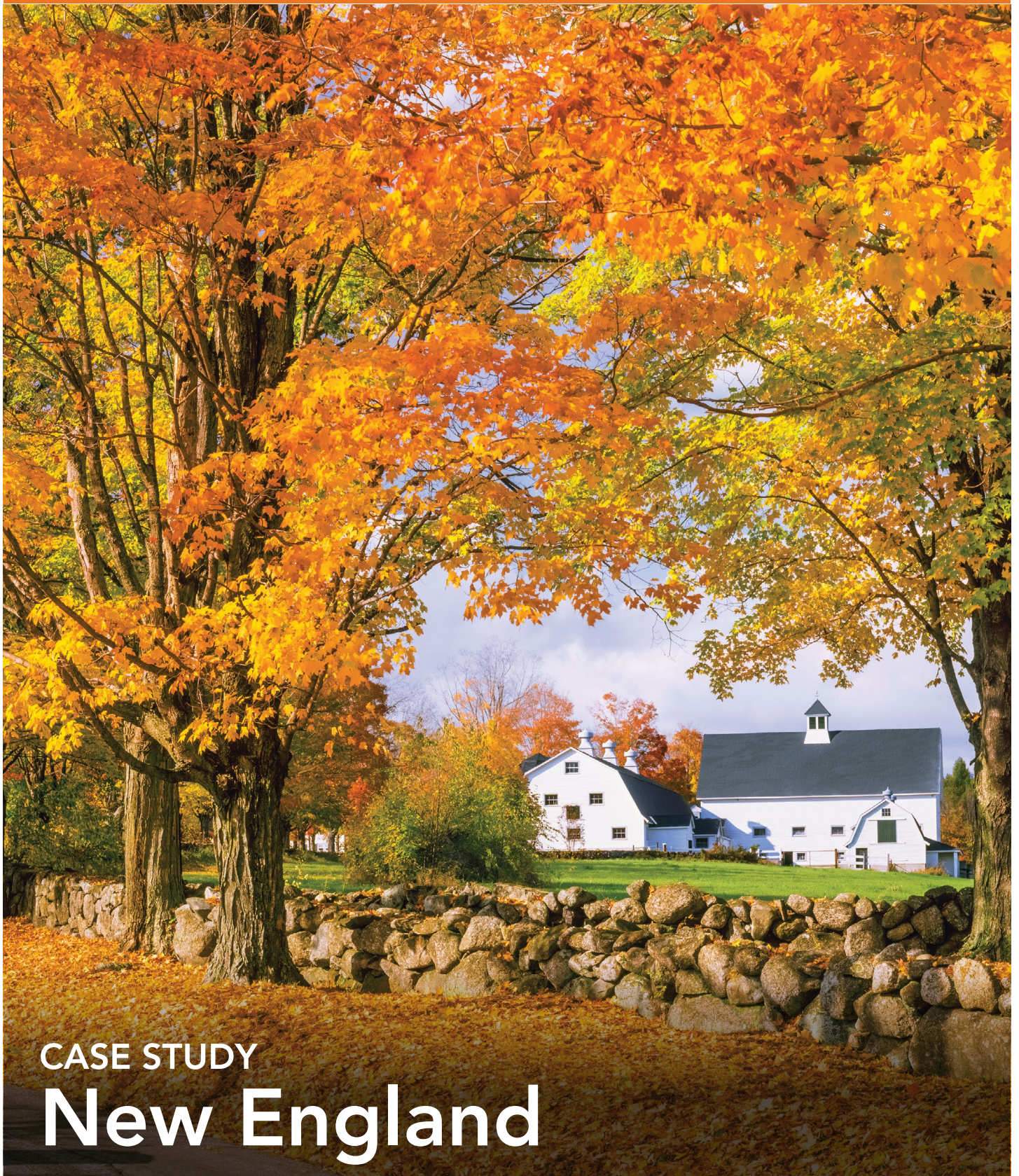




CAMPBELL
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Rural Philanthropic Analysis



CASE STUDY

New England



CAMPBELL UNIVERSITY

The Rural Philanthropic Analysis, a project of Campbell University and supported in part by the Robert Wood Johnson Foundation, published four field studies representing a powerful collection of stories and lessons to inform the national discussion about rural philanthropy.

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Northeast Iowa

The epitome of American Heartland. It sits on the shoulders of the Mississippi River bluffs overlooking southwest Wisconsin and northwest Illinois. Its rolling hills are home to dairy farms, corn and soybean fields and other staple crops. Small manufacturing plants anchor picturesque small towns, producing not only components for the area's agricultural economy but also for other industries, such as construction or aerospace. The Office of Rural Philanthropic Analysis takes an in-depth look at the Community Foundation of Greater Dubuque, a group dedicated to bringing the region's rural populations and local government and businesses together.



Eastern Washington

Empire Health Foundation serves seven counties in Eastern Washington with a combined population of more than 650,000 people. Roughly three-quarters of the population live in Spokane County, but drive just 10 minutes in any direction from that urban center, and you'll find yourself deep in rural America. The RPA's field study focused on the EHF board, recognizes the importance of being innovative, risk-taking and opportunistic. Today, the EHF supports an approach to philanthropy that bears a closer resemblance to a venture capital enterprise than a traditional grantmaking foundation.



New Mexico

New Mexico is a place of great scenic variety, from dry deserts to snow-capped mountain peaks. Here, a community's "rurality" is defined as much by the mindset of those living there as by any geographic boundary or population size. This means that rural funders must always, first and foremost, be aware of the place and the people they wish to serve, building on existing connections and forging new ones that are rooted in local history and culture. It is in this intersection of cultures and histories that Con Alma Health Foundation — the focus of the RPA's field study — operates.



New England

The states of New Hampshire and Maine share more than just a border. Both states have large tracts of rural landscapes, and in Maine, more people live in rural areas than urban ones. The urban centers are anchored in the southern ends of the states, and in turn serve as the northernmost outposts of the massive New England urban corridor. Operating in this setting are several statewide funders, including two health conversion foundations that were created from the sale of non-profit insurers to private companies. The RPA's field study focuses on both foundations, which are dedicated to addressing the needs and promise of rural places.

