple methods of measuring network progress and impact will produce important outcome information. This data can, in turn, be fed back into the network decision making process to improve both process and performance.

Evaluation	No		Somewhat		Yes	N/A
36. The network has a defined method of evaluating it's performance.	1	2	3	4	5	N/A
37. Evaluation is based on the impact of the network on both its members and the communities in its service area.	1	2	3	4	5	N/A
38. Evaluation of the outcomes of network goals and objectives is done at least annually.	1	2	3	4	5	N/A
39. Evaluation findings are used to improve network performance, decision making, and strategic planning.	1	2	3	4	5	N/A
40. Measurable network outcomes are disseminated in writing to members at least annually.	1	2	3	4	5	N/A
41. Membership satisfaction is assessed at least annually.	1	2	3	4	5	N/A

Comments: