Supporting Rural Health Equity through Practice and Academic Partnerships (SHERPA) Network Charter

Current Projects

- Content Validation Systematic Review
- Data Collection on Primary Care Staff and their SDOH Resource Referral Practices and Beliefs
    - Content Validated Survey
    - Collecting Data and Developing Data Analysis Snap Shot Report
    - Analyzing and Disseminating the Findings
- HRSA Rural Health Network Planning Grant Activity
- Living QI Tool Repository
    - Build out to include multiple uses for each QI Tool

Network Organizational Statement

The Supporting Rural Health Equity Practice and Academia (SHERPA) Network exists to address Social Determinants of Health (SDOH) by fostering robust academic and practice partnerships focused on rural health. Our mission is to bridge the gap between healthcare providers, academic institutions, and the communities they serve in Western North Carolina's Appalachian Region. We aim to promote health equity, improve patient outcomes, and enhance the quality of care through innovative collaboration and research, targeting the significant health disparities in this underserved area. We envision a future where all rural communities have equal access to high-quality healthcare, with reduced health disparities and enhanced well-being.

The SHERPA Network Contributes to This Ideal Future By

Our future vision includes equitable access to high-quality healthcare for all residents of Western North Carolina, significantly reduced health disparities, and improved community health outcomes. We will achieve this through interdisciplinary collaboration, promoting and supporting research initiatives focused on SDOH and health equity, developing educational programs for healthcare leaders, implementing community-based interventions informed by best practices, and advocating for supportive policies. The SHERPA Network contributes to this ideal future by facilitating interdisciplinary collaboration between academic institutions and healthcare providers, promoting and supporting research initiatives focused on health equity and SDOH, developing and disseminating educational programs that prepare healthcare professionals to address SDOH effectively, implementing community-based health interventions informed by research and best practices, and advocating for policies that support health equity and address SDOH.

The SHERPA Network is Uniquely Positioned to Fulfill This Role Due To

The SHERPA Network is uniquely positioned to fulfill this role through its extensive experience in fostering partnerships between academic institutions and health agencies, a proven track record of successful research initiatives and community interventions focused on SDOH, strong connections with a diverse range of stakeholders including community organizations, policymakers, and healthcare providers, expertise in translating research findings into practical applications and policies that benefit underserved communities, and a commitment to continuous improvement and innovation in addressing health disparities.

The SHERPA Network Accomplishments

Since 2021, through the planning stages of the SHERPA Network, we have piloted a successful academic and practice-based collaboration around SDOH referrals in primary care settings. The SHERPA Network has established numerous successful academic health partnerships that have led to groundbreaking research and innovative healthcare solutions. We have secured funding for multiple research projects focused on SDOH and their impact on health outcomes, developed and implemented educational curricula that equip healthcare professionals with the skills and knowledge to address SDOH, and launched community health programs that have measurably improved access to care and health outcomes in underserved populations. Additionally, we have influenced policy changes at local, state, and national levels to support health equity and address SDOH. Through these efforts, our Network continues to make a profound impact on health equity and the overall well-being of the communities we serve in Western North Carolina's Appalachian Region.

Background

Access to quality health resources greatly impacts healthcare services and health outcomes in any population. The Appalachian Region of North Carolina is characterized by a number of health disparities including higher incidences of chronic diseases and disabilities, higher mortality rates, and lower life expectancies with lower capacity for management that is critically needed. Underserved populations in this community may also include racial and ethnic minority populations and rural populations with social health care needs. The rural, sparsely populated, mountainous terrain of the area can be a barrier to accessing care, and with a large portion of our patients requiring complex services to manage comorbidities within limited means, the inequities need to be addressed.

The Supporting Rural Health Equity Practice and Academic (SHERPA) Network exists to address Social Determinants of Health (SDOH) by fostering robust academic and practice partnerships that focus on rural health. We are dedicated to bridging the gap between healthcare providers, our educational institution, and the communities they serve to promote health equity, improve patient outcomes, and enhance the quality of care through innovative collaboration and research. We envision a future where all rural communities have equal access to high-quality healthcare, and the impact of SDOH on health disparities is significantly reduced. In this future, academic and practice health partnerships will thrive, driving forward cutting-edge research, education, and clinical practice that are attuned to the unique needs of diverse populations. Our Network contributes to this ideal future by facilitating interdisciplinary collaboration between academic institutions and health agencies, promoting and supporting research initiatives focused on SDOH and health equity, developing and disseminating educational programs that prepare current and future healthcare leaders to address SDOH, implementing community-based health interventions that are informed by best practices and advocating for policies that support health equity and address SDOH, all while being led by community stakeholders.