ABOUT THE COVER

A farm house in Autumn along the Kancamagus Highway, a scenic highway that winds through the White Mountains near the New Hampshire and Maine border.

Working to enhance the field of rural philanthropy.

Rural Philanthropic Analysis

We are pleased to present you with one of a series of four field studies from the Rural Philanthropic Analysis Project (RPAP) here at Campbell University. These studies represent a powerful collection of stories and lessons to inform the practice of rural philanthropy. Importantly, they document how philanthropy and community can work closely together in respectful and forward-looking ways towards supporting rural vitality.

The field studies were developed from work conducted in summer and fall of 2018 by the team of Betsey Russell (Word Play LLC), Kim Moore (retired President of United Methodist Health Ministry Fund) and Shawn Poynter, photographer. The four reports represent distinctive regional and cultural differences engaged with differing intentional rural philanthropic responses.

The regions selected — New Hampshire/southern Maine; eastern Washington; northeast Iowa and rural New Mexico—were included in the studies in recognition of the important local funder commitments to those places. While there are many more examples around the country, we feel that these particular groups of people and places

can help establish the role of funders in supporting and transforming a change to the sometimes deficit-burdened rural narrative.

Campbell University in rural Harnett County, North Carolina was an ideal setting from which the RPAP was administered. From humble beginnings in the late 1880s to the present, Campbell has strived to offer a personal college experience and academic program offerings tailored to the goals of each student as well as the local needs of all North Carolina communities, rural and urban. The RPAP was a natural fit within the Campbell campus community where so many faculty, staff, students, alumni and friends call “rural” home.

This work was supported in part by the Robert Wood Johnson Foundation, which is working to help broaden the discussion about what shapes health, and set a new standard of health, equity and well-being for all communities. We're grateful for their support of this project. Please direct any questions or comments to us at orpa@campbell.edu.

Best wishes,



Allen Smart
Director, Rural Philanthropic Analysis Project



Britt Davis
Vice President, Institutional Advancement

Allen Smart



Allen Smart is project director of the Rural Philanthropic Analysis at Campbell University. He has spent over 25 years as a grantmaker

with the City of Santa Monica, California, the Rapides Foundation in Louisiana and the Kate B. Reynolds Charitable Trust in North Carolina.

He is a frequent contributor to writings on philanthropic strategy and consults with foundations around the country on rural issues. Smart is active in national funder groups, as well as being one of the founders of the annual White House public/private rural partnership meeting.

Britt Davis



Britt Davis is the vice president for institutional advancement and senior advisor to the president at Campbell University. In this role, he

leads the university's development, alumni relations, communications and marketing and admissions departments.

He also represents the Campbell president's office in different capacities, including serving as a liaison to various university constituencies and representing the president on university committees and at special events.



A scenic pond in rural New Hampshire, near the border with Maine.

Something Bigger

A tale of two rural funding organizations in New England

In the tiny town of Gorham (population 2,626) in New Hampshire's rugged North Country, Cathy McDowell is laser focused on improving social emotional development for children ages 0 to 8 in remote Coös County, the place she's called home for 40 years. Just over a hundred miles away in the city of Waterville, Maine (16,406), Fran Mullin works from a donated office in the basement of a local hospital to ensure that residents in her town always have enough to eat.

Both New Hampshire and Maine are known for their cultures of rugged individualism, and although Cathy and Fran would no doubt go it alone in their respective quests if necessary, each knows that she doesn't have to. The investment of private foundations in both of their states have supported their efforts to tap solidly into the networks and connections that lie just under the surface in almost any rural community and help these networks grow.

These two women will likely never meet most of the people whose lives are changed from the ripples emanating from their work. They'd be hard-pressed to quantify all of their results into rigid columns of numbers, but that's okay. In communities like these, you can feel the difference they're making — and so can the foundations that fund them.

Tiny Towns, Big Picture

The states of New Hampshire and Maine share more than just a border. Both states have large tracts of rural landscapes, and in

Maine, more people live in rural areas than urban ones. The urban centers are anchored in the southern ends of the states, and in turn serve as the northernmost outposts of the massive New England urban corridor. As you travel north, dense forests surround small towns that once thrived on sawmills and paper mills, now mostly shuttered. There

are areas in both states that are essentially viewed as "unpopulated."

In terms of ethnic diversity, both New Hampshire and Maine have predominantly white rural populations that are slowly becoming more diverse. In the 2010 Census, Maine's population was 94.4



One priority of the Endowment for Health is ensuring the healthy development of young children in New Hampshire.

Maine Health Access Foundation

Formed in 2001, this private foundation is based in Augusta, Maine, and has assets of \$127 million as of 2017.

STAFF

- 10 full-time

ANNUAL GRANTMAKING

- \$3.4 million in fiscal year 2017
- General operating support: 0%
- Technical assistance: 10-15%
- Evaluation: 5%
- Programs: 80-85%

REGION

- State of Maine
- Population: 1,335,907
- Rurality: 61.3% population; 98.8% area
- Percent of Poverty: 11.1% (U.S. 12.3%)
- Household Income (median): \$50,826 (U.S. \$55,322)

INTERESTS IN HEALTH

- Access (medical, oral and behavioral)
- Quality, patient-centered care
- Healthy environments
- Three community-based initiatives
 - Thriving in Place (aging)
 - Healthy Community
 - Access to Quality Care (rural health transformation)
- New work developing in health equity

percent white and 61.3 percent rural, making it the nation's "most rural state." In New Hampshire, the population was 93.9 percent white and 40 percent rural, per the 2010 Census. Yet, despite this high level of apparent homogeneity, different regions in each state — and even different small towns within them — have developed their own identities.

The northern reaches are attractive to nature lovers and outdoor adventure seekers, fueling tourist-driven economies in towns near lakes, rivers, or mountain peaks. Southern micropolitan cities attract daily commuters from surrounding hamlets. Farming and fisheries have remained economic anchors, although the closing of textile, shoe, paper and lumber mills have dealt severe blows to employment over the past two decades.

Operating in this setting are several statewide funders, including two health conversion foundations that were created from the sale of non-profit insurers to private companies. The Endowment for Health, formed in 1999 upon the sale of Blue Cross Blue Shield and headquartered in Concord, New Hampshire, is the state's largest health foundation with \$86 million in assets. To the east in Augusta, Maine, is the Maine Health Access Foundation with assets of \$124 million, created in 2000 the sale of nonprofit insurer Maine Blue Cross-Blue Shield to the for profit insurer, Anthem.

