

Transforming Rural Health in America

TECHSERV'S NEIGHBORHOOD-FIRST FRAMEWORK
FOR LASTING CHANGE



THE RURAL HEALTH CRISIS WE CAN NO LONGER IGNORE

The Challenge

Rural America is experiencing a sustaining health crisis. Preventable hospitalizations consume billions in Medicaid dollars each year. Children miss school because their inhalers ran out. Families cycle through emergency rooms not because they lack will, but because the systems meant to serve them were never designed with their neighborhoods in mind.

The data tells a stark story. In Indiana alone, nearly 95,500 children live with asthma. Each treated case adds over \$3,300 in annual costs—and every hospitalization pushes that figure past \$7,400. Multiply this across chronic disease categories and communities in every state, and the scale of preventable suffering—and preventable spending—becomes impossible to dismiss.

What's missing isn't money. It's a coordinated, community-rooted infrastructure that meets people where they live, builds local workforce capacity, and closes the data gaps that leave neighbors invisible to the systems meant to serve them.

That infrastructure is what TechServ built.



95,000 +
Indiana children
with asthma



\$3,300 +
Avg. annual cost
per treated case

WHAT THIS WHITE PAPER COVERS



Neighborhood
Transformation
Framework



C.O.R.E.
Workforce Engine



Financial Health
Framework



Indiana Pediatric
Asthma Use
Case

INTRODUCING THE MAHA NEIGHBORHOOD TRANSFORMATION FRAMEWORK

The MAHA Neighborhood Transformation Framework (MAHA NTF) is TechServ's national model for deploying data, workforce, and community infrastructure at the neighborhood level—not the county level, not the state level, but the census tract. It is designed to be deployed porch-to-porch.

The framework operates through four interconnected hubs:



1. The Neighborhood Hub

The operational heart of local delivery. The Neighborhood Hub develops and deploys local

infrastructure—stakeholder coalitions, locally deployed workforce, promotional campaigns, and use case implementation—at the speed of community trust. It is not a government program dropped into a ZIP code. It is a living, breathing local ecosystem, built with the people who already live and work there.



3. The Health Information Exchange (HIE)

For licensed professionals, the HIE provides authorized access

to patient-level clinical data—MAHA Medicaid data and community health data—enabling coordinated care at scale. TechServ coordinates the neighborhood data push to State HIEs, ensuring that local data sources become interoperable with state infrastructure rather than siloed in spreadsheets.

2. The Neighborhood Constituent Information Exchange & Hub (NCIE)



At the center of the framework sits the NCIE—the intelligence layer. Powered by C.O.R.E. Workforce AI, actuarial modeling, and a Technical Assistance Center, it provides neighborhood stakeholders with access to the constituent data they need to act. This is not a clinical record system. It is a community action system—connecting school attendance data, home visit logs, refill records, and Medicaid claims into a coherent picture of neighborhood health.



4. The Community Technology Partnership Hub

TechServ & its partners vet, validate, & integrate local technology companies, products, & expertise through a web-based directory & managed service provider exchange. The goal is hyper-local tech matchmaking & skills training—ensuring the digital tools deployed in a neighborhood are relevant, sustainable, & operated by people who live there. Venture Studio, Funding Studio, Vendor Studio, & Marketing Studio support community technology entrepreneurs at every stage.