The SHERPA Network exists to address Social Determinants of Health (SDOH) by fostering robust academic health partnerships. Our primary mission is to bridge the gap between healthcare providers, academic institutions, and the communities they serve in Western North Carolina's Appalachian Region. We aim to promote health equity, improve patient outcomes, and enhance the quality of care through innovative collaboration and research, targeting the significant health disparities in this underserved area.

The SHERPA Network Accomplishments

Since 2021, through the planning stages of the SHERPA Network we have piloted a successful academic and practice based collaboration around SDOH referrals in Primary Care Settings. SHERPA Network will utilize the following steps in future network activities:

1. Initial Engagement and Relationship Building
    a. Identify Key Health Agencies: List and prioritize primary care clinics and health agencies that focus on or intersect with SDOH within your target region.
    b. Stakeholder Mapping: Understand the roles, influence, and interests of different stakeholders in these agencies.
    c. Outreach and Introduction: Initiate contact through formal letters, emails, and follow-up calls. Introduce the SHERPA Network, its goals, and the potential benefits of collaboration.
2. Establishing Trust and Mutual Understanding
    a. Face-to-Face Meetings: Organize initial meetings to build relationships and discuss common goals.
    b. Listening Sessions: Conduct listening sessions with health agencies to understand their current challenges, needs, and perspectives regarding SDOH.
    c. Transparent Communication: Maintain regular, open communication to build trust and demonstrate commitment.
    d. Learning Communities (LCs): Establish LCs in response to emerging issues.
    e. Contracts and Agreements: As needed, establish long term agreements between the academic institution and health agency.
3. Applying for Grants

   a. Collaborative Grant Writing: Partner with interested health agencies to co-author grant proposals that fund collaborative planning and initial data collection activities.
   b. Resource Sharing: Use academic resources to support grant applications with research and data to strengthen the case for funding.
4. Data Collection and Environment Assessment
   a. Design Data Collection Tools: Develop surveys, interviews, and focus group guides to collect data on SDOH referral systems from primary care clinics.
   b. Pilot Testing: Pilot the data collection tools with a few clinics to ensure they are effective and refine them based on feedback.
   c. Full-Scale Data Collection: Implement data collection across all participating health agencies.
   d. Pilot Project: SHEQuITE Primary Care SDOH Referrals
      i. Survey Link
      ii. Content Validation Methods and Approach
      iii. PCE Survey Region Wide Flyer
      iv. PCE Survey Flyer
      v. PCE Raffle Flyer
      vi. Report Outline Variables
      vii. Provider Contact List
      viii. Public Health Programs in Partnering Counties
5. Analyzing and Reporting Findings
   a. Data Analysis: Leverage academic expertise to analyze collected data, identifying gaps and opportunities in SDOH referral systems.
   b. Report Preparation: Prepare detailed reports and presentations summarizing findings, insights, and recommendations.
6. Collaborative Strategy Development
   a. Joint Workshops and Strategy Sessions: Organize workshops with health agency representatives to collaboratively develop strategies to address identified gaps.
   b. Co-Creation of Action Plans: Develop actionable plans that outline specific interventions, roles, responsibilities, and timelines.
7. Implementation of Interventions
   a. Pilot Interventions: Test selected interventions in a few clinics or communities to evaluate effectiveness.
   b. Scale Up Successful Initiatives: Based on pilot results, expand successful interventions to more clinics and communities.
8. Ongoing Support and Capacity Building
   a. Training Programs: Develop and deliver training for health agency staff on SDOH, referral systems, and new interventions.
   b. Resource Provision: Provide necessary resources, such as educational materials, technology, and access to research.
9. Monitoring and Evaluation
   a. Continuous Monitoring: Establish monitoring systems to track the implementation and impact of interventions.
   b. Regular Feedback Loops: Create mechanisms for regular feedback from health agencies to ensure continuous improvement.
   c. Evaluation Reports: Periodically evaluate the outcomes of the interventions and make adjustments as needed.
10. Sustainability and Co-construction:
   a. Building Long-Term Partnerships: Formalize partnerships with health agencies through MOUs or agreements.
   b. Advocacy and Policy Engagement: Work together to advocate for policy changes at local, state, and national levels that support health equity and address SDOH.
   c. Leveraging Academic Research: Continuously leverage academic research to support ongoing and new initiatives addressing health disparities.