Both foundations are dedicated to addressing the needs and promise of rural places. Both are de-facto rural funders because the decidedly rural nature of their respective states automatically brings rural issues to the forefront. Yet within this broad rural context each hold strategies that specifically target rural communities.

In terms of grantmaking in rural communities, both funders have specific strategies for addressing social determinants of health and improving health outcomes across their states, but each — at its heart — is bringing people together to identify problems and solutions. The core strategy at play is all about forging and leveraging human connections, so that everyone involved ultimately feels part of something bigger that's worth a common effort.

New Hampshire

Like most health conversion funders, the Endowment for Health (EH) began as a purely responsive grantmaker focused on supporting health-related service providers. But it wasn't long before the board and staff realized that grantmaking in this way would never achieve the impact they sought.

"For our level of funding, supporting direct services is like putting a Bandaid on a problem," says Kelly Laflamme, Endowment program director for healthy aging. "Supporting systems change is really the most effective use of our limited resources."

But systems change isn't something small rural nonprofits can tackle alone.

"The theory of change that expects small nonprofit organizations in rural communities to make those kinds of systems changes is a false one," says Kim Firth, program director for EHs' early childhood and behavioral health work. "We knew that collective action was needed for systems change, so we began exploring field building as a grantmaking framework, and really partnering with nonprofits across the state to achieve common goals."

After the board identified four areas of focus (ensuring the healthy development of young children, improving the behavioral health of children and their families, ensuring the health and dignity of elders, and advancing health equity), the foundation worked with the Bridgespan Group to adopt a new, field building approach, which it launched in 2012. Today, the Endowment currently supports field-building work in all four areas, plus a heightened focus on health equity across the other three targeted initiatives, with an annual investment of roughly \$1.6 million of the \$2.6 million total grant allocation.

The Endowment focuses on engaging organizations and coalitions from around the state in its field-building work, but does not provide funding to them directly. Instead, it invests in local strategies like communities of practice for each of its four focus areas, and in statewide organizations that lead and support those communities. If local coalitions require assistance to get up and running, the Endowment will supply technical assistance, but then counts on other funders, such as local United Ways or other foundations, to provide sustaining support.



The Gorham Railway Station in Gorham, New Hampshire. The town got its start as a railroad hub in the mid 1800s, and the station today serves as a headquarters for the historical society and the town's museum.

For example, in the early childhood field building effort, the Endowment's largest grantees are Spark New Hampshire, a governor-appointed early childhood advisory council for the state, and New Futures, a nonprofit, nonpartisan advocacy organization that advocates broadly for policies that improve the health and wellness of New Hampshire residents, including those that impact early childhood. Both Spark NH and New Futures work in coordination to create a framework for action, that in turn guides the various coalitions and influences the policy agenda.

"New Futures serves as an advocacy hub. We proactively sat down, evaluated the advocacy capacity in general in the state and came up with a plan to invest in a consolidated model of advocacy," says Yvonne Goldsberry, the Endowment president. "It was at least a year in the making. And now we're in year three of funding."

In addition to offering technical assistance for coalitions and investing in a statewide hub for advocacy, the Endowment provides several common supports for field building across the early childhood, behavioral health, health equity, and healthy aging fields, tailored to the needs of each. One of these is research. An Endowment-created subsidiary, Health Strategies of New Hampshire, uses

grant funding from the Endowment to conduct requested research.

"We don't just do research just for research's sake," says Goldsberry. "It comes from the agenda that's set by the field often with the goal of addressing policy or raising public awareness."

The Endowment also develops tools for members of the field to use as needed. For example, the Endowment co-produced *Raising New Hampshire: The Early Years*, a film for public television that focused on early childhood, along with a messaging presentation that local groups can use to hold screening events. The Endowment also supported the services of a consultant to assist communities with local presentations and discussion if needed. For the healthy aging field work, the Endowment provided training for journalists to help them understand how to present aging issues in terms of solutions, rather than just problems, and provided financial support for a two-year series of stories about issues facing New Hampshire's families and communities as the population grows older.

Field building is about much more than money, and the Endowment sees staff time as a critical part of its investment. Staff involvement (and sometimes leadership)

Endowment for Health

Formed in 1999, this private foundation was the result of a sale of Blue Cross and Blue Shield in Concord, New Hampshire. In 2017, it had assets of \$84 million.

STAFF

- Seven full-time members

ANNUAL GRANTMAKING

- \$2.5 million in fiscal year 2018
- General operating support: 12%
- Programs (including technical assistance): 88%

REGION

- State of New Hampshire
- Population: 1,316,470
- Rurality: 39.7% population; 92.8% area
- Household Income (median): \$68,485 (U.S. \$55,322)
- Percent of Poverty: 7.7% (U.S. 12.3%)

INTERESTS IN HEALTH

- Children's behavioral health
- Healthy development of young children
- Healthy aging
- Health equity (racial, ethnic and language)
- Health policy capacity building

SPECIAL INFORMATION

- Uses a field building approach for children's behavioral health, healthy development of young children, healthy aging and health equity
- Health equity becoming lens for entire foundation



The volunteers of Rangeley Health and Wellness providing fun activities, friendly conversation and a hot noon meal at the Winter Senior Socials in Rangeley Maine.

includes governmental advisory groups, communities of practice, multi-state funder collaboratives, and existing field organizations. Of the seven-member staff, three are program directors who lead the targeted initiatives and are content experts in these areas.

“This kind of work is very dependent on staff involvement,” says Goldsberry. “All of our staff participate in some sort of free standing committees. It’s an expectation that our human capital is put to work. Our board takes seriously the fact that our staff dollars are part of the Endowment’s contribution, that should be maximized at the same level as grant making.”

Endowment leadership and program staff keep the issue of funder power imbalance in mind as they participate in these efforts, with the goal of positioning the Endowment as a full participant in the field, not just a funder. The fact that few collaboratives or their members are actually Endowment grantees helps maintain more equal roles and replaces the sense of competition with one of cooperation.

