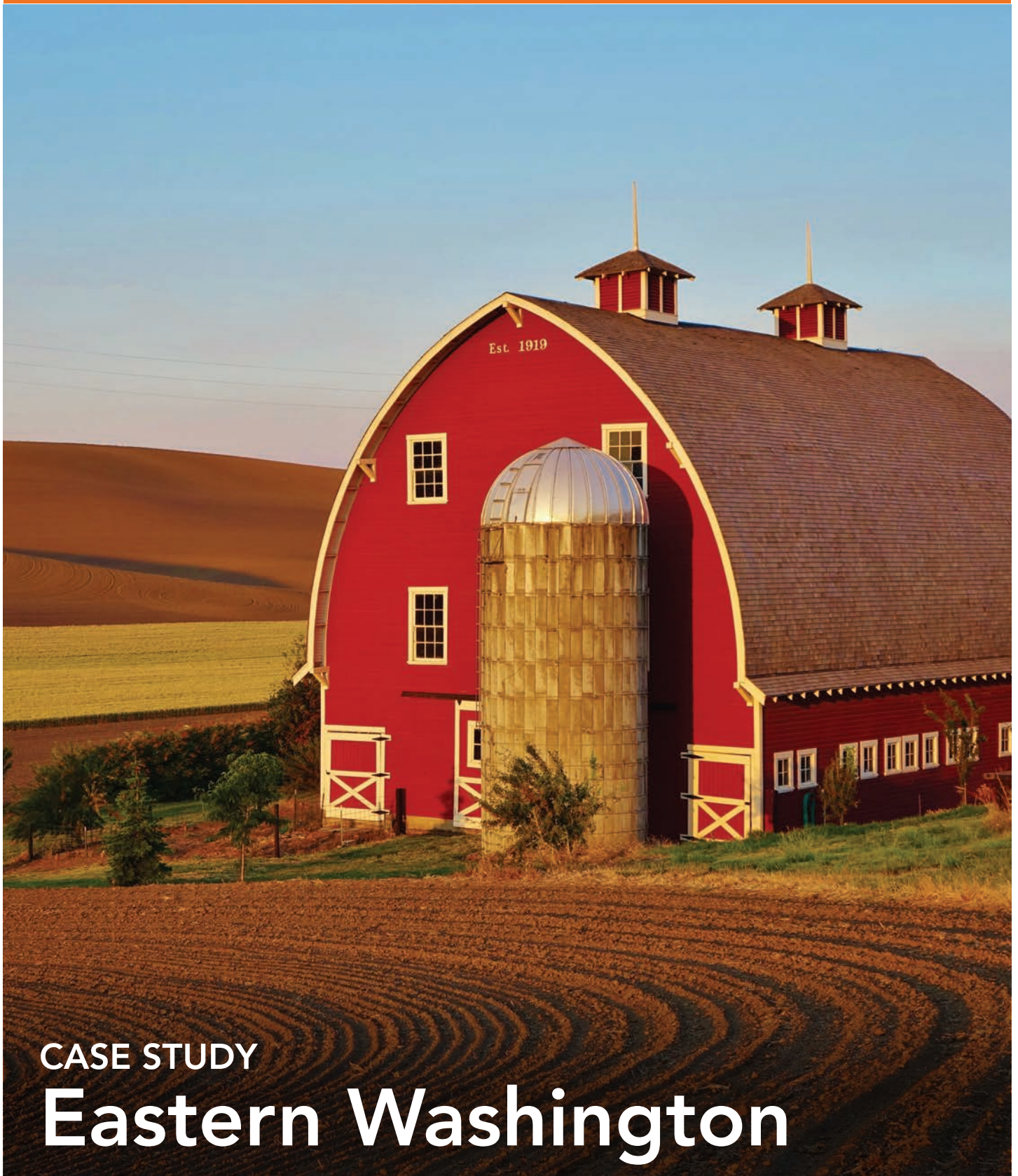




CAMPBELL
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Rural Philanthropic Analysis



CASE STUDY

Eastern Washington



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 importance of being innovative, risk-taking and opportunistic. Today, EHF supports an approach to philanthropy that bears a closer resemblance to a venture capital enterprise than a traditional grantmaking foundation.

ABOUT THE COVER

Golden hour at the farm on the Palouse of eastern Washington with rolling hills and farm fields, a red barn, old truck parked outside and a clear blue sky in summer just after dawn near Colfax, WA.



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.

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

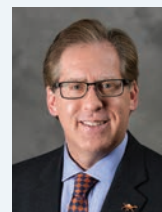


Allen Smart is project director of the Rural Philanthropic Analysis at Campbell University. He has spent over 25 years as a grantmaker

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.