Environmental Scan

Domain	Influencing Factors	Opportunities	Threats
	The influencing factors listed below are included as prompts for your reflection and conversations. You may identify others.	What are the factors that may create favorable conditions for the work of our Network?	What are factors that may negatively impact the work of our Network?
Local	• Government leadership • Government budgets/spending priorities • Sufficient health care workforce • Access to health services • Awareness and investment in Health Equity • Population demographics • Population health indicators • Economic environment • Access to social services • Social context (crime and violence, environmental conditions, availability of food and housing, transportation, etc.)	Community Engagement and Partnerships: • Building relationships with community members, organizations, and stakeholders. • Advocating for supportive policies and regulations through partnerships. Accessible Healthcare Infrastructure: • Ensuring convenient, accessible, and appropriately staffed healthcare facilities for easy access to care. • Investing in technology and innovation for improved healthcare delivery. Health Promotion and Prevention: • Prioritizing education campaigns, screenings, and vaccination programs. • Utilizing community health data and research to inform prevention efforts. Financial Sustainability: • Securing stable funding sources and managing resources efficiently. • Advocating for financial support through public awareness and advocacy efforts. • Negotiating contracts to secure payment while navigating complex reimbursement structures, addressing fluctuating healthcare regulations, and advocating for fair compensation for quality care delivered.	Government and Funding Challenges: • Government budget constraints and potential budget cuts to healthcare programs. • Limited resources for the clinic, impacting services and expansion efforts. Access to Health Services: • Geographic barriers, transportation limitations, and restricted clinic hours affecting access to care. • The rural landscape of North Carolina often means patients have to travel long distances to access healthcare facilities. Lack of transportation options, especially in remote areas, can deter patients from seeking care. • Challenges for individuals with mobility issues or transportation constraints. Health Equity Awareness and Investment: • Low awareness and investment in health equity issues. • Perpetuation of disparities, marginalization of vulnerable populations, and hindered efforts for equitable care. Economic Environment Impact and Social Services: • Challenging economic environment, high unemployment rates, and limited health insurance coverage. • Exacerbation of financial barriers to care and limitations on seeking necessary healthcare services. • Insufficient availability of social support services like housing and food assistance. • Impediments to addressing social determinants of health and achieving optimal health outcomes.
State	• Government leadership • Government budgets/spending priorities • Medicaid, Behavioral Health, Aging/Long Term Care, Health Equity, and other health policies	Health Equity and Population Health: • Investment in State Health Equity Initiatives: State investment reduces disparities in access and outcomes. • State Population Demographics: Understanding national trends tailors services to diverse needs. • State Population Health Indicators: Monitoring indicators prioritize interventions for nationwide health improvements.	Government Leadership and Policies: • Ineffective or inconsistent leadership at the state level. • Budget constraints or competing spending priorities. Healthcare Policy Challenges: • State policies not aligned with rural population needs or lacking resources. • Restrictive licensing requirements and scope of practice limitations. Insurance and Healthcare Marketplace:

	• Health professions policies and practices • Private insurance reimbursement policies • Healthcare marketplace • Economic environment	Supportive State Policies and Funding: • Medicaid expansion, funding for public health programs, and regulations promoting healthcare access and equity. • Allocation of state funds to healthcare programs, workforce development, and infrastructure. Statewide Health Initiatives and Resources: • Participation in statewide health initiatives and coalitions focused on various health issues. • Access to statewide health information exchange, public health infrastructure, and funding opportunities. Advocacy and Public Awareness: • Engaging in advocacy efforts and public awareness campaigns at the state level. • Participating in statewide advocacy and public awareness campaigns.	• Low reimbursement rates and complex reimbursement policies by private insurers. • Competitive healthcare marketplace characterized by consolidation and price pressures. Economic Environment: • Economic downturns, rising healthcare costs, and income inequality. • Financial strain for clinics and practices, reducing ability to afford healthcare.
Federal	• Government leadership • Government budgets/spending priorities • Medicare, Medicaid, Behavioral Health, Aging/Long Term Care, Health Equity, and other health policies • Healthcare Marketplace • Economic environment	Healthcare Infrastructure and Access: • Federal Healthcare Policies: Policies provide a framework for delivering and expanding healthcare services. • National Healthcare Workforce Planning: Policies address workforce shortages to meet national needs. • National Access to Health Services: Policies promoting access, including telemedicine, extend UNC Health Appalachian's reach nationwide. Telehealth and Health Information Technology: • Federal policies and reimbursement mechanisms for telehealth services. • Federal policies related to health IT, including EHR interoperability and data privacy. Public Health Initiatives and Research: • Participation in federal public health initiatives and disease prevention efforts. • Access to federal health data, research funding, and partnerships. Workforce Development and Advocacy: • Participation in federal workforce development programs. • Engaging in federal advocacy efforts and shaping policy priorities.	Government Leadership and Policies: • Ineffective or inconsistent leadership at the federal level. • Uncertainty regarding healthcare policies and regulatory changes. Government Budgets and Spending Priorities: • Budget constraints or changes in federal spending priorities. • Reduced funding for critical healthcare programs and public health initiatives. Federal Healthcare Policies and Programs: • Changes in federal policies related to Medicare, Medicaid, behavioral health, and long-term care. • Impact on reimbursement rates, coverage eligibility, and access to care for vulnerable populations. Healthcare Marketplace and Economic Environment: • Regulatory changes and uncertainty surrounding healthcare reform. • Economic downturns and fluctuations affecting healthcare spending and affordability.

External Environmental Scan Overview

The following key opportunities and threats have been identified as part of our strategic planning process and will inform our network's programmatic goals and objectives.

Local Network Opportunities:

- Community Engagement and Partnerships:
    - Building relationships with community members, organizations, and stakeholders.
    - Advocating for supportive policies and regulations through partnerships.
- Accessible Healthcare Infrastructure:
    - Ensuring convenient, accessible, and appropriately staffed healthcare facilities for easy access to care.
    - Investing in technology and innovation for improved healthcare delivery.
- Health Promotion and Prevention:
    - Prioritizing education campaigns, screenings, and vaccination programs.
    - Utilizing community health data and research to inform prevention efforts.
- Health Workforce Development:
    - Network opportunity to focus on training and retaining healthcare professionals.
    - Fostering a supportive work environment through cultural competence and sensitivity.
- Financial Sustainability:
    - Securing stable funding sources and managing resources efficiently.
    - Advocating for financial support through public awareness and advocacy efforts.
    - Negotiating contracts to secure payment while navigating complex reimbursement structures, addressing fluctuating healthcare regulations, and advocating for fair compensation for quality care delivered.

Federal and State Policy Landscape:

- Healthcare Infrastructure and Access:
    - Federal and State Healthcare Policies: Policies provide a framework for delivering and expanding healthcare services.
    - National Healthcare Workforce Planning: Policies address workforce shortages to meet national needs.
    - National Access to Health Services: Policies promoting access, including telemedicine, extend UNC Health Appalachian's reach nationwide.
- Health Equity and Population Health:
    - Investment in National Health Equity Initiatives: Federal investment reduces disparities in access and outcomes.
    - National Population Demographics: Understanding national trends tailors services to diverse needs.
    - National Population Health Indicators: Monitoring indicators prioritizes interventions for nationwide health improvements.

Local Network Challenges:

- Government and Funding Challenges:
    - Government budget constraints and potential budget cuts to healthcare programs.
    - Limited resources for the clinic, impacting services and expansion efforts.
- Healthcare Workforce Shortages:
    - Difficulty in recruiting and retaining qualified healthcare professionals.
    - Understaffing, increased workload, and potential impact on care quality and accessibility.
- Access to Health Services:
    - Geographic barriers, transportation limitations, and restricted clinic hours affecting access to care.
    - The rural landscape of North Carolina often means patients have to travel long distances to access healthcare facilities. Lack of transportation options, especially in remote areas, can deter patients from seeking care.
    - Challenges for individuals with mobility issues or transportation constraints.
- Health Equity Awareness and Investment:
    - Low awareness and investment in health equity issues.
    - Perpetuation of disparities, marginalization of vulnerable populations, and hindered efforts for equitable care.
- Population Demographic Challenges:
    - Unfavorable population demographics such as aging populations or ethnic shifts.