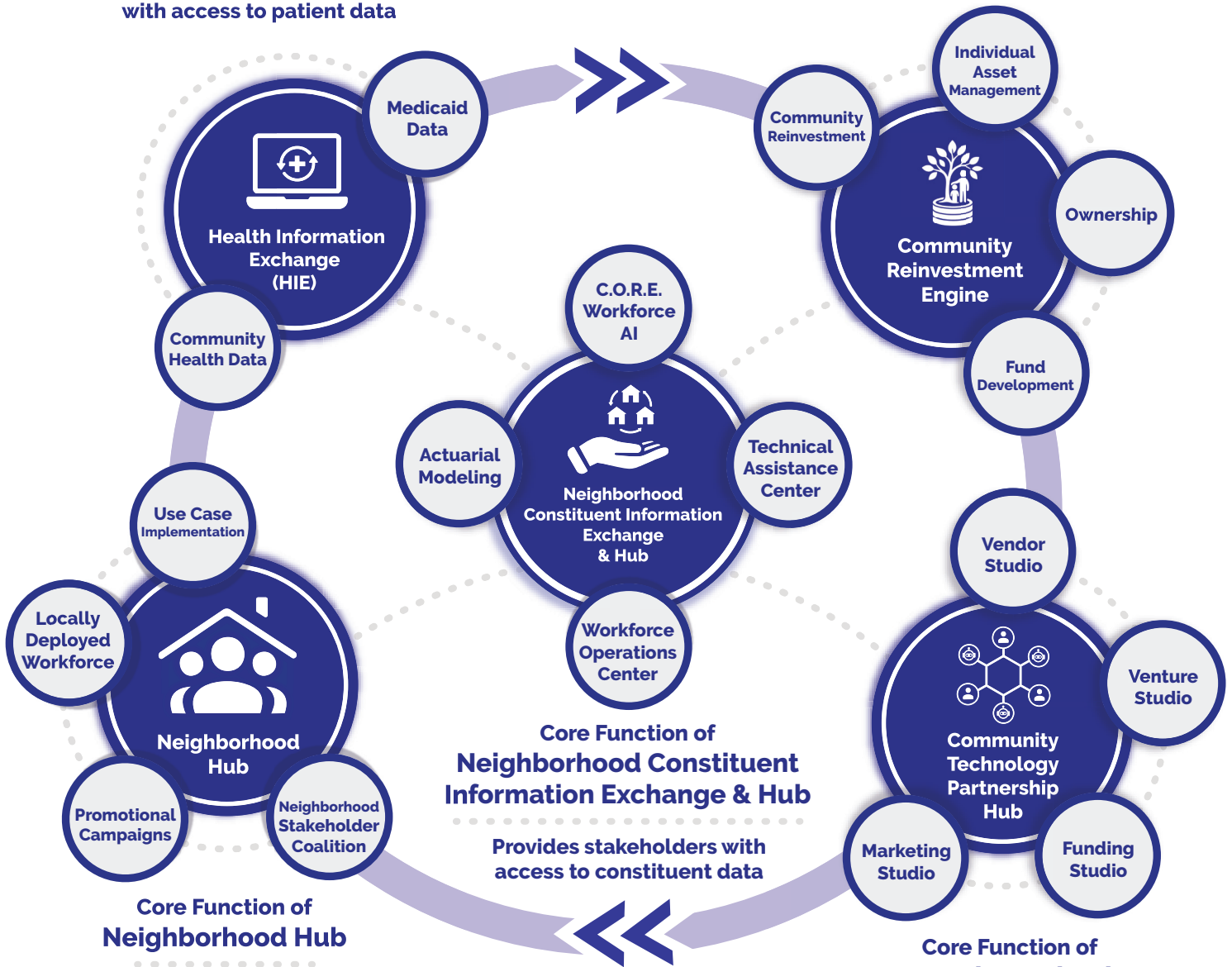
MAHA Neighborhood Transformation Framework

Core Function of Health Information Exchange

Provides authorized professionals with access to patient data

Core Function of Community Reinvestment Engine

Provides multi-stakeholder financial coordination for community & generational wealth building



Core Function of Neighborhood Constituent Information Exchange & Hub

Provides stakeholders with access to constituent data

Core Function of Neighborhood Hub

Develops & deploys local infrastructure to deliver MAHA Neighborhood Transformation

Core Function of Community Technology Partnership Hub

Identifies, vets, & integrates products, experts, & technologies

- OUTCOMES

⬇️ Preventable Hospitalizations
- OUTCOMES

⬆️ Behavioral Interventions
- OUTCOMES

⬆️ Neighborhood Shared Savings
- OUTCOMES

⬆️ Constituent Employment
- OUTCOMES

⬆️ Healthy Neighborhoods

These four hubs operate in a continuous loop—data flowing from the neighborhood into the HIE, insights returning to the NCIE, workforce deployed through the Neighborhood Hub, and community investment reinvested through the Technology Partnership Hub. The outcomes targeted are unambiguous: reduced preventable hospitalizations, improved behavioral health interventions, neighborhood shared savings, constituent employment, and healthier neighborhoods all operated by local rural residents trained to optimize local resources, connect-in partner support, and coordinate health access.

THE WORKFORCE ENGINE: C.O.R.E.

No framework transforms neighborhoods without the people who show up at the door.

TechServ’s **Community-Oriented Resource Education (C.O.R.E.) Workforce Development** program is built for the professionals already on the frontlines of community well-being—Community Health Workers, Doulas, Recovery Specialists, Early Childhood professionals, Home & Community Support Professionals, and Medical Assistants.