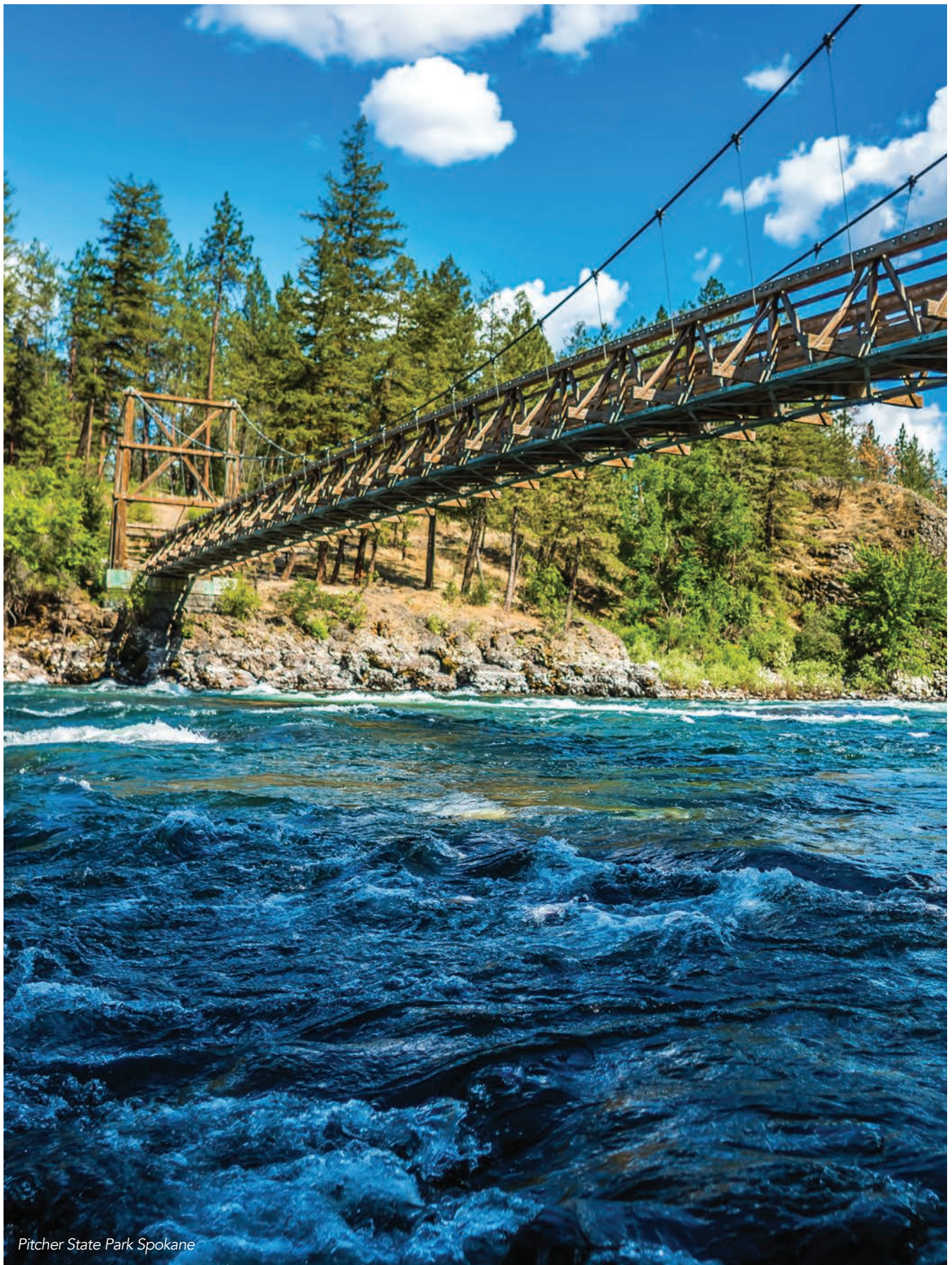
Britt Davis



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.



Pitcher State Park Spokane

Entrepreneurial & Opportunistic

The Empire Health Foundation: An enterprising approach to rural philanthropy

From its headquarters in Spokane, Washington, Empire Health Foundation (EHF) serves seven counties 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.

Out among the rolling hills of farmland in Adams County, or up in the forests and mountains of Pend Oreille County, the area's rural population drops from Spokane's 200-per-square-mile to only five to 20 people per square mile. Agriculture, forestry and manufacturing are economic cornerstones, but unemployment ranges among counties from 3.7 percent (below the national average) to as high as 8.1 percent in some counties. Poverty ranges from 12.5 percent (just above the national average of 12.3) to nearly 26 percent.