    - Unique challenges in addressing diverse healthcare needs and the need for culturally competent care.
- Poor Population Health Indicators:
    - High rates of chronic diseases, low vaccination rates, and other negative health indicators.
    - Underlying health disparities and systemic challenges requiring concerted efforts to address.
- Economic Environment Impact and Social Services:
    - Challenging economic environment, high unemployment rates, and limited health insurance coverage.
    - Exacerbation of financial barriers to care and limitations on seeking necessary healthcare services.
    - Insufficient availability of social support services like housing and food assistance.
    - Impediments to addressing social determinants of health and achieving optimal health outcomes.
- Adverse Social Context:
    - High levels of crime, environmental pollution, and inadequate access to healthy living conditions.
    - Contribution to poor health outcomes and exacerbation of existing health disparities.
- Emergency Preparedness and Disaster Resilience:
    - Rural areas are particularly vulnerable to natural disasters, such as floods and wildfires.
    - Ensuring adequate emergency preparedness and disaster resilience within the rural health network is essential for maintaining continuity of care and protecting the health and safety of patients during crises.

Federal and State Policy Landscape:

- Government Leadership, Budget, and Spending Priorities:
    - Budget constraints or changes in federal spending priorities.
    - Impact on reimbursement rates, coverage eligibility, and access to care for vulnerable populations.
    - Reduced funding for critical healthcare programs and public health initiatives.
    - Uncertainty regarding healthcare policies and regulatory changes.
    - Changes in federal policies related to Medicare, Medicaid, behavioral health, and long-term care.
- Healthcare Marketplace and Economic Environment:
    - Regulatory changes and uncertainty surrounding healthcare reform.
    - Economic downturns and fluctuations affecting healthcare spending and affordability.

Establishing the SHERPA Network in Appalachia has been and will continue to be beneficial for several reasons:

- Improved Access to Healthcare
    - Appalachia is characterized by its remote and mountainous geography, which can make access to healthcare facilities difficult. A rural health network can provide more localized services, reducing travel time and improving accessibility for residents.
- Addressing Health Disparities
    - Appalachia faces significant health disparities, including higher rates of chronic diseases such as diabetes, heart disease, and substance abuse disorders. A coordinated health network can implement targeted interventions, preventive care, and management programs to address these specific health issues more effectively.
- Enhanced Resource Sharing
    - Rural health networks can facilitate the sharing of resources such as medical equipment, specialists, and telemedicine services. This can help smaller, rural clinics provide a broader range of services and improve the quality of care.
- Economic Benefits
    - Improved healthcare infrastructure can boost the local economy by creating jobs in the healthcare sector and attracting new residents and businesses. Healthier populations are also more productive, which can contribute to economic growth in the region.
- Community-Based Care
    - A rural health network can support community-based care models that are culturally sensitive and tailored to the unique needs of Appalachian communities. This approach can improve patient outcomes and satisfaction.
- Emergency Preparedness

    - Coordinated networks can enhance the region's ability to respond to public health emergencies, such as natural disasters or disease outbreaks. This preparedness is crucial in rural areas where emergency services may be limited.
- Research and Data Collection
    - A health network can facilitate the collection and analysis of health data specific to Appalachia, leading to better understanding and addressing regional health challenges. This data can inform public health policies and programs.
- Education and Training
    - Networks can provide continuing education and training opportunities for healthcare providers, ensuring they are up-to-date with the latest medical practices and technologies. This can enhance the quality of care provided in rural areas.
- Patient Navigation and Support Services
    - Rural health networks can offer patient navigation services to help residents manage their healthcare needs, from scheduling appointments to understanding treatment options. Support services, such as mental health counseling and substance abuse programs, can also be more effectively integrated into the healthcare system.

Moving Forward

We envision a future where all residents of Western North Carolina have equitable access to high-quality healthcare. In this ideal future, health disparities are significantly reduced, and the community enjoys improved health outcomes, longer life expectancies, and enhanced overall well-being. Academic health partnerships thrive, driving forward cutting-edge research, education, and clinical practice that address the unique needs of our diverse populations. Our Network contributes to this ideal future by facilitating interdisciplinary collaboration between academic institutions and healthcare providers, promoting and supporting research initiatives focused on SDOH and health equity, developing and disseminating educational programs that prepare current and future healthcare leaders to address SDOH, implementing community-based health interventions that are informed by research and best practices and advocating for policies that support health equity and address SDOH.

