


This product was developed by the Richland County Community Diabetes Project at the Richland County Health Department in Sidney, MT. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.

# Partners in Progress



Richland Health Network



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“Coming together is a beginning.  
Keeping together is progress.  
Working together is success.”

-Henry Ford

# Richland Health Network

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- Partners since 1999
- Mission: Building healthy communities through networking, health promotion, and volunteerism



# Sidney Health Center

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- Hospital, Clinic, Pharmacy, Extended Care
- Provide data, medical expertise, connection to the medical community, connection to a large clientele base, education, personnel, resources, strategic planning
- RHN helps to meet SHC Promise of Community Involvement



# Richland County Health Dept.

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- Population based health prevention and promotion; limited direct services
- Provide data, experience with community outreach, connection to community groups, education, personnel, resources, strategic planning
- RHN helps to meet Essential Services of Public Health, including assessment, assurance, and policy development



# Richland County Commission on Aging

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- Population based health prevention and promotion related to the aging population
- Provide experience with outreach to the aging community, connection to Senior groups, education, resources, strategic planning
- RHN helps to identify needs for the aging population and plans to meet those needs





# Original Collaboration

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- A result of a common concern for re-hospitalization of the Senior population
- No one agency in the area provided a coordinated approach to address this concern
- A coordinated approach to address this need through Case Management (Nursing and Social Services) was developed and overseen by all three agencies of RHN
- This Case Management approach was proven to be successful in decreasing re-hospitalization by 43% for those who were served (as compared with the general population)
- As a result, RHN was featured as a “Best Practice Program” by the National Coalition on Rural Aging






# Currently at RHN

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- RHN Home Visiting (nursing)
- Senior Companion Workstation
- Senior Coalition
- RSVP Program
- Citizen Corps
- Fire and Fall
- VISTA
- Chronic Disease Management
  - Community Diabetes Project

RHN began as a “reactive” effort and has transformed into a “proactive” organization. Our focus has expanded to include the general population.

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- RHN Home Visiting (nursing)
    - A simplified version of the original Case Management program with only the nursing component
    - SHC Home Health/Hospice provides service with direction from PH
  - Senior Companion Workstation
    - Serves at-risk Seniors in the community in their homes; non-medical



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## ○ Senior Coalition

- A result of the partnership
- A thriving group of Seniors and Senior Agencies advocating for their own needs
- Developed a Homemaker Program for low income, at-risk Seniors throughout the county
  - This need was identified through the Case Management Program



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- **RSVP Program**


- Matches older adults with volunteer opportunities that make an impact on the community

- **Citizen Corps**

- Volunteers of all ages are organized and trained to assist in an emergency

- **Fire and Fall**

- Provides smoke alarms, fire prevention education, and fall prevention education

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- **Volunteers in Service to America**
    - Communities in Action
    - Collaboratively working towards a healthier community while independently assigned to various sites



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- Richland County Community Diabetes Project

- Dedicated to building a community environment that supports diabetes self-management
- Focuses on healthy eating, increasing physical activity, education, and social support
- Resulted in an ADA Recognized formal education program, housed at SHC and linked to community services



# Benefits of a Network

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- Enhances impact on the community
- Expands reach
- Increases capacity to respond to community needs
- Increases links to community members and groups
- Increases credibility
- More effective utilization resources due to sharing
- Improves clinical outcomes
- Develops leadership and common vision
- More attractive to funders
- Increases sustainability

# Economic Impact...so far...

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- Total new revenue brought in to the community through RHN:  
**\$1,266,000**
- It is said that every dollar brought into a community cycles through 7 times. Thus the total dollars brought into the community:  
**\$8,862,000**





# The Future of RHN

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- Continue to work towards building healthy communities through networking, health promotion, and volunteerism
- Continue to seek new funding opportunities to meet community needs
- Explore formalization of the network

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# Richland Health Network: A true partnership in progress

