Evaluation of ARC's Health Grants

Executive Summary

October 2025

Prepared for:

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Prepared under Contract: CO-21564

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Executive Summary

Background

The Appalachian Regional Commission (ARC) contracted the East Tennessee State University (ETSU) Center for Rural Health and Research to evaluate a cohort of health grants that closed between fiscal years 2017 and 2021. Health grants aim to increase the availability, accessibility, and affordability of healthcare services in Appalachia, supporting workforce participation and economic growth. Guided by a set of evaluation questions, the evaluation examined grant performance, grantee implementation experiences, and grantee practices. Further, the findings supported the development of recommendations intended to strengthen health projects.

The evaluation used a mixed-methods design consisting of multiple strategies to address the evaluation questions and inform recommendations. A total of 96 health grants were considered eligible for inclusion. Primary strategies included: 1) conducting secondary analyses of grant portfolio data available through ARC and other publicly available data; 2) administering a web-based survey to grantees; 3) conducting in-person site visits with select grantees for the purpose of creating case studies; and 4) as part of site visits, conducting a series of interviews and/or focus groups with grant-related personnel, partner organizations, and beneficiaries. Additional details on the strategies and their limitations are available in the final report.

Key Findings

A summary of key findings is presented below, with more detail available in the final report. Ten case study briefs highlighting a purposeful selection of grantees and their projects are also available in a separate report.

Grantee Organizations and Goals

- Multiple types of organizations received the grants, with the most common types being non-profit organizations with 501(c)(3) status, public- or state-controlled institutions of higher education, and county governments.
- While various grant types and purposes were represented, over half of grants represented the type "healthcare access" and over half were intended to fund equipment.
- Grants were designed to align with goals and objectives identified in ARC Strategic Plans. A majority of grants specifically aligned with the 2016-2020 ARC Strategic Plan, with the most common goal related to having a ready workforce. The remaining grants aligned with the 2011-2016 ARC Strategic Plan.
- Consistent with the overarching aim of health grants, survey respondents described project goals concentrated on advancing health and healthcare through different mechanisms. Commonly reported goals reflected five categories: 1) improving health-related services; 2)

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improving health-related infrastructure; 3) strengthening the health-related workforce; 4) advancing health through planning, education, or other promotion strategies; and 5) fostering or leveraging collaboration, often in combination with other goals.

- Grantees implemented various approaches to accomplish project goals. According to survey respondents, the most common approaches included: procurement or purchasing of clinical equipment, technology, and/or supplies; establishing, improving, or expanding clinical services; and constructing or renovating health-related facilities.

Project Beneficiaries (or Clients)

- Projects were designed to serve a variety of individual, organizational, and community beneficiaries.
- Nearly all survey respondents identified specific populations as intended beneficiaries. Commonly reported populations included: people who live in rural communities; people with lower incomes; people who are underserved by clinical services; people who are uninsured/underinsured; adults; and the general population without any specific groups.
- Approximately three-quarters of survey respondents reported health professionals as intended beneficiaries. The most commonly identified types included primary care and specialty care physicians, followed by nurses.
- Approximately three-quarters of survey respondents highlighted businesses or organizations as intended beneficiaries. The most commonly reported types included medical organizations such as clinics, centers, or offices, hospitals, and community-based organizations.
- Over half of survey respondents identified students as intended beneficiaries, ranging from K-12 students to clinical residents/fellows.
- Survey respondents identified a variety of positive changes that were experienced by beneficiaries. The most commonly reported improvement was in individual access to or receipt of affordable, quality healthcare services or programs, followed by improvements in health or health-related behaviors at the individual- and community-levels.
- Grantees leveraged funding to serve a total of 241 counties across Appalachia, representing 57% of Appalachian counties. Overall, counties with funding were characterized by significant health- and economic-related challenges. Over 90% of counties were designated as whole-county primary care Health Professional Shortage Areas (HPSAs), 94.2% of counties as whole-county mental health HPSAs, and 85.9% of counties as whole-county dental health HPSAs. Similarly, nearly one-third of counties were classified as economically distressed according to ARC.

Project Health and Economic Impacts

- Projects were designed to address more than 20 ARC-defined output and outcome performance measures. Cumulatively across grantees, performance goals for 79% of those measures were achieved based on the most recently reported data (i.e., at grant closeout or post-closeout depending on data availability).
- Of the 24 ARC-defined performance measures for which at least one grant provided projected estimates at the beginning of grant periods, 19 had a total count reported that met or exceeded the total count projected. Performance measures with the greatest total count reported achieved relative to projected across grantees included: communities served and improved; students served and improved; and jobs retained. The total count for each of these measures exceeded 200% of the total count projected across grantees.
- Illustrative examples of the outputs and outcomes achieved by projects according to ARC-defined performance measures include:
  - 515,369 patients served and 300,214 patients improved
  - 13,841 participants served and 11,531 participants improved
  - 8,317 students served and 3,973 students improved
  - 3,438 workers/trainees served and 2,628 workers/trainees improved
  - 369 organizations served and 313 organizations improved
  - 149 communities served and 149 communities improved
  - 656 jobs created
  - 765 jobs retained
- Most survey respondents indicated that their projects contributed to improved health in Appalachia by increasing the accessibility of healthcare services, increasing the quality of healthcare services, and improving health or health-related behaviors.
- At least half of survey respondents reported that their projects contributed to economic development in Appalachia through enhancing community resiliency by addressing urgent health needs, strengthening the local workforce with training or education for health professionals, and expanding the workforce by creating or retaining health-related jobs.