“The Endowment’s philosophy and their leadership around how the fields are building and should be progressing has had

a huge impact on our county,” says Jackie Sparks, Endowment board member, former executive director of Children Unlimited, and leader of the Carrol County Early Childhood Coalition. “It’s created a friendlier environment [among participants]. You’re building a field, you’re creating better communications with other agencies. It’s not around sharing money or resources, so it is much more collaborative. The other agencies don’t have to feel so guarded.”

The Endowment also used its role as a convenor to help organizations and coalitions see their potential roles in various fields and the benefits of engaging. In many cases, this required organizations to think differently.

“We had this vision of collective impact and field building, but there were limited connections among stakeholders,” says Firth. “Some didn’t even identify themselves as members of a field, didn’t realize that they were in the same boat, never mind rowing the same direction. But in children’s behavioral health, there is no one system. For example, it’s juvenile justice, it’s child protection, it’s primary care, it’s schools. When they tried to make advances in policy or systems change, they were working against each other because they saw the

very same kids and families in a really different way from their different system perspectives. Our role was getting all of those folks together, developing a statewide plan for children’s behavioral health, and handing it off to the advocacy organization, New Futures. Without the use of our influence and our convening power, I’m not sure that would’ve happened. We used our voice and our influence strategically to try to bring the field together.”

That approach was important in places like New Hampshire’s Monadnock region, which often feels separated from the rest of the state by the mountain that gives the region its name. Here, from the town of Keene, Impact Monadnock focuses on early childhood development and actively participates in the Endowment’s field-building activities. As a result, the region has seen an increase in engagement around early childhood.

“We recognize that our nonprofits are strong individually, and they’re stronger together,” says Liz LaRose, president of the Monadnock United Way, which houses Impact Monadnock. “With support from the Endowment, we were better able to engage some unlikely partners and unlikely sectors to further build the field and to expand the work.”



The Fair Share Food Co-Op in Oxford County, Maine, serves as a grocery store, meeting place, wellness resource and local economic engine for the town of Norway. The store is supported by member-owners who have equity in the business.



The snow-capped White Mountains in early Autumn near the New Hampshire-Maine border. Getty Images

Participation in field-building has also helped open doors to other sources of support. LaRose says, “Our involvement with the Endowment and Spark New Hampshire has allowed us to get a really great four-year grant from the state for training. There’s also a private foundation here in our region that’s given us the green light to apply for more funds to support this type of work.”

Coös County Early Childhood Coalition

Gorham is small and quite remote in New Hampshire’s northernmost, largest, poorest, and most rural county, Coös. As mills and jobs have left, low-income high-need families have arrived, attracted by lower rents. Yet, Cathy McDowell, longtime Resource Center executive director, sees beyond the need, and is most definitely part of a field that’s gaining structure and strength by the day.

Cathy is project manager of the Coös Coalition for Young Children and Families, a rural coalition made up of health, mental health, and family support agencies, as

well as schools, and public and private early childhood providers who work together on the issue of early childhood development.

“When we get together, basically, what we say is, ‘Please leave your organizational hat at the door. What we’re talking about here at this table is the needs of children and families in this community, zero to eight.’ And people are really able to do that,” says Cathy. “It’s been a successful process. Our strengths are that we really can work together, that we can identify problems on a large scale, and begin to try and move the needle a little bit.”

Although Coös Coalition for Young Children and Families predates the Endowment’s field-building work, Cathy sees several ways in which the Endowment’s focus on the field has increased the ability of her coalition to make positive, lasting changes for young kids.

“I think they really do support organizations at the local level to build their capacity. I was part of a community of practice at Spark New Hampshire, that the Endowment funded to bring practitioners

together to share their expertise and get support from each other,” she says. “One of the things that strikes me most about the way that they work is that there is this sense of this partnership and it’s a two-way conversation. When we’ve done various events or planning sessions, the Endowment is always invited, and they’re always there. They’re seeing what we’re doing on the ground, and then take that back and fold it into the way they’re doing their work.”

EH helps serve as a connector for learning among communities of practice. For example, developmental screening practices used by the Coalition are now included in a Promising Practices Guide created by Spark NH for the entire field. And EH also funded a researcher from the Carsey Institute to help the Coalition identify key indicators and explore different platforms to collect data about their work. EH staff then shared the recommended indicators and strategies from the report with the rest of the early childhood field, which used them as a baseline for much of the early childhood data collected across the state today.

The Coalition also leveraged EH's resources with support from other funders, including the Tillotson Fund, a donor-advised fund of the New Hampshire Charitable Foundation. While EH has provided technical assistance and support for participation in the community of practice, and other activities supporting the Coalition's work, Tillotson has continued to sustain the Coalition's general operations (and has done so for nearly 10 years).

"I've been impressed with the Endowment's ability to work with other funders," says Cathy. "As early childhood development began to emerge as a topic of national and state interest, there was a danger that Foundations supporting this work would go off in different directions, creating different priorities for the field. The Endowment has made a real effort to understand this new issue and then work with other funders to create some broad, shared approaches. This gives more focus and impact to the work that is being done statewide. I think a lot of that has to do with them reaching out and saying, 'Let's look at this together and see where we're going.' And they are engaged at the governmental level, encouraging the different department heads and others to think together about problems."

"The community of practice, in a way, is a leadership building organization, because due to attrition there are a lot of new leaders at these coalitions," she adds. "I see that as a way of supporting these new leaders in their roles. It's a great place for them to get support and learn some leadership skills."

What are the biggest benefits for the Coös County Coalition when it comes to being a rural community that's part of a statewide field?

One benefit is the specific attention to rural communities, says Cathy. "When something new like early childhood development emerges as an issue, there is a danger that foundations will look to the nearby population centers to fund new strategies. I believe that the Endowment has made a real effort to understand how to make things work in the rural areas as well."

"Another benefit is that we get an outside perspective," she says. "When there's a conversation about what we're doing, and how we're doing it, they can give us a reflection back on what that looks like, and what that

means in a larger context. A lot of times, especially up here, you get inwardly focused. It's good to have that broader perspective, and that broader connection to what's going on. I think the other thing that it does is provide us with some tools — concrete things that help us look at the way we work."

