

Feature on the North Country Health Consortium Network

The North Country Health Consortium (NCHC) is a rural health network, created in 1997, as a vehicle for addressing common issues through collaboration among health and human service providers serving Northern New Hampshire. NCHC is engaged in activities for:

- solving common problems and facilitating regional solutions
- creating and facilitating services and programs to improve population health status
- health professional training, continuing education and management services to encourage sustainability of the health care infrastructure
- increasing capacity for local public health essential services
- increasing access to health care for underserved and uninsured residents of Northern New Hampshire

NCHC's mission states: "North Country Health Consortium leads innovative collaboration to improve the health status of the region."

Members of this network benefit from being part of an organization that finds people together at a table that might not otherwise be at the same table. It allows them to build relationships and work with others for a common cause. Members are able to look at rural health needs and come together to work on them. They benefit by looking at how to solve problems together, particularly in ways they couldn't do alone. They also benefit from education and advocacy we provide. The real value added is the ability to take on new opportunities and initiatives that individually couldn't be done. The has positioned itself to launch innovative initiatives and receives calls from around the state and New England because they are seen as a rural resource.

Approximately 96% of the network's funding comes from federal, state and foundation grants. Member dues generates a small amount of revenue. They also earn some revenue from educational programming and conferences. The network also receives some Medicaid reimbursement for their oral health program but unfortunately that income doesn't even cover the costs of that service.

NCHC's Executive Director, Ms. Nancy Frank states in order to understand this network, you need to know that they do so many different things and touch in the arena of public health, emergency preparedness, health and wellness and AHEC services including a summer camp for middle school age kids and a large substance abuse prevention program. One of the things with a network structured like this one, with so many members (31), is they can continue to expand service areas. Unlike hospital only networks, they are able to take advantage of opportunities that aren't just specific to a given area. It's a necessity because we they operate in such a rural area and are the only one like this in this part of the state. They have

themselves well positioned to keep growing. The community values what they do and they've been able to build on successes to secure additional funding.

The advantages and disadvantages of working in rural areas was discussed. Similar to other rural network leaders speaking on the advantages, Ms. Frank indicates that people in rural communities really look to and rely on each other more than in urban areas. They have a sense of "we have to all be together to make things better". The downside for this particular network's service area is they have a poor, less educated population that is aging quickly. There is no public transportation which makes it hard to get around, especially in the winter. Access to health care is also an issue. Tertiary care centers are often a 2 to 3-hour drive away. It's hard to recruit clinicians, especially those for the behavioral health care work force, to the more rural areas because the area is isolating and offers limited opportunities for clinicians and their families. To help tackle the work force issue the network tries to utilize the fact that the area is beautiful and offers many opportunities that encourage healthy lifestyles.

Ms. Frank states a personal challenge of being a network leader was coming into the position with a real desire to change the culture of the organization, believing people need to feel empowered and feel they have control over what they're doing and they need to be supported. Internally the challenge was shifting staff around in order to utilize people's strongest skills and ensure that the right person was in the right position. Making this challenge a bit easier was the fact that the organization already had really good staff committed to the work of the Consortium. Also, Ms. Frank came in with relationships with some of the board members from having done prior work with the network which helped build trust and establish a strong collaborative environment.

Ms. Frank was asked if she had any advice to share with newer network leaders. And like several others I have interviewed her initial response was about relationships. She states: "I think this work is all about relationships and trust and finding common ground. It's about moving forward around common needs and goals. You can't do work without those relationships established. For example, New Hampshire was awarded an 1115 Medicaid waiver to integrate mental health, substance abuse and primary care. The state is asking us to work with another region of the state. In order to be effective we have to establish and nurture new relationships and trust before we can begin the hard work together".

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