These workers are rooted in community and driven by lived experience. But they face structural barriers that limit their impact —

-  Lack of standardized certification
-  Stagnant economic growth
-  Inadequate reimbursement pathways
-  Limited opportunities for professional development

C.O.R.E. directly addresses each barrier.

By deploying innovative AI tools, TechServ:

Accelerates the path from recruitment to job readiness

Engages multiple perspectives (employee, supervisor, and coach)

Streamlines certification and communities of practice

Expands professional development to increase earning potential over time

The result is a workforce that can scale with program demand—trained, credentialed, and economically mobile—without the bloated administrative overhead of traditional workforce intermediaries.

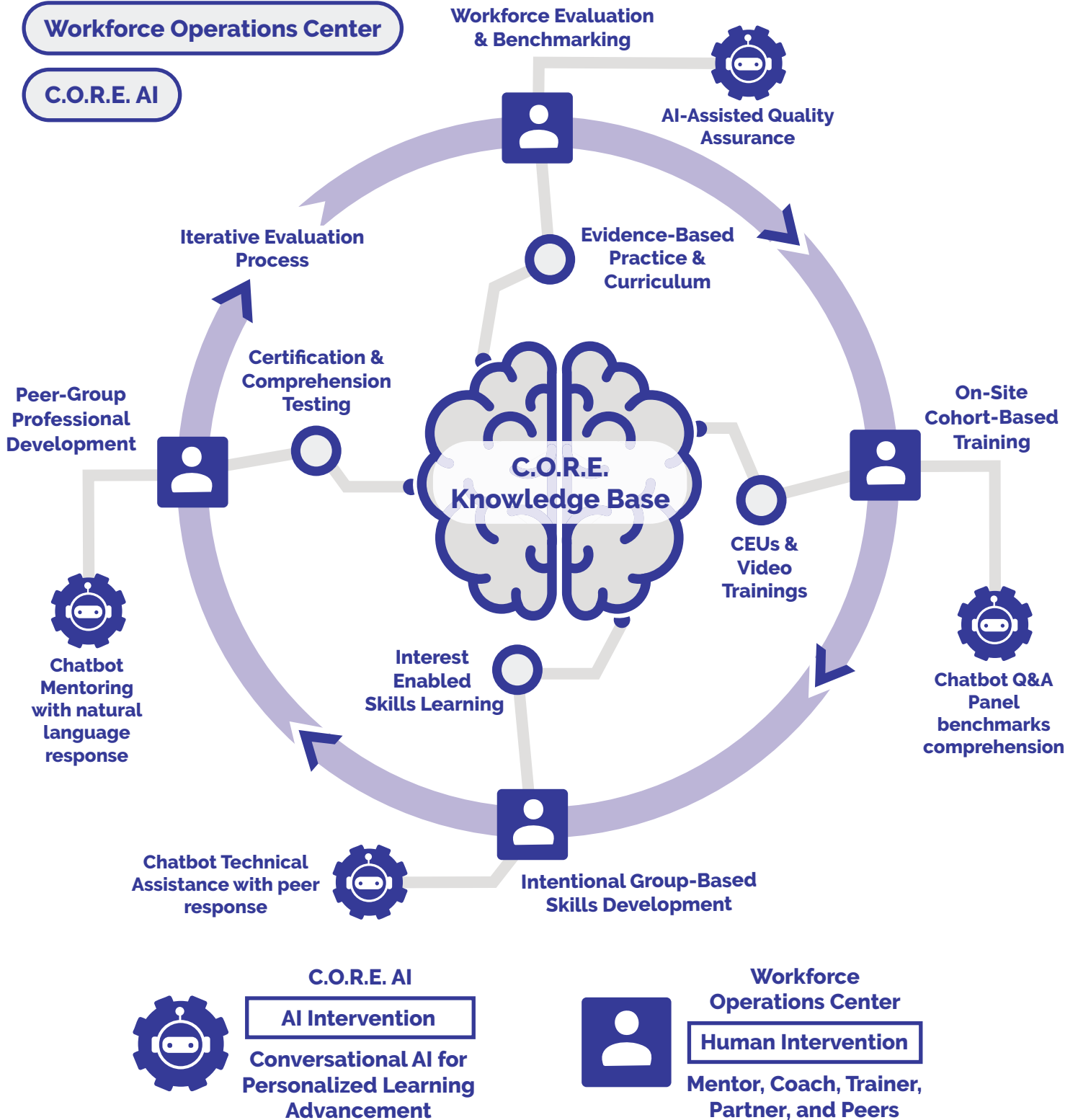
TechServ’s mission is explicit: bring innovative technology to the rapid deployment of workforce training.