More than 138,000 people make their home in the rural reaches of EHF's service area, including 14 Native American tribes on three reservations — the Spokane Tribe of Indians, Kalispel Tribe of Indians and Confederated Tribes of the Colville Reservation. The tribes have reservation land, but tribal members live throughout the region in both rural and urban locations.

EHF is a relatively new player in the region, created in 2008 from the sale of a nonprofit hospital system — and it's the only private, rural health funder dedicated to this part of the state. At its first strategic planning

retreat, the founding board of trustees named obesity prevention, mental health, and access to care as foundation priorities.

Initially, the foundation functioned like a traditional grantmaker, but with the implementation of the Affordable Care Act in 2010, the focus shifted to a more upstream approach aimed at influencing policies and systems to impact measurable improvements in health for the region's most vulnerable citizens. The EHF board recognized the importance of being innovative, risk-taking and opportunistic, and today supports an approach to philanthropy that bears a closer resemblance to a venture capital enterprise than a traditional grantmaking foundation.

"Our board realized that if we tied ourselves to something too specific, our money would no longer be flexible, and we wouldn't be able to respond to things like this sweeping legislation or other shifts in the landscape," says Brian Myers, vice president of programs.

With \$75.9 million in assets, EHF's grantmaking from endowment averages \$3.75 million annually. That annual average is a drop in the bucket when compared to the weighty task of achieving the

foundation's mission of investing in ideas and organizations that improve access to care, education, research, public policy and wellness to result in a measurably healthier region. Consequently, EHF has deployed staff to identify new revenue streams for the region, resulting in an additional \$68 million in grantmaking funds — some of which have been reallocated to help grantees attract an additional \$250,000 if federal and state funding.

"We are 100 percent entrepreneurial and opportunistic," explains Myers. "We have a lot of flexibility within our focus areas around what we want to try to accomplish. We find a gap in the system, look for opportunities that arise and then create a strategy to address it. This has led us to some very large things."

Those "large things" include the creation of regional programs such as a school-based



The headquarters for the Empire Health Foundation in Spokane.



EHF's obesity prevention initiative is its longest running strategic initiative, now in its eighth year.

obesity prevention initiative and the launch of several affiliate organizations that draw multiple players together to tackle thorny regional challenges. In many ways, EHF serves the role of regional ideation hub and incubator, creating and nurturing new structures and networks with the goal that they will eventually function independently.

Taking the initiative on obesity

EHF's obesity prevention initiative is its longest-running strategic initiative, now in its eighth year. This school-based approach centers on helping school food services transition from unhealthy processed foods like chicken nuggets to scratch-made food that is cooked fresh daily from healthy recipes.

The initiative started in Cheney, a town of less than 30,000 not far from Spokane, but has spread to more rural areas, such as the tiny town of Wellpinit (pop. 644) on the Spokane Indian Reservation and the town of Othello (pop. 8,132) in a remote corner of Adams County. In addition to school district partners, Washington State University, Eastern Washington University, and local health districts also have come to the table.

Currently 11 school districts representing 58,000 students participate in the program, which translates to approximately seven million fresh and healthy meals served annually. Each summer, EHF hosts a three-day culinary academy for kitchen staff in participating districts to train with a professional chef.

"A key component of our programming is our hands-on relationships with our school district partners," explains Laura Martin, EHF's senior program associate and communications director, who spends an estimated 80 percent of her time in area schools. "My role as the onsite wellness coordinator for our partner districts is to be the internal champion for change who's out there saying 'we can do this!' Being that liaison between the foundation, the administrators, the cafeteria, and the parents helps to generate buy in from everyone.

She also manages a cohort that brings schools from different districts together to learn and share successes and challenges — like the ability to meet rigid federal and state



The Empire Health Foundation's obesity prevention initiative started in the town of Cheney, near Spokane, and has spread since. The program helps school food services transition from processed foods to scratch-made food that is cooked fresh daily.

rules and regulations for school nutrition. Martin's on-the-ground presence and the cohort approach can be a lifeline for rural schools.

"Our rural school district partners face a number of unique challenges in providing their students healthy, great-tasting food," says Martin. "Oftentimes fresh, healthy food is not readily accessible in rural communities so we work with our partners to find new avenues for food procurement. In some districts, the food service directors aren't trained in the culinary arts and may juggle several roles such as bus driver, transportation director or secretary. Helping them learn to navigate the myriad of strict

state and federal regulations for school food service delivery is absolutely crucial to the success of their program and in ensuring the food they're serving is appealing to kids."