"I think rural practitioners are like entrepreneurs," she adds. "They're doing the best they can with what they've got. You can work with them in a way that you can't with more established, better funded, and more politically connected organizations that are positioning themselves to get close with this politician, or that funder, or whatever. It's a different attitude in a rural area. I think that we're more part of the community that we're trying to change. It's really our community."

Working With Other Funders

No organization can achieve systems change on its own, nor can one single foundation support this work. For that reason, the Endowment is proactive and intentional in its efforts to engage other funders. In some cases other funders, such as the New Hampshire Charitable Foundation, collaborate to support the work of statewide organizations such as Spark NH or New Futures. Others, including the Tillotson Fund in Coös County, invest more locally in the work of coalitions or their individual members, sometimes using the tools created by the Endowment.

In the case of the Endowment's healthy aging

field-building work, cooperation with other funders has extended beyond state lines.

"We realized very quickly that the learning agenda that our foundation had and the state of New Hampshire had, was very similar to Maine. We share more than a geographical boundary. We share geographical challenges, demographic challenges. So we used our social capital and our relationships to engage with other funders across the three-state region of Maine, Vermont and New Hampshire to establish the Tri-State Learning Collaborative on Aging," says Laflamme.

Funding partners have included Maine Community Foundation, the John T. Gorman Foundation, and the Maine Health Access Foundation, the NH Charitable Foundation, and the Vermont Community Foundation, among others. The benefits extend beyond those enjoyed by the funders themselves, Laflamme says.

"That collaborative has been a very important resource for people doing age-friendly community work, particularly in the very small rural communities where it's really local volunteers that are coming together and are creating solutions. The Tri-State Learning Collaborative is a way to connect those folks with each other through free technical assistance and online learning, but also connect them to the people that are doing systems level work. We're a funder of that work, but I also sit on the advisory council and use my relationships locally to bring best practices and other shareable information to that network."



Community leaders from the Monadnock region having a roundtable discussion at a regional business summit titled, "Workforce Development: Investing in the Future Workforce."

Evaluating the Impact of Field Building

Every two years, the Endowment uses an internal evaluation tool, developed with Antioch University Center for Behavioral Health Innovation, to assess the strength of each field it is working to build. The validated tool uses key informant interviews to help staff and board assess the overall stage of field development — whether formative or more mature — and captures each field's progress over time.

The Endowment uses this information to develop specific actions plans for each field, recognizing that there is no “one-size, fits all” activity that can apply to all. Rather, the Endowment deploys a highly individualized approach that recognizes the current strengths and weaknesses of the field's practice and capacity, the level of public awareness of the issues in the field, existing leadership, and how strongly field members are connected to advocacy platforms.

“We believe that our investments in field-building work can lead to systems change, which in turn leads to people-level change,” says Goldsberry. “We don't try to claim the people level outcomes, but we remain aware of what those are.”

Maine

Maine Health Access Foundation (MeHAF) has an annual grantmaking budget of more than \$4 million, supporting everything from Affordable Care Act marketplace enrollment, health reform advocacy and advocacy capacity, the oral health safety net, policy research, addiction care, health equity capacity building, and leadership development. But in recent years, MeHAF has bet big on a new strategy: supporting community based collaborations to identify what they believe to be the most critical issues affecting health and address them.

“There is a significant ‘sensing’ function that program officers develop through relationships with organizational leaders throughout the state that informs us of potential opportunities to make an impact through a focused philanthropic effort,” says Charles Dwyer, program officer. The foundation board and advisors used this on-the-ground knowledge (along with research



The HELP Adult Respite Care Program (HARC) in Rangeley Lakes, Maine, provides needed aid for caregivers by creating a safe place where cognitively challenged seniors can participate in activities that enrich their daily lives.

and learnings from past programs) to create three new programs in 2013:

Access to Quality Care, encourages health care and social service providers to work together to develop systems of care that deliver sustainable, high value services to people who are uninsured and have lower incomes.

Thriving in Place (TIP), which organizes community groups to determine needs of seniors or other vulnerable populations in order to remain in their homes and continue to experience a high quality of life

Healthy Communities, which supports community planning processes that engage broad segments of the community — especially persons who may traditionally have been left out of community conversations and decisions — in planning and implementing community change to improve the overall health of the community.

A fourth program launched in 2015 takes a similar approach. Rural Health Transformation brings together care providers in a defined geographic area to plan for a more sustainable future for their health care systems.

During 2017, MeHAF invested approximately half (47%) of its grantmaking dollars into these four programs.

Community coalitions are at the heart this approach, and each of the four programs includes anywhere from 5 to 11 coalitions, covering all parts of Maine's rural geography. The process is relatively simple: communities receive planning grants of up to three years to start or build upon existing coalition capacity, research community issues, and develop a plan of action. They then receive one to three years of implementation funding. Not all communities started at the same time, but rather in staggered cohorts depending on their readiness.

“It's a civic engagement approach,” says Dwyer, who oversees the Healthy Communities and Rural Health Transformation programs. “This was premised on the idea that grantees would deeply engage marginalized community members, like people who often don't have a voice in what the priorities are. We gave them 18 months to really listen to the community and come up with health priorities that were driven by those



The bell tower of Getchell Street Baptist Church in Waterville, Maine) or any photo from this gallery of Waterville

community members. The 11 grantees in Healthy Communities program all chose to do slightly different things, from healthy food access, to opioid or substance use disorder, to mental health.”

In many cases, MeHAF-supported initiatives cross paths within communities, further expanding and deepening community connections and conversations. In Oxford County, Stephanie LeBlanc, Executive Director of Oxford County Mental Health Services, which is engaged in both the Healthy Communities and Rural Health Transformation work, describes it this way:

“I always like to say that in rural communities like this, it’s typically the same eight people sitting around tables, so over the past three or four years, I think we’ve worked as organizations to share ownership around all of the work. There are so many shared projects that we’re all cross-pollinating constantly. We have meetings specific to projects or our various grants, but I feel a lot of the time our conversations when we come together as community partners and collaborators is looking at all of the work going on and how it all intersects to really break down barriers to health.”

MeHAF provides technical assistance to all of its collaboration grantees, including in-person trainings and professional consultations, and facilitated learning communities. All grantees participate in regular learning community gatherings, hosted by MeHAF, with break-out sessions for Access to Quality Care, Thriving in Place, and Healthy Communities grantees. In some cases, depending on the issues that arose and approaches each collaborative embraced, the lines between the programs blur, and participants in one initiative attend breakout sessions for a different initiative to learn and share with those who they see as having more experiences in common.

