



Washington Rural Health Association

Strategic Plan

November 2010

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Executive Summary

The Washington Rural Health Association (WRHA) recognizes that rural areas are unique and differ from urban areas in their geography, population mix and density, economics, lifestyles, values, and social organization. Rural people and communities require programming and advocacy that corresponds to their distinctive characteristics. It is the aim of the WRHA to examine the environment to effectively respond to the rural needs of Washington State. As such, this Strategic Plan provides a current road map to strengthen its leadership capacity *to promote enhanced access, quality and stability* for rural health services. The *principles* which guide this Strategic Plan encompass *collaboration, advocacy, communication, and education*. It identifies three *objectives* and a framework to accomplish each. The information gathered to build this document originated primarily from a retreat held November 13, 2010. The author would like to thank each participant for their contribution and vision that led to the creation of this document. They include Nancy Nash-Mendez, President; Vicky Brown, President-Elect; Bill Plummer, Secretary; Norm Passmore; Treasurer; and Board of Directors: Charlene Brush, John Franco, John Hanson, Barbara Lingo, and Gary Smith.

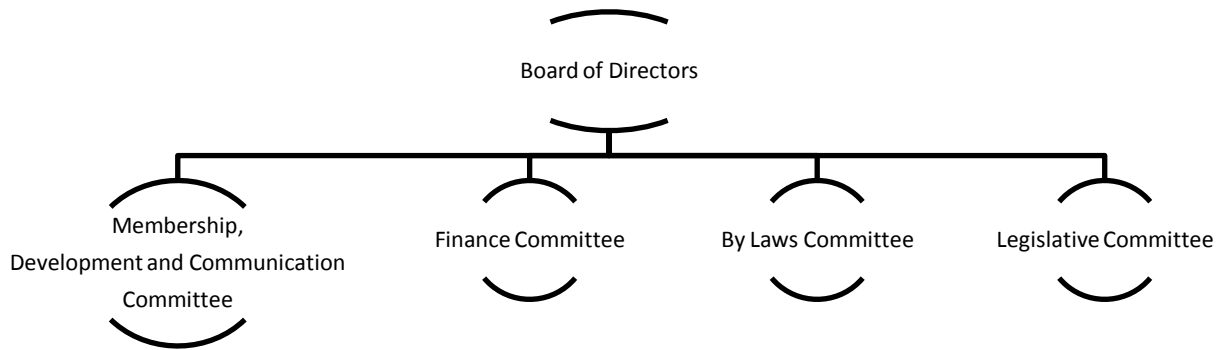
Organization History and Profile

In response to requests from State legislators to present rural health issues as a unified voice, the WRHA was formed in 1988 and recognized as a 501(c)3, tax exempt nonprofit organization five years later. WRHA is instrumental in advancing policy to promote quality, accessible, and comprehensive health care for its rural residents. Over the past twenty years, WRHA's initiatives have addressed: physician recruitment and retention, cost based reimbursement for critical access hospitals, community based insurance plans, prescriptive privileges for mid-level providers, securing federal rural designations (such as Health Provider Shortage Areas and Medically Underserved Areas), and advancing quality mental health legislation. The WRHA prioritizes collaboration with other local, state and federal organizations who share common goals of eliminating threats to the viability of rural health care. Partnerships include but are not limited to the Washington State Department of Health, Eastern and Washington Area Health Education Centers (AHEC), Washington State University, Washington State Hospital Association, State Office of Rural Health, Washington State Dental Association, University of Washington, Washington State Public Health Departments and National Rural Health Association.

Board of Directors

The all-volunteer Board of Directors is comprised of a minimum of nine and a maximum of seventeen members who serve three year terms. The elected officers include President, President Elect, Secretary and Treasurer each of which holds a one year term.

Figure One: WRHA Organizational Structure



WRHA Constituency

WRHA’s constituency includes professionals and consumers whose actions and interests impact the delivery of health care services in rural areas of the state and nation. WRHA encourages membership of providers and administrators in both public and private settings, researchers, educators, consumer groups, health consultants, resource and referral centers, insurance and financing organizations, suppliers of services to rural providers, and others sharing an interest in rural health care. Current organizational members include hospitals, community centers, home health agencies, legal and financial firms, and university programs. Individual members include administrators, physicians, nurses, dentists, optometrists, mid-level providers, business leaders, insurance organizations, researchers, educators and policy-makers, hospital commissioners and others showing an interest in rural health care.

Mission Statement

To collaboratively strengthen and improve the health of Washington's rural communities.

Vision Statement

To be the voice of rural health for Washington by providing leadership that strengthens and educates our communities through advocacy for change and improvement of rural health.

Guiding Principles

The activities of the WRHA are based on the guiding principles that foster excellence in advocacy, education, communication, and collaboration. All WRHA actions are proactive and non-partisan. WRHA aims to develop and sustain an infrastructure to respond to current and future initiatives so that it can continue to meet its mission and vision. This includes a sound fiscal and programmatic stewardship that encourages and supports staff development and teamwork.

Strategic Goals

The following Work Plan presents three Strategic Goals outlined by the Board to guide the WRHA objectives and activities through 2013. They include:

1. Serve as an advocate for rural health while promoting excellence in health services for the individual and community.
2. Facilitate communication and knowledge among individuals and organizations to support collaboration to benefit rural health.
3. Promote opportunities for education and training for rural healthcare providers and their support staff.

Strategic Objectives Work Plan, 2010

Goal 1 Serve as an advocate for rural health while promoting excellence in health services for the individual and community.