The network facilitates interdisciplinary collaborations between academic institutions and healthcare providers to address SDOH. Currently, the network is surveying as many primary care providers in Western North Carolina to firstly gauge referral rates among the providers in the context of the global pandemic. The network is analyzing the results to jointly promote interventions and resources to provide communities with programs which focus on health equity.

The SHERPA Network contributes to this ideal future by:

- Facilitating interdisciplinary collaboration between academic institutions and healthcare providers to address SDOH.
- Promoting and supporting research initiatives focused on health equity and SDOH.
- Developing and disseminating educational programs that prepare healthcare professionals to address SDOH effectively.
- Implementing community-based health interventions informed by research and best practices.
- Advocating for policies that support health equity and address SDOH.

The SHERPA Network is uniquely positioned to fulfill this role due to:

- Extensive experience in fostering partnerships between academic institutions and health agencies.
- A proven track record of successful research initiatives and community interventions focused on SDOH.
- Strong connections with a diverse range of stakeholders, including community organizations, policymakers, and healthcare providers.
- Expertise in translating research findings into practical applications and policies that benefit underserved communities.
- Commitment to continuous improvement and innovation in addressing health disparities.

Objectives for the Next 3 to 5 Years Utilizing the Socio-Ecological Model

Individual Level Objectives

1. Enhance Knowledge, Skills, and Abilities
    - Develop and implement training programs to improve rural health workers' knowledge of available resources for referrals and the procedures for making these referrals related to SDOH.
    - Create and distribute educational materials and guides on SDOH referral processes.
2. Boost Self-Efficacy
    - Conduct workshops and mentorship programs to build rural health workers' confidence in their ability to make effective referrals around SDOH.
    - Provide continuous feedback and support to reinforce self-efficacy.
3. Shape Positive Attitudes and Beliefs
    - Launch awareness campaigns to highlight the importance of making referrals related to SDOH.
    - Share success stories and case studies that demonstrate the impact of effective referrals on patient outcomes.

Interpersonal Level Objectives

1. Understand Cultural and Social Practices
    - Conduct qualitative research to explore how cultural and social practices influence rural health workers' approach to SDOH.
    - Integrate findings into training and development programs to ensure culturally sensitive practices.
2. Leverage Social Networks
    - Facilitate networking events and peer support groups to strengthen relationships among health workers, family, friends, and other health professionals.
    - Promote the use of social networks to share information and resources related to SDOH referrals.
3. Encourage Professional Support
    - Develop platforms for knowledge sharing among peers and other health professionals regarding referral management around SDOH.
    - Establish mentorship and buddy systems within health agencies to support continuous learning and improvement.

Organizational Level Objectives

1. Implement Onboarding and Training
    - Create comprehensive onboarding programs that include training on referral opportunities and SDOH.
    - Regularly update training materials to reflect the latest best practices and resources available.
2. Promote Quality Improvement Practices
    - Encourage organizations to participate in quality improvement initiatives aimed at enhancing the referral process.
    - Provide technical assistance and support for implementing quality improvement measures.
3. Achieve Recognition and Accreditation
    - Assist health agencies in attaining recognition and adhering to various accreditation standards to ensure quality in referral practices.
    - Develop a recognition program to celebrate and incentivize agencies that excel in SDOH referrals.

Community Level Objectives

1. Identify and Utilize Community Resources
    - Map out community resources such as neighborhoods, grocery stores, food pantries, religious and social organizations, recreational facilities, and parks for referrals.
    - Create a centralized database of community resources accessible to health workers and agencies.
2. Ensure Availability of Resources
    - Advocate for the availability of resources within the community to address SDOH.
    - Work with local organizations to fill gaps in services and support.
3. Foster a Culture of Health Equity
    - Promote community engagement activities that prioritize health equity.
    - Launch initiatives to educate the community about SDOH and the importance of addressing them.

Public Policy Level Objectives

1. Navigate Eligibility Criteria
    - Provide training for health workers on understanding and navigating the qualification criteria for federally funded programs like Medicare, Medicaid, WIC, and SNAP.
    - Develop easy-to-use tools and guides to help health workers assist patients with eligibility and application processes.
2. Advocate for Funding and Support
    - Engage in advocacy efforts to secure funding and support for SDOH-related resources and referral processes.
    - Collaborate with policymakers to influence policies that support health equity and address SDOH.

