

**330A Outreach Grant Program:  
Making an Impact in Communities**

Alana Knudson, PhD  
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**330A Grant Evaluation Partners**

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National Rural Health Association  
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**Overview of 330A Grant Outreach Authority Grant Programs**

ORHP 330A Outreach Authority Grant Programs

- Created as part of the Public Health Service Act of 1991
  - Under the authority of section 301
- More than \$460 million awarded since program inception
- Nearly 900 consortia projects have participated and sought to:
  - Expand rural health care access
  - Coordinate resources
  - Improve rural health care service quality
- Seven grant programs operate under the authority of section 330A
  - Rural Health Care Services Outreach (Outreach)
  - Network Development Planning (Network Planning)
  - Rural Health Network Development (Network Development)
  - Small Health Care Provider Quality Improvement (Quality)
  - Delta States Rural Development Network (Delta)
  - Rural Health Workforce Development (newly established)
  - Rural HIT Development (newly established)

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**Project Advisors**

Advisory Committee	
Linda Breland, RN, MPH	Amy Elizondo, MPH
Lisa Davis, MHA	L. Gary Hart, PhD
Lynette Dickson, MS	Terry Hill, MPA
Paul Duncan, PhD	Trip Shannon
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**Overview of Year 2 Projects**

- Continuation of the Rural Health Network Development Planning Grant Evaluation
- Common Evaluation Metrics Project
- Evaluation of the Rural Access to Emergency Devices (RAED) Project
- Baseline Data Collection for the Workforce Network Development Program
- Evidence Based Toolkit Series: Obesity Prevention Programs

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**Exploring Opportunities to Strengthen  
the Rural Health Network Development  
Planning Grant Program**

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**Network Grantees 2006 - 2008**

- Telephone survey June – Sept 2010
- 58 Network Planning Grantees (2006 – 2008)
- 86% Response rate 50/58
- 80% survival rate 40/50
  - 80% of network closures (under grant or as expired)
  - Top challenges
    - Network and member leadership
    - Member/community buy-in (competition/network value)

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**Network Grantees 2006–2008 (cont)**

- 90% of surviving networks reported having a formal governance structure
- Key network member organizations
  - Hospitals 81%
  - Education 36%
  - Behavioral Health 33%
  - Local Health Department 33%
  - Community Health Center 31%
- 75% Post-grant growth in membership
- 25% Expanded service areas

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**Key Challenges to Network Formation**

Challenge to Formation N = 50	Percent Networks
Member and/or Community Buy-In	20%
Network or Member Leadership	18%
Identifying Collaborative Projects	16%
Member Competitiveness	10%
Holding Membership Meetings	10%
Implementing Network Strategies	6%
Resources/Funding and Sustainability	6%
External Conditions	6%
No Challenges	4%
Don't Know	4%
Total	100%

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Lessons Learned - Leadership		
Lesson Learned N = 40	Percent Networks	
Flexibility and openness to new ideas	28%	
Proactive role – seek opportunities to build value	18%	
Foster formal organizational structure	15%	
Collaborate with members that have time/resources	15%	
Experience level of leadership (Director) is critical	12%	
Multi-communication strategies to reach members	12%	

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Next Steps		
<ul style="list-style-type: none"> <li>• Drill deeper into process of securing post-grant support (2006 – 2008)               <ul style="list-style-type: none"> <li>– Awareness of available resources</li> <li>– Collaboration among network member organizations</li> <li>– Factors associated with funding success</li> <li>– Revenue streams supporting network operations</li> </ul> </li> <li>• Post-Grant experiences (2009)</li> <li>• Network formation and post-grant experiences (2010)</li> </ul>		

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Network Post-Grant Sustainability		
<p><b>SUSTAINABILITY:</b></p> <p>The capacity for maintaining at least core network functions following the expiration of the Network Planning grant award.</p>		

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### Network Post-Grant Sustainability (cont.)

- 88% sought post-grant funding and all but 5 obtained some form of support
- Access to Rural Health Network Development or Rural Health Services Outreach grants and plan implementation
  - 76% of the 2006 & 2007 grantees obtained Development or Outreach grants
  - 25% of the 2008 grantees obtained an Outreach grant but none could apply for the Development grant until after the survey

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### Post-Grant Funding

Proportion of Networks Reporting Source of Post-Grant Operational Support (N=40)

Source of Operational Support	Networks
Federal Grants	52%
One-Time Member Contributions	50%
Foundation/Private Grants	30%
Network Member Dues	28%
Network Member Fees	28%
State Grants	25%

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### Preliminary Recommendations

- Reinststate the earlier funding cycle for the Rural Health Network Development Program
- Require network directors be solely responsible to the network and not a specific network member
- Continue to emphasize importance of establishing a representative governance
- Support network director skills building workshop to build leadership capacity
  - Directors aging out
  - On-going demand for experienced leadership

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**ORHP Leading the Way in Establishing  
an Evidence Base of Effective  
Rural Health Programs**

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**What is evidence?**

Evidence involves “the available body of facts or information indicating whether a belief or proposition is true or valid.”  
*Source: The New Oxford American Dictionary*

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**Different Forms of Evidence**

- Scientific literature in systematic reviews
- Scientific literature in one or more journal articles
- Public health surveillance data
- Program evaluations
- Qualitative data
  - Community members
  - Other stakeholders
- Media/marketing data
- Word of mouth
- Personal experience

Objective

Subjective

Figure 2  
Different forms of evidence. Adapted from Chambers & Kerner (37).

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## Key Attributes of EBPH

- Making decisions using the best available peer-reviewed evidence
- Using data and information
- Applying program-planning frameworks
- Engaging the community in assessment and decision making
- Conducting evaluation
- Disseminating lessons learned

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## What influences decision making?



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## Selecting a program or intervention...

- What is the size of the rural health problem?
- Are there effective interventions to address the problem?
- What information is available locally to help decide if an intervention is appropriate?
- Is there an intervention that has been used successfully to address the health problem given the local context?

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Classifying Interventions	
Category	How Established
Evidence-based	Peer review via systematic or narrative review
Effective	Peer review
Promising	Written program evaluation without formal peer review
Emerging	Ongoing work, practice-based summaries, or evaluation in process

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Overview of the Evidence Based Toolkit Series	
<ul style="list-style-type: none"> <li>• A compilation of evidence based practices related to rural health issues/ initiatives</li> <li>• One toolkit each year on a different topic</li> <li>• Toolkit organized in a Q&amp;A format to seed thinking</li> <li>• Useful for grantees, future applicants &amp; other rural communities               <ul style="list-style-type: none"> <li>– Identify &amp; apply models and resources that relate to projects</li> </ul> </li> <li>• Recognizes that everyone has different levels of knowledge/ different stages of implementation</li> <li>• Publicly available on Rural Assistance Center (RAC)</li> </ul>	

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Importance of Building Evidence Based Toolkits	
<ul style="list-style-type: none"> <li>• ORHP is working to align grantee program activities and evidence based practices</li> <li>• Identifying evidence based models and resources, and making them accessible to other rural communities, will help to facilitate replication of programs that are supported by research and/or experience</li> <li>• Ensuring that programs are based on proven models of practice will help leverage resources for sustainability</li> </ul>	

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