



HRSA Rural Health Community-Based Division (CBD) Funding: Success Stories and Meaningful Impact

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I. Introduction

HRSA's Federal Office of Rural Health Policy (FORHP) Community-Based Division (CBD) grant programs expand health care access, increase capacity, and improve population health within rural areas by enhancing health care delivery and encouraging network development and collaboration among rural providers. As authorized by Section 330A of The Public Health Service Act, in 2020 there were 11 CBD grant programs.^{1,2}

CBD Grant Programs

Black Lung Centers of Excellence
Black Lung Clinics Program
Delta States Rural Development Network Grant Program
Radiation Exposure Screening and Education Program
Rural Health Care Coordination Program
Rural Health Care Services Outreach Grant Program
Rural Health Network Development Planning Program
Rural Health Network Development Program
Rural HIV/AIDS Planning Program
Rural Maternity and Obstetrics Management Strategies
Small Health Care Provider Quality Improvement Program

Grant recipients are required to serve rural areas as defined by FORHP and may be public or private entities including faith-based, community-based, tribes, and tribal organizations.³ Competitive projects are locally driven and respond directly to identified community needs. This model and the approaches that CBD programs employ have resulted in additional community-based programs emerging in FORHP, including the Rural Communities Opioid Response programs, which address the opioid epidemic in rural areas. In 2019, around \$70 million was invested in CBD programs nationwide. As *a critical component of maintaining and creating capacity for health care across rural America, NRHA is advocating for permanent funding of CBD grant programs.*

II. Rural Health Community-Based Division (CBD) funding stimulates organizational capacity building to address unique local health needs.

- Four out of five CBD grantees sustain their efforts after funding ends.⁴
- As one example, a grantee used CBD funding to increase access to care by establishing behavioral counseling benefits.
 - In the program's first year, the grantee increased third-party insurance reimbursements by over \$100,000, which have continued to grow.
 - In the grantee's words: "... we've got hundreds of people eligible for healthcare benefits. We got their bills paid. The other aspect of this is that if we get somebody third-party coverage because they've presented for behavioral healthcare, guess what? They have coverage for everything else that they need medically as well."⁵



III. Rural Health Community-Based Division (CBD) funding demonstrates effective outcomes.

- A subset of CBD grantees have developed their programs into effective models, lending to the rural health evidence base.⁶
- HRSA's investment is cost-effective as these projects have lowered health care costs during—and beyond—the project period.
 - For example, one community health worker-based Chronic Care Management program demonstrated such a level of success in diabetes outcomes in a single West Virginia county that it was further scaled for implementation in a three-state area of Appalachia.
 - Three out of five patients (63%) had a lowered HbA1c (mean decrease of 2.4 percentage points) and 21.5% of patients decreased their HbA1c below 10%, which resulted in \$384,000 annual cost savings.⁷
 - Another program showcased the value of trained community volunteers who provided an 8-session hypertension management training program to elderly patients with hypertension.⁸
 - A 10.6% increase was seen in participants meeting the Healthy People 2020 definition of controlled hypertension after a 16-week period.⁹
- These outcomes may also translate into a direct return on investment for rural communities.
 - A Perinatal Health Project in Georgia focused on eliminating pre-term deliveries saved \$3.6 million over a three-year period.¹⁰

IV. Funding from Rural Health Community-Based Division (CBD) grants supports innovation that leads to sustainable new services.

For example, the Community Care Alliance received a CBD grant from 2014-2016 that was used as seed funding for rural health care providers beginning to address population health.¹¹ As a result, two rural Accountable Care Organizations (ACOs) were formed that leveraged CMS' ACO Investment Model for further support.

V. Recommendations

- Continue to fund Rural Health Community-Based Division (CBD) grant programs. This is the only funding source that allows rural communities to address locally identified health needs with flexibility and should be maintained.



- Increase capacity of rural health care delivery systems by authorizing permanent funding of CBD grant programs. This will:
 - Encourage rural communities that have not previously received these funds to apply.
 - Support rural communities to address health equity, with a focus on improving health outcomes and reducing health disparities for communities of color. Funding criteria for CBD programs should emphasize priority geographic areas that have long-standing health needs (e.g., persistent poverty counties).
 - Encourage communities to use CBD grants as seed funding for innovative program development.
 - Enhance rural community capacity to design, implement, evaluate, and sustain health programs.
 - Mobilize rapid rural response and recovery capacity to address the coronavirus public health emergency and other events, such as wildfires and adverse weather events. A bi-directional relationship with FORHP and rural communities facilitates communication that targets response efforts to best support rural communities' needs.
 - Implement evidence-based and effective programs for rural communities and create new evidence-based programs in rural communities.⁶
- Analyze the impact of CBD funding eligibility changes due to the CARES Act (i.e., urban entities are now eligible to receive CBD funding to provide services in rural areas).¹²
- Amplify CBD grant program success stories to support rural health transformation. Because grantees are often the “doers”, resources are needed to amplify their story, louder.
 - Provide additional funding and technical assistance to conduct program evaluations, including funding made available to awardees to enhance local evaluation capacity to quantify program impacts—including long-term outcomes—and potentially negotiate with third-party payers to sustain program activities.
 - Develop consistent measures of return on investment across programs.



References

1. U.S. Congress. United States Code: The Public Health Service, 42 U.S.C. §§ 330A n. <https://www.loc.gov/item/uscode1952-004042006a/>. 1952.
2. Health Resources & Services Administration (HRSA). Rural Community Programs. <https://www.hrsa.gov/rural-health/community/index.html>. Updated August 2020. Accessed September 7, 2020.
3. HRSA. Rural Health Grants Eligibility Analyzer. <https://data.hrsa.gov/tools/rural-health>. Accessed September 7, 2020.
4. Georgia Health Policy Center (GHPC). The DNA of Program Sustainability: Findings from a Study of Federal Office of Rural Health Policy Grantees. <https://ghpc.gsu.edu/download/the-dna-of-program-sustainability-findings-from-a-study-of-federal-office-of-rural-health-policy-grantees/>. Last updated July 14, 2020. Accessed August 28, 2020.
5. GHPC. Grantee Stories of Outcomes. Unpublished report. 2019.
6. Rural Health Information Hub (RHInfo). Rural Project Examples: Effective. <https://www.ruralhealthinfo.org/project-examples/evidence-levels/effective>. Accessed September 7, 2020.
7. RHInfo. Community Health Worker-based Chronic Care Management Program. <https://www.ruralhealthinfo.org/project-examples/1084>. Updated May 12, 2020. Accessed August 31, 2020.
8. RHInfo. Health Coaches for Hypertension Control. <https://www.ruralhealthinfo.org/project-examples/753>. Last updated December 9, 2019. Accessed September 8, 2020.
9. Dye CJ, Williams JE, Evatt JH. Improving hypertension self-management with community health coaches. *Health Promot Pract*. 2015;16(2):271-281.
10. Raychowdhury S, Tedders SH, O'Steen G, Jones SK. Multi-level evaluation of a perinatal health program in rural southeast Georgia. *Journal of the Georgia Public Health Association*. 2007;1(1):34-42.
11. RHInfo. The Community Care Alliance. <https://www.ruralhealthinfo.org/project-examples/934>. Last updated December 11, 2018. Accessed September 7, 2020.



12. U.S. Congress. Public Law No: 116-136: Coronavirus Aid, Relief, and Economic Security Act. <https://www.congress.gov/116/plaws/publ136/PLAW-116publ136.pdf>. March 27, 2020.