By focusing on these objectives, the SHERPA Network can create a comprehensive and impactful approach to addressing SDOH in rural Appalachia, ensuring that the network's efforts are aligned with the needs of health agencies and the communities they serve.

Steps for Integrating Collaborative Partnership with Rural Health Network Goals

Collaborative Partnership	***Rural Health Network***	***Next Steps***
Vision Based on short-term goals and project deliverables	**Vision** Members have *shared* vision, mission, and values that clearly define the Network's reason for existence	The SHERPA Network is in a unique position with Network Organizational Assessment. Given the vision of our network, we will need to find a balance between Collaborative Partnerships, which are key to being flexible and open to new membership and activities and being the defined Rural Health Network, which allows for clear direction and leadership to manage the complex field of rural health practice. The vision of this network will be ever-changing and will rely on both short-term goals and project deliverables, as well as having a shared vision, mission, and values that clearly define the SHERPA Network's reason for existence. **Next steps include:** ● Identify Continuous Priorities: Establish an annual needs assessment/environmental scan cycle to identify and evaluate progress toward addressing the most pressing health disparities and SDOH issues in the Appalachian Region. ● Set Measurable Objectives: Define specific, measurable, achievable, relevant, time-bound, inclusive, and equitable (SMARTIE) objectives for each priority area. ○ Develop Action Plans: Create detailed action plans outlining the steps needed to achieve each objective, including timelines, responsible parties, and required resources.
Relationships Group is fluid and open; participants see themselves primarily in a relationship with the lead partner	**Relationships** Members officially join for strategic reasons; all members have relationships that are mutual and reciprocal and are based on trust	● Foster Regular Communication: Use collaboration tools to maintain open communication and coordination among partners. This includes online platforms and attending local coalition meetings. Develop a comprehensive communication strategy to ensure all partners understand and are committed to the shared goals. ● Continuously Leverage Expertise: As new members come and go, utilize the unique strengths and expertise of each partner to enhance project outcomes and research initiatives. Develop a repository of members, current and historical.

		• Continue to Focus on Community Engagement: Constantly involve community members in the planning and implementation of projects to ensure they are culturally appropriate and address real needs.
Commitment Participants are supportive but not all are actively engaged in program implementation	**Commitment** Members have long-term commitments, are passionate and actively engaged, and share responsibility for outcomes	• Explore and integrate innovative technologies and practices that can improve network participation. • Launch pilot projects to test new ideas and approaches, collecting data to assess their effectiveness before broader implementation. • Focus on Relevant Research: Prioritize research projects that address the specific health challenges and SDOH in the Appalachian Region.
Formality Participants are supportive but not all are actively engaged in program implementation	**Formality** Network is an independent organization that operates according to signed agreements, defined policies, shared decision-making, and often has by-laws	• Establish Academic and Practice Partnership Agreements with network partners and community-based organizations, both formal and informal. • Attend local coalition meetings to stay plugged in with the needs of local health agencies and network members.
Adaptability Programmatic focus is project-specific to meet immediate milestones and adherence to work	**Adaptability** Programmatic focus continually adapts to emerging needs and changing priorities	• Establish key performance indicators (KPIs) to monitor progress towards goals and objectives. • Engage Policymakers: Work with local, state, and federal policymakers to advocate for policies that support health equity and address SDOH.
Impact Community impact is limited to specific project outcomes	**Impact** Members seek long-term solutions to intractable issues to achieve broader community impact	• Conduct Regular Evaluations: Perform regular evaluations to assess the effectiveness of interventions and make necessary adjustments to strategies and plans. • Share Findings: Publish research findings in academic journals, present at conferences, and disseminate information through community channels to inform policy and practice.
Resources Sole source of funding for program implementation is external, such as a grant	**Resources** Diverse sources of funding, both member-driven and external, support the Network infrastructure and development as	• Develop a Sustainability Plan: Create a long-term sustainability plan to ensure the network can continue its work beyond the initial funding periods. • Raise Awareness: Use media and public outreach campaigns to raise awareness about the health disparities in rural communities and the work of the SHERPA Network.

	well as program implementation	