C.O.R.E. Workforce Development

C.O.R.E. Knowledge Base

Workforce Operations Center

C.O.R.E. AI



Community-Oriented Resource Education C.O.R.E. Workforce Development



Developing professionals on the frontlines of community well-being

Community Health Workers

Early Childhood

Douglas

Recovery Specialists

Home & Community Support Professionals

Medical Assistants

Rooted in community, driven by lived experience, but faced with barriers to achieve



Lack of standardized certification



Lack of reimbursement



Stagnant economic growth



Limited opportunities for professional development

TechServ Mission: bring innovative technology to rapid deployment of workforce training

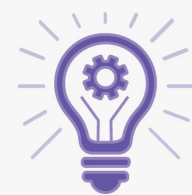
Empowering a thriving, skilled workforce by



Engaging Multiple Perspectives: Employee, Supervisor, Coach



Increasing Speed to Job Readiness & Employability



Rapidly Attracting New Employee Skillsets with Intention



Streamlining Standardization of Practice and Communities of Practice



Engaging & Expanding Professional Development



Increasing Earning Potential

THE FINANCIAL ARCHITECTURE: BUILDING WEALTH ALONGSIDE HEALTH

Health transformation without economic transformation is incomplete. TechServ's Financial Health Framework is the connective tissue between individual wellbeing and community prosperity. The framework operates across three integrated pathways:



Individual Asset Management

From personal bank accounts (our communities are unbanked!) to home ownership (including cooperative-owned rental housing) to retirement savings, the framework creates a financial progression that builds stability and neighborhood rootedness over time.



Workforce Development

Beginning with employability and advancing through AI skills, business ownership training, capital access, and fund development, the workforce pathway is designed to convert employment into entrepreneurship and entrepreneurs into community anchors.



Health Savings Accounts

Individual HSAs support personal health decisions. Program HSAs pool shared savings tied to health improvement outcomes. Neighborhood HSAs reinvest community-scale health savings directly into local well-being & prevention. This savings architecture converts Medicaid cost reductions into community capital.



All three pathways converge at **Generational Wealth Building** — the framework's north star

Producing neighborhood shared savings, greater economic mobility, increased asset ownership, community wealth retention, and measurable physical health improvement.