Changing school menus also involves changing school culture, says Martin, which is another reason she spends so much time in the field. "We really view ourselves as partners with our grantees. That's worth having a foundation person who can be in there to build that culture change. It's vitally important to the sustainability of the program. We see that culture change happening in the schools where kids are eating this food. Some started as kindergarteners in our pilot districts and

Empire Health Foundation

Spokane, Washington | Formed in 2008 from the conversion of Deaconess and Valley Medical (nonprofit hospital system)

PRIVATE FOUNDATION

- Assets: \$77 million-foundation endowment only (2018)
- Staff: 22 Fulltime (not including affiliates)

AFFILIATED ORGANIZATIONS

- Family Impact Network (public-private partnership)
- Better Health Together (public-private partnership)
- Spokane Teaching Health Consortium (STHC) (public-private partnership)
- Washington Cancer Research Endowment (program administrator)
- Annual grantmaking and intermediary funds (2018 est.):
 - Endowed fund grants/investments: \$3,750,000
 - Managed funds (intermediary): \$48,885,000
 - STHC operating budget: \$19,000,000
- Region: Seven counties and three Native American tribes

POPULATION: 609,377

- Counties: Adams (18,728), Ferry (7,551), Lincoln (10,570), Pend Oreille (13,001), Spokane (471,221), Stevens (43,531), and Whitman (44,776)
- Rurality: 24% of population
- Household median income-Range by county: (\$38,636-\$50,550) (U.S. \$55,322)
- Percent of poverty-Range by county (12.5%-25.9%) (U.S. 12.3%)

AREAS OF INTEREST

- Health equity (program focus and lens for all work)
- Addressing adverse childhood experiences
- Physician workforce development
- Cancer research
- Obesity prevention
- Native American health
- Rural aging
- Nonprofit capacity building

SPECIAL INFORMATION

- Operates and is housed in a facility available for nonprofit start-up, The Philanthropy Center



Sunrise on a rural road in eastern Washington.

now they're in seventh grade and they know nothing but scratch cooked food. That impacts how mom and dad are buying food, and it's certainly impacting kids."

With its investment to date at \$3 million, EHF looks to BMI data to indicate the initiative's effectiveness. So far, the results are promising, with a 5 percent statistically significant drop in the program's pilot district.

Leveraging funds for regional benefit

Two of EHF's affiliates are particularly focused on rural areas.

Better Health Together was created to implement the Affordable Care Act and to transform the payment for, access to and integration of Medicaid services in the region. Family Impact Network streamlines and enhances the quality of the child welfare system.

Each has its own staff and boards of directors and are co-located with EHF's offices in The Philanthropy Center, a building that EHF owns and uses as a resource for area nonprofits. And for both, EHF provides the backbone infrastructure for operations, such as office space, accounting, and human resources. However, as the affiliates grow and mature, they are able to hire their own staff to perform these functions.

Better Health Together (BHT) arose in response to an opportunity to attract federal and state dollars for increased access to care. EHF was supporting collaborative community initiatives prior to the passage of the Affordable Care Act, and so was well-positioned to go after implementation funding when the time was right.

"True to our strategy of finding gaps and leveraging opportunities, the foundation was happy to help Washington implement the Affordable Care Act," says Myers. "We were able to build partnerships to attract federal Health and Human Services funding and help the state seek level two exchange funding. We hired a grantwriting team from Massachusetts to help with that."

Between 2018-2021 BHT will govern \$70 million dollars via their network of nearly 150 partners. BHT serves multiple roles, including an ACA Navigator program to boost enrollment and supporter of community based care coordination via their community and regional collaborator. As part of a Medicaid 1115 Waiver, the state of Washington developed an Accountable Community of Health (ACH) to support deeper regional collaboration. BHT serves as the ACH for northeastern Washington, supporting health collaboratives in six of the seven counties served by EHF.

The work of BHT is complex with countless moving parts — some of which move differently in rural areas. Care coordination

in rural communities, for example, requires a broader lens that encompasses social determinants of health.

“What we perceive right now is that some folks have five or six care coordinators because they are accessing service via different systems, while others have none. Regularly, we see people who have few of their basic needs being met, so of course they can’t manage their mental health or their diabetes care plans,” says Alison Poulsen, EHF’s vice president of community development who is currently the leased executive director for BHT. “We did not have a hard sell to any of our rural healthcare people around housing, food and transportation as essential for our health objectives. They just fundamentally get it. It’s hard to not think about the basic needs of somebody that you’re going to see in church or at the local grocery store.”

Like EHF, BHT keeps flexibility at the forefront. Even though the State of Washington requires county collaboratives in the ACH to address four key areas (behavior/physical health integration, care coordination, chronic