For example, in the town of Jackman (population. 862) near the Canadian border, community collaborators initially started work under the Healthy Communities banner, but after identifying elder issues as a primary focus decided that their interests were more closely aligned with Thriving in Place.

“At our learning community gatherings, the Jackman folks often sat with my breakout group because their work was just so much

more aligned in terms of content,” says Ruta Kadonoff, a senior program officer, who oversees the Thriving in Place program. “They were able to share ideas and resources in the way they found most helpful and meaningful.”

Flexibility

Forging strong connections with grantees and staying open to ongoing changes are two key factors in MeHAF’s approach to its rural work. This is true not only in allowing communities to define their own goals and plans of action, but also recognizing that the kind of community engaged work the foundation is asking grantees to undertake will necessarily cause those plans to change.

“One thing that I think we do reasonably well is understand what a grantee is trying to accomplish,” says MeHAF President and CEO Barbara Leonard. “We never ask for a work plan that’s longer than 12 months, because we know situations change and asking for a multi-year work plan is pointless.”

“The other thing that we do is stay in close contact with our grantees so that if they try to do X because they thought it will be the thing to do to get to Z, and then X doesn’t work, we can work with them and say, ‘All right, so what is the new path to Z?’ The goal is to work with the grantee to try to achieve what we had agreed they were aiming for, not to stick blindly to a work plan that may go either nowhere or to completely the wrong place. It’s that constant flexibility and attention to what they’re experiencing and learning that’s really critical in any kind of community work. Having that connection and that flexibility, I think, is really important.”

This flexibility also applies when it’s time to spread ideas or programs from one community to the next. For example, in more than one Thriving in Place project, agencies that offered programming for older adults were unable or unwilling to travel frequently to smaller communities nearby because of small numbers, and older residents wanted access but were either unwilling or unable to drive to the larger town. In these cases, the agencies decided to train local residents of the smaller towns to lead programs like caregiver trainings, support groups and fitness classes in their home communities —

a solution that suited everyone.

Building Leaders In Place

One consequence of MeHAF’s community based strategy is that it elevates naturally occurring leaders. As local coalitions come together and identify key problems, local leaders who may not have been recognized before start to emerge. For example, in Waterville, where food security is a top priority, funding from MeHAF supported the hiring of a coordinator who wasn’t a “usual suspect.”

“She doesn’t have a college education but she has a lot of experience in food service, food work and community work,” says Healthy Northern Kennebec Director Fran Mullin. “She’s ‘all in.’ And actually, as a result of working with us, she’s deciding that she wants to go to school. When you boil it all down, it comes down to leadership from within, looking at our own knowledge and empathy and understanding what’s actually going on in the community. Leadership from within, and leadership together.”

Community Solutions for Food Security

Fran Mullin understands the many ways that issues intersect within a community. Having worked in nonprofits dealing with health, education, seniors, family planning and children’s programs, she now serves as the director of Healthy Northern Kennebec, established in 1988, and its subsidiary program, Healthy Waterville, headquartered in Waterville, Maine.

“I’ve always been a coalition builder and I’ve always realized the value of connecting with other organizations and other people who are concerned about similar issues,” she says. “I think it’s a really good model because if you’re looking at a single entity to try to do work that’s going to change the community, you’re missing the big picture. You’re missing a lot of elements.”

Healthy Northern Kennebec counts more than 200 organizational and individual members. In addition to hosting monthly meetings for members, the group also conducts regular community engagement and outreach.

“We’re looking for community voice, and

I think MeHAF saw that in our original Healthy Communities planning grant,” she says. “They wanted community voice. They wanted to know, ‘What does a community want?’ not, ‘What do we smart people that have public health degrees want?’ What do the actual people want and what do they think is the most important thing? That’s a big question.”

Fran credits MeHAF with the foresight not to dictate the way in which individual coalitions choose to engage their communities. “They didn’t say, ‘Do a survey or have a focus group or have an advisory community.’ They didn’t say how to do it. They just said, ‘Find the priority health issue in your community that people can agree on.’”

For the town of Waterville, Fran’s coalition wanted to get beyond the aggregate statistics and explore deeper disparities in the local data. They identified portions of their community who were living in poverty and asked, “What are the issues that you’re hearing about, feeling, sensing in your neighborhoods?”

Healthy Waterville hosted 11 focus groups and took more than 100 pages of notes, all

in areas where low-income residents were most likely to congregate, such as homeless shelters, a teen center, and a Head Start early learning center. To encourage participation, they offered meals and gift certificates at each gathering.

“The thing that came up the highest for our groups — every single group mentioned this — was the issue of food security,” says Fran. “That was surprising because a lot of folks in our networks did not understand or did not realize that people were actually going hungry.”

Upon digging further into the problem, Fran and her team learned that knowing where to get food wasn’t necessarily the problem — Waterville has a centrally located food bank and several soup kitchens. Instead, it was the stigma attached to seeking it.