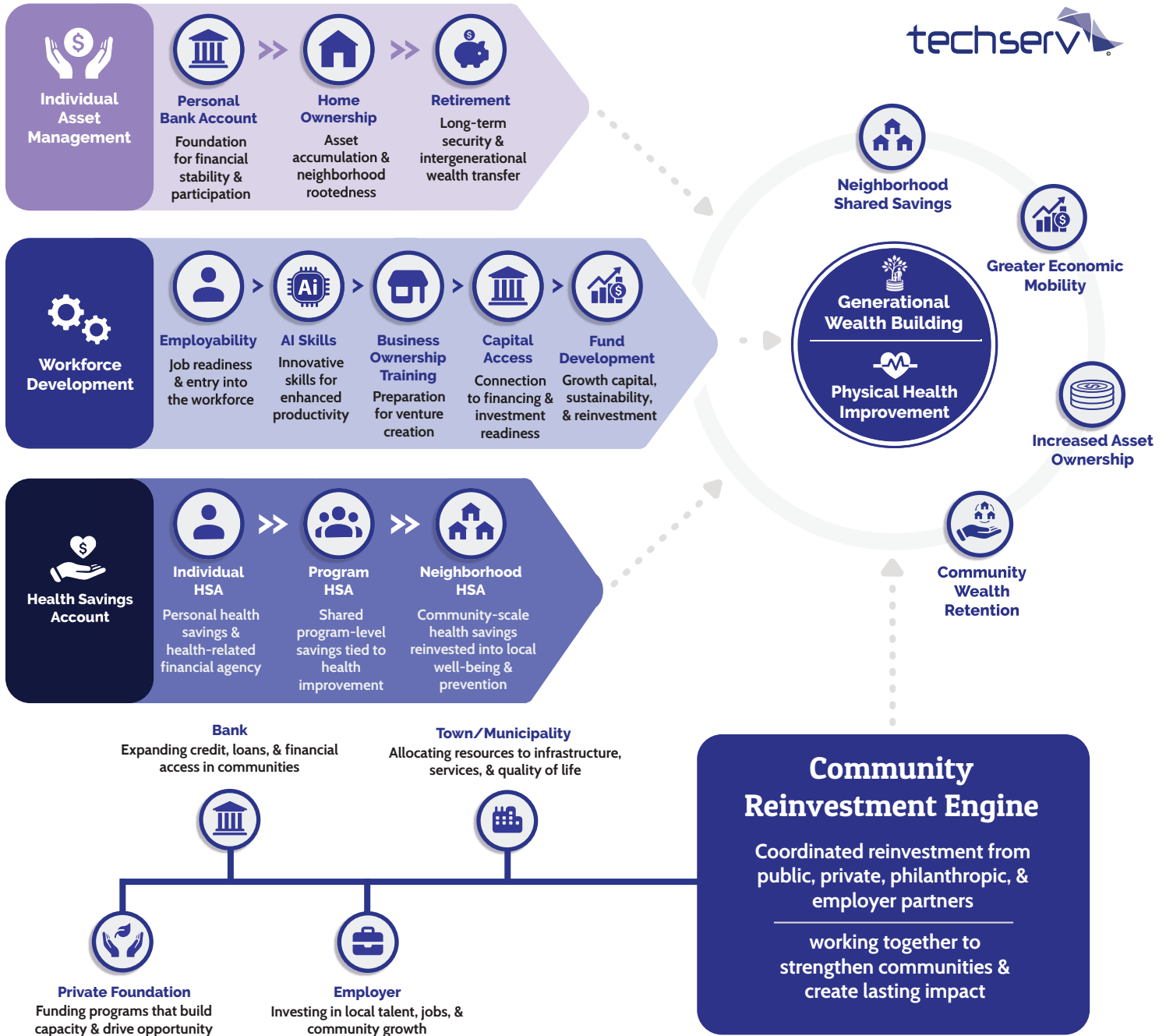
Governance and accountability are aligned with federal priorities: UN Sustainable Development Goals, Healthy People 2030, State KPIs, Department of Health priority goals, CDC, CMS, and HRSA metrics.

The framework is not aspirational. It is auditable.

Financial Health Framework

Generational Wealth Building + Reversing the Cycle of Poverty + Better Physical Health

A coordinated model connecting individual financial assets, workforce mobility, health savings, and community reinvestment.



Governance, Measurement, & Regulatory Alignment

Aligned with federal agencies, as well as global, national, & statewide priorities to ensure accountability and measurable impact.



United Nations Sustainable Development Goals



Healthy People 2030



State Key Performance Indicators



Department of Health Priority Health Goals



FROM FRAMEWORK TO ACTION: THE INDIANA PEDIATRIC ASTHMA USE CASE

Frameworks are only as credible as their use cases. TechServ has developed a detailed, 36-month implementation model for Indiana that demonstrates precisely how the MAHA NTF activates at the neighborhood level.