Objectives

Activities

a. Develop and disseminate timely, relevant information

- i) Publish newsletter, fact sheets, current news notifications, and education materials and disseminate to membership through mailings and website.
- ii) Solicit monthly input for educational materials from Board, membership, partnering agencies and Community.
- iii) Solicit membership concerns through website.

Responsible Party: Communications Committee

Timeline: Obtain input prior to the NW Regional Rural Health Conference March 2011.

b. Advocate/legislate at the local, regional, state, and national levels.

- i) Strengthen advocacy efforts through collaborations with new and existing partnering organizations.
- ii) Inform the WRHA board, and other formal groups that advocate for the health of rural citizens in Washington and throughout the region.
- iii) Identify new and emerging areas for advocacy through continuous assessment of issues impacting rural health care delivery.

Responsible Party: Board and membership

Timeline: Monthly and/or as needed.

c. Expand knowledge base of current environment to define and identify rural needs.

- i) Define advocacy agenda through investigation of current and emerging rural health issues. Abstract knowledge from membership surveys and partnering agencies assessments.
- ii) Conduct Regional Road shows to assess local environments to identify rural agenda.

Responsible Party: Board

Timeline: Assessments 2/yr, Road shows 2/yr starting in Fall 2011. Announce in March 2011.

d. Promote rural access to regional health system/services through collaboration with urban partners.

- i) Conduct Urban Regional Road shows to assess current environments as they relate to rural issues.
- ii) Enhance and expand efforts with urban partners. Identify venues for collaboration, provide accurate and timely information and offer support as needed.

Responsible Party: Board

Timeline: Roads hows 2/yr starting in Fall 2012, Urban collaboration with partners identified across the entire state of Washington by June 2011.

Goal 1(continued) Serve as an advocate for rural health while promoting excellence in health services for the individual and community.

e. Educate and mobilize rural community leaders.

- i) Educate the membership to be effective advocates for its rural agenda.
- ii) Encourage membership to staff WRHA Committees.
- iii) Make advocacy education available to membership and partnering organizations through website, newsletters, webinars, and mailings.
- iv) Use regional conferences to implement workshops, round tables, and breakout sessions

Responsible Party: Board

Timeline: Advocacy education begins Jan 2011, Workshop development in 2012.

f. Adopt discipline focused philosophy to strengthen leadership and attract members.

- i) Direct member initiatives as “discipline-specific” assignment versus dependent on regional location.
- ii) Redesign recruitment, education, and support materials to highlight discipline specific philosophy.

Responsible Party: Board

Timeline: Immediate.

g. Expand and enhance membership base.

- i) Identify and participate in recruitment activities that involve new membership and areas of concentration to extend the dissemination of rural health information.
- ii) Solicit and strengthen partnerships with local and regional colleges, universities for WRHA membership, outreach and education activities.
- iii) Spotlight WRHA at regional conferences to capture new membership and educate rural leadership of initiatives and current activities.

Responsible Party: Board

Timeline: Immediate.

Goal 2 Promote opportunities for education and training for rural healthcare providers.

Objectives

Activities

a. Expand the awareness and accessibility of educational programming utilizing distance education methods.

- i) Strengthen existing and identify new partners to expand tele-health activities designed to meet the needs WRHA membership.
- ii) Increase marketing and promotion of distance education opportunities.
- iii) Explore other venues for training such as computer-based programs.

Responsible Party: Board

Timeline: Immediate.

b. Increase awareness and participation in educational opportunities offering accredited continuing medical education (CME) credits.

- i) Establish an infrastructure to support CME development.
- ii) Identify and promote CME opportunities available to membership; highlight programming that is offered free of charge.
- iii) Increase access to educational resources available to membership by creating a link on website to partners offering CME courses (e.g. INHS, NW center for public health practice, and Smart PH).

Responsible Party: Board

Timeline: Immediate.

c. Promote engagement in educational/outreach programming designed to meet the needs of new and/or expanded membership.

- i) Identify and promote outreach activities such as the clinical preceptor programs.
- ii) Use WRHA publications to highlight outreach and engagement activities.
- iii) Encourage outreach collaboration with other rural partners, practitioners, preceptors, and community leadership.

Responsible Party: Board

Timeline: Immediate.

Goal 3 Facilitate communication and knowledge among individuals and organizations to support collaboration to benefit rural health.

Objectives

Activities

a Enhance and foster local, state, and national partnerships that prioritize the exchange of information to support existing or new areas of focus.

- i) Identify key program staff at collaborative agencies that will facilitate the exchange and dissemination of materials.
- ii) Establish standard procedures (timeframes and methods) to advance collaborative sharing of resources and information.

Responsible Party: Staff and Communications Committee
Timeline: April 2011.

b. Develop reciprocal relationship with collaborative partners to expand knowledge base and resources available to membership.

- i) Promote WRHA's expertise as a sounding board for collaborative agencies.
- ii) Provide accurate and timely information and offer support as requested by collaborative partners.

Responsible Party: Staff and Membership, Development and Communications Committee
Timeline: April 2011.

c. Expand the use of technology as a tool for broadening and engaging membership and communities at large.

- i) Explore social networking (Facebook, twitter, listservs) for marketing and education opportunities.
- ii) Stay current with technology advancements to reach out to a broader membership population.

Responsible Party: Staff and Communications Committee
Timeline: April 2011.

Conclusion

This strategic plan articulates for WRHA and for its constituents an understanding of who we are, what we do, and the values by which we define ourselves. It articulates three key goals we have put forth to achieve over the next three years. The plan does not represent an irrevocably fixed set of directives, since the planning process must be dynamic and adaptable. It will, however, serve as the framework according to which we will make difficult decisions, focus our resources, and thereby advance the WRHA's distinction as a leader of rural health in Washington State.

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