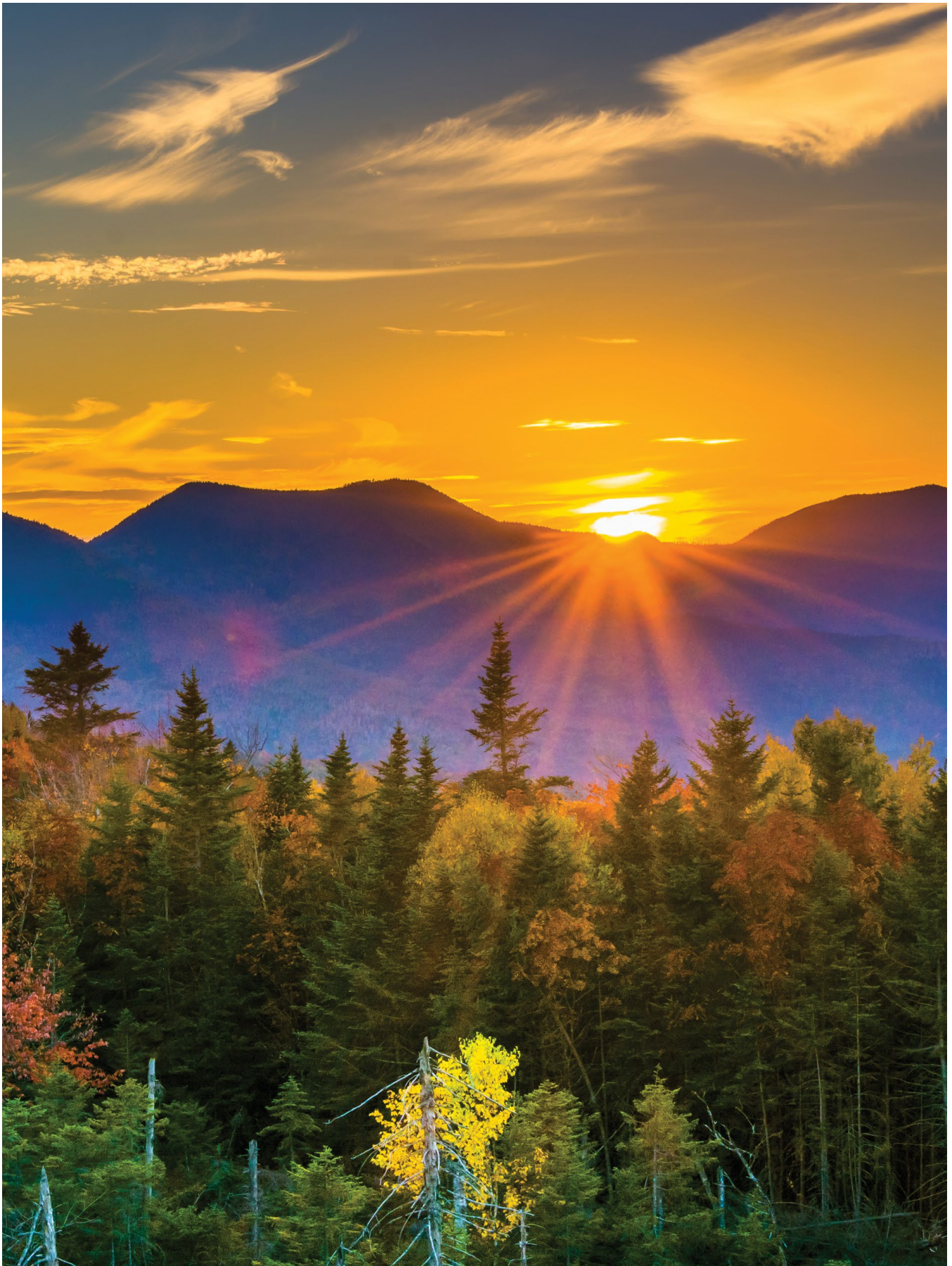
“They told us, ‘When we go for help, we don’t get it, or when we go for help, it’s a runaround, or there’s so much paperwork and so much stigma attached to what we’re asking, that we don’t even want to go ‘cause we get discouraged,’” Fran reports.

To address the problem, Healthy Waterville began to engage residents from all parts of

the community, but with special attention on those who were more likely to experience a stigma related to food insecurity. They threw organization names and individual titles out the window for each gathering, using only first names instead, and created new rules of engagement and agreement about how to work together. In several meetings, the local food bank director ended up sitting next to food bank clients, who opened up to share new ideas for improving their experience. Twenty members of the Healthy Waterville steering committee also visited the food bank, as clients, and reported on their own eye-opening experiences. They then worked with the food bank to procure and present more healthy food for clients, simplify the process of receiving food, and removing some of the barriers (such as rules about presenting ID).

“All of this happened in the first year of this MeHAF planning grant,” says Fran. “We never would have done this if we didn’t have the MeHAF funding. We would have just been doing nutrition education and going to our schools and doing these evidence-based programs and trying to educate our way out of poverty. Good luck with that.”





Over the course of their work together, the Healthy Waterville team has learned to appreciate the importance of increasing community connectedness. “People understand the disparity that comes from disconnectedness, and not only how it makes people feel, but how it prevents them from getting services,” says Fran.

Healthy Waterville is now working on food recovery, pulling in state and regional partners like the cooperative extension service, the Natural Resources Council of Maine, and Sustain Mid-Maine. They’re also working on cultivating leadership for sustainability, including providing leadership training to Healthy Northern Kennebec’s 200-plus members.

In addition to MeHAF funding, Healthy Waterville’s food security work attracted support from the Elimina B. Sewall Foundation and from SCALE (Spreading Community Accelerators through Learning and Evaluation), a program funded by the Robert Wood Johnson Foundation through the Institute for Healthcare Improvement.

“We’ve braided those three funding sources into Healthy Waterville, and now we’re also expanding into the whole Kennebec Valley area and into Somerset County as well. We’re bringing what we’ve learned to other communities in our area,” says Fran. “And here’s the thing: We’ve been debating, do we want everybody to focus on food security? That’s kind of cool, but maybe the thing that’s more important is engaging people from these other communities in whatever issue they feel the need to engage in.”

Evaluation

MeHAF keeps its evaluation of coalition-based initiatives simple, with external evaluators doing as much of the data gathering and analysis as possible. It’s also much more focused on qualitative rather than quantitative factors.

“The need to do qualitative evaluation when you’re funding in rural areas is paramount,” says Barbara Leonard, MeHAF president and CEO.

“Some foundations don’t like small numbers. They want to see who attended, how many attended, how many were on your planning board, who were they?” says Susan Foster, a principal evaluator with S E Foster &

Associates who leads evaluation of MeHAF’s community coalition work. “MeHAF really understands that it’s not just a numbers game. It’s about whether or not you really made a difference and whether or not the community drove it and whether or not it was sustained.”

MeHAF approaches its evaluation work in the spirit of learning alongside grantees and elevating them as full participants in designing the evaluation processes as well as analyzing and applying the results.

“We really came with a learning orientation and that’s been incredibly helpful both for the foundation and for our grantees,” says Dwyer. “Now, we continue to talk to them about what kind of evaluation will lead to program improvement for them, as well as collect the data and create the outward-facing material that will lead to sustained support for what they want to continue to do.”