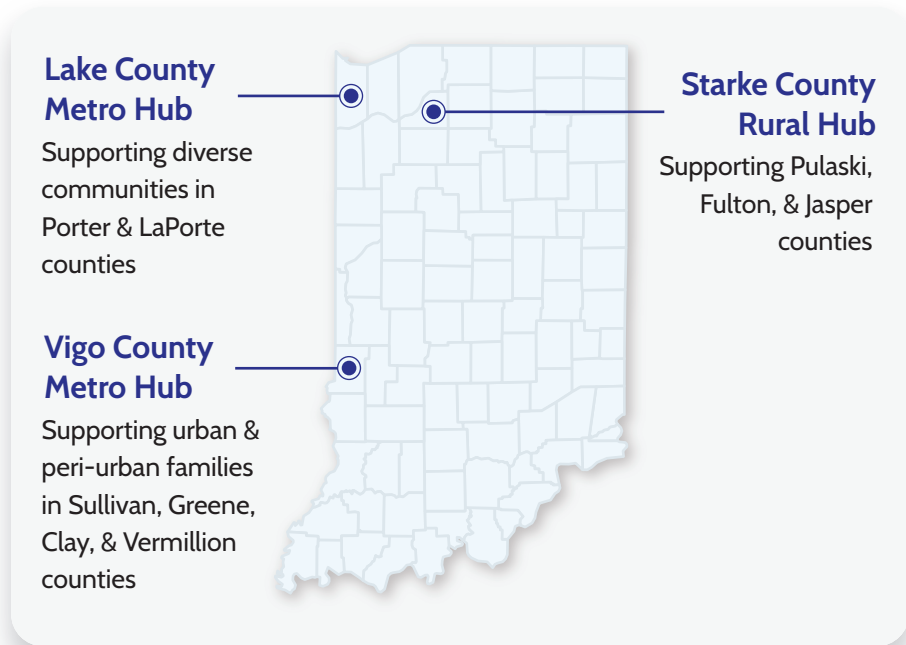


The Problem

An estimated 95,429 Indiana children have asthma. Hospitalizations are often triggered by entirely preventable gaps: an inhaler that runs out, an unfilled or expired prescription, a new formulation not covered by insurance. These gaps do not require a new hospital. They require a new collaboration.

Three Rural Hubs, Defined

Rather than applying county-wide averages, TechServ's model targets specific census tracts with the highest burden, supported by metro-adjacent rural hubs:



36-Month Goals

20%

Reduction in asthma-related ED visits / hospitalizations among children in selected census tracts

Improve
School attendance

Improve
Medication adherence

Document
Verifiable Medicaid savings

The Intervention Stack

The program deploys a layered set of interventions—not siloed programs, but a coordinated stack:



Clinical Adherence

Smart inhalers, refill workflows, & school/FQHC-linked access to end medication stock-outs



Healthy Homes

CHW-led home checks for mold, smoke, pests, & environmental triggers, in partnership with Fire and EMS



Stress & Relationships

Porch-to-porch (P2P) & Mom-to-Mom (M2M) supports through faith-based/community organizations



Nutrition & Activity

School meal & fitness improvements, as well as food-as-medicine pilots within state policy

The Data-to-Dollar Pathway

Every intervention is attributed. Utilization and cost changes are linked to specific activities. Public dashboards report results annually. Savings are documented so that performance payments flow to the organizations—and the people—actually doing the work.

WHY THIS MODEL IS DIFFERENT

Dozens of community health initiatives launch each year. Most fail to scale. The reasons are familiar: siloed data, fragile workforce pipelines, no economic model for sustainability, and interventions designed for an average community that doesn't exist.

Data Interoperability Without Bureaucratic Weight

The MAHA NHIE is designed for simplicity at the community level & rigor at the state level. Simple data capture tools for CHWs. Clean feeds to State HIEs. No bloated middleware that adds cost & slows action.

1

Workforce That Stays C.O.R.E. isn't a training program that certifies people & sends them elsewhere. It builds economic mobility into the job itself, creating a workforce that has a financial stake in the neighborhood's health outcomes.

2

Savings That Reinvest The Neighborhood HSA model converts clinical outcomes into community capital. Reduced hospitalizations generate real dollars. Those dollars return to the neighborhood rather than disappearing into state general funds.

3

Technology That Belongs to the Community The Community Technology Partnership Hub ensures that the digital infrastructure serving a neighborhood is owned or operated by local teams, not imported contractors who leave when the grant ends.

4

A CALL TO ACTION FOR RURAL HEALTH LEADERS

Rural health transformation is not a technical problem waiting for a better app. It is a coordination problem, a workforce problem, an economic model problem, and a data problem—all at once.

TechServ has spent three decades building the knowledge, partnerships, and tools to address all four simultaneously. The MAHA Neighborhood Transformation Framework is the result.

For state Medicaid directors, rural hospital networks, HIE leaders, community foundations, and workforce boards ready to move from pilot to scale: the infrastructure exists. The use cases are defined. The workforce model is deployable.

What rural communities need now is the will to invest in the people already caring for their neighbors—and the data infrastructure to prove the return.

TECHSERV LEADS THIS WORK.

About TechServ

TechServ is a transformation leader catalyzing community and economic development through healthcare, education, and public safety. Led by Sunny Lu Williams, TechServ has driven over \$147M in the last five years in sustainable funding for community-based programs across multiple states.

For partnership inquiries related to the MAHA Neighborhood Transformation Framework, C.O.R.E. Workforce AI, or rural health use case deployment, schedule a time:

**For community:
always free,
always connected**

[calendly.com/techserv-sunny/
rhtp-consult-free](https://calendly.com/techserv-sunny/rhtp-consult-free)



**For partners,
distributors, health
systems, and States:**

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