Project Implementation

- As part of the survey, grantees identified factors that may have impacted successful implementation of their projects. Factors that may have hindered implementation were referred to as challenges, whereas factors that may have helped implementation were referred to as facilitators.
- Survey respondents highlighted multiple facilitators to project implementation. Specific to grant administration, commonly reported facilitators included: ability to work with ARC; ability to work with state program managers; level of prior experience managing external

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grants or contracts; and project goals or approaches. Within organizations, commonly reported facilitators included mission, vision, or practices and leadership or management. Conversely, outside organizations, commonly reported facilitators included the ability to identify or engage beneficiaries/clients or partners as well as the level of community support or buy-in.

- Compared to facilitators, survey respondents less frequently reported challenges to project implementation. The most commonly reported challenge was the COVID-19 pandemic.

- Survey respondents identified additional challenges specific to reaching and serving intended beneficiaries within the context of advancing health for all residents. Commonly reported challenges as they relate to beneficiaries included lack of transportation, competing demands or priorities, and lack of financial resources.

- Survey respondents reported using multiple strategies to address challenges to project implementation, with the most common being delivering training/education to project staff and identifying or engaging new partners.

- With some grants closing prior to the COVID-19 pandemic, the evaluation was designed to describe broader pandemic-related impacts on grantee services regardless of when grants may have closed. Most survey respondents reported that the pandemic had a "moderate" to "major" impact on their organization's ability to serve their communities or beneficiaries, with a variety of positive and negative impacts reported.

- Survey respondents identified multiple types of organizational changes that were made in response to evolving needs or opportunities from the pandemic. Commonly reported changes included: increasing the use of remote or virtual organizational operations; increasing delivery of telehealth or mobile services; and increasing investments in technology/software.

Project Sustainability

- For the purpose of the survey, sustainability was defined as the continuation of any project-related activities for any period of time after grant closure. Similar to implementation, survey respondents also identified factors that may have influenced successful sustainability of their projects. Factors that may have hindered sustainability were again referred to as challenges, whereas factors that may have helped sustainability were referred to as facilitators.

- The majority of survey respondents reported at least some continued implementation of project-related activities after grant closure, most of which was at "similar" or "expanded" scopes.

- Survey respondents identified multiple facilitators to project sustainability, with challenges less frequently reported. Within organizations, commonly reported facilitators included mission, vision, or practices and leadership or management, whereas facilitators outside

organizations commonly included the ability to identify or engage beneficiaries/clients or partners as well as the level of community support or buy-in.

- Survey respondents highlighted the use of various funding mechanisms to support project sustainability. Among those sustaining project-related activities after grant closure, the primary mechanisms that were most frequently reported included: state or local funding sources; foundation funding; and reimbursement from public or private insurers.

Recommendations

Guided by evaluation findings, 13 recommendations were formed with a goal of strengthening health projects. The recommendations are summarized below, with more detail available in the final report.

Strengthening the Administration of Health Projects

1. Continue to offer opportunities for health grant applicants and grantees to engage with ARC personnel for technical assistance.
2. Promote awareness among health grantees of resources available to support them in securing match funds.
3. Expand efforts to verify or update organizational contact information for health grants after grant closure.
4. Continue to offer opportunities to increase the visibility of health grantees and their projects.

Strengthening the Implementation and Sustainability of Health Projects

5. Continue to encourage health grantees to use health-related data as part of aligning projects with community needs.
6. Expand resources to support health grantees in overcoming transportation challenges to beneficiary engagement.
7. Consider leveraging existing ARC events as a platform for enhancing community and partner engagement among health grantees.
8. Consider expanding strategies to support health grantees in sustaining project-related activities when preparing applications and implementing projects.

Strengthening the Evaluation of Health Projects

9. Explore the potential feasibility and utility of applying a phased evaluation approach for health grants.
10. Explore opportunities to enhance the quality of health grant data available in ARC's grant reporting system.

11. Consider expanding strategies to document the potential economic impacts of health projects.

12. Consider incorporating technical assistance or other strategies to enhance the ability of health grantees to collect and report on ARC-defined performance measures, particularly after grant closure.

13. Account for potential differences in skills and abilities across health grantees when establishing reporting or evaluation expectations.