Moving at the Speed of Trust

The rural, place-based work of the Endowment and MeHAF is necessarily organic in nature. There are no formal training programs for staff. Instead, they learn about rural issues, strategies and assets through multiple conversations with others and through participation in regional or national conferences with a rural focus. In both foundations, staff also lean on rural advisory committee members for insight. And MeHAF’s program staff spend a good amount of time “on the ground” in rural communities engaging in site visits or attending local events.

The kind of change that the Endowment and MeHAF support is slow work. It “moves at the speed of trust,” as one former MeHAF program officer observed. But it’s also deep, culture-shaping work. For example, in Waterville, Fran’s network of 200+ people in Healthy Waterville and Healthy Northern Kennebec now have a clearer awareness and understanding of how food insecurity affects their communities and their own power as a community to address it. That’s a lesson that can’t be unlearned, and one they’ll likely share with people in other networks and relationships that continue to create the fabric of this community.

An Eye Toward Equity

Although rural New Hampshire and Maine are not racially diverse, both funders recognize that equity is a key factor in their states’ healthy futures. This is true in terms of race; white populations are increasingly older and will decrease as communities of color grow. It’s also true in terms of using other lenses to understand and advance equity, such as gender identity and expression, ability, immigrant status or rural vs. urban.

When EH was primarily a responsive grantmaker, it included an equity priority area focused on “removing social and cultural barriers to health.” But when it began its field-building strategy, equity became an institution-wide lens that applies to all operations, and all staff were instructed to apply an equity lens to their work. The board’s 2018 strategic plan now includes equity as a core value of EH, both in its own internal practices and in its grantmaking and advocacy work.

MeHAF has gone through an extensive exploration of equity for its board and staff, including forming a joint committee of board and community advisory committee members to explore what equity means for MeHAF, visiting other organizations across the state that work with populations facing barriers to equitable health outcomes, and intentionally recruiting board members who will bring diverse perspectives and experiences — racial, ethnic, rural, urban, gender, and other — to the board’s work. MeHAF also assessed its grant application and evaluation processes for a new health equity capacity building program, simplifying them and engaging a community based review team to help identify grantees.

“If we don’t pay attention to racial diversity, we will be missing the boat and we will be continuing to perpetuate some of the underlying barriers and misconceptions that, really, are going to hurt rural in the long run,” says MeHAF President and CEO Barbara Leonard. “There is great value in having people in the room making decisions who actually have some experience with the communities that we’re trying to fund. I think that’s a lesson that applies to rural really, really well.”



Campbell University

A History of Serving the Underserved

Rural philanthropy has been a part of the Campbell University's mission since founder J.A. Campbell started Buies Creek Academy 131 years ago with the idea that everybody deserves an education, regardless of finances or social standing.

Thirteen years later, the Class of 1900 included 21 young men and women who went on to become teachers in rural Harnett County's public school system. Their education begat the next generation of educated residents.

When Campbell's third president, Norman Adrian Wiggins, established Campbell Law School nearly a century later in 1976, his goal was to train lawyers to practice in smaller communities in eastern North Carolina — while he may have never used the term, "rural strategy," that was exactly his intent.

The pharmacy school opened its doors to students 10 years later in 1986 and has since graduated nearly 2,500 pharmacists, of which roughly 80 percent still live in North Carolina serving in 90 of the state's 100 counties.

And when Campbell's fourth president Jerry Wallace set out to establish a medical school in 2013, there was pressure from some in the state to build it in Raleigh, where it would have easier access to hospitals and residency programs. Instead, his School of Osteopathic Medicine — the state's first new medical school in 35 years — is centered in Buies Creek. Many of its graduates are choosing to stay in this state, serving in some of the most medically underserved regions in the Southeast.

Rural Philanthropic Analysis

In 2017, Campbell University launched the Rural Philanthropic Analysis, taking the University's 31 years of rural-based education and — through the partnership and support of the Robert Wood Johnson

Foundation — putting it in a national spotlight. The Foundation awarded Campbell a \$730,248 grant to fund an 18-month national exploration designed to create, identify and enhance new ideas and insights to improve the practice and impact of charitable organizations when it comes to supporting healthy, equitable rural communities.

Public Health Program

Campbell's Public Health program is unique in that it is specifically tailored to focus on rural health. Campbell is one of six schools in the nation with a rural focus, only two of which are located east of the Mississippi river, and it is the only Association of Schools & Programs of Public Health-accredited program in the country that both focuses on rural health and is actually located in a rural area.

Campbell Health Center

Campbell's College of Pharmacy & Health Sciences, School of Osteopathic Medicine and School of Nursing run the Campbell University Health Center, an outpatient physician practice that provides outstanding health care services to Campbell students, faculty and staff and to the Harnett County community. On Tuesdays, students take over the clinic and provide free healthcare to local residents who are low-income or who lack proper health care. Each week, the students see more than a dozen patients (there are currently 200 active patients in their system) seeking treatment and care for chronic pain, hypertension, diabetes and a slew of other conditions that would otherwise go untreated. In three years, the program has saved residents nearly a half-million dollars in medical costs in a county that ranks 72nd out of 100 in the state when it comes to proper diet and exercise and avoiding negative behaviors like tobacco and alcohol use and 86th in the state in access to clinical care.



CAMPBELL UNIVERSITY

Overview

A thriving private Christian university founded in 1887 committed to creating and expanding opportunities for North Carolina and beyond.

Mission

To graduate students with exemplary academic and professional skills who are prepared for purposeful lives and meaningful service.

Academic Divisions

Over 100 undergraduate, graduate, and professional degrees across these academic divisions:

- Adult & Online Education
- Catherine W. Wood School of Nursing
- College of Arts & Sciences
- College of Pharmacy & Health Sciences
- Divinity School
- Jerry M. Wallace School of Osteopathic Medicine
- Lundy-Fetterman School of Business
- Norman Adrian Wiggins School of Law
- School of Education
- School of Engineering

Accreditation

Level VI accreditation by the Southern Association of Colleges and Schools Commission on Colleges.

Economic Impact

\$450+ million annual regional impact

Locations

Six campuses in North Carolina, with four of those — including our main campus — located within the state's renowned Research Triangle Region.

EEO/AA/Minorities/Females/Disabled/Protected Veterans www.campbell.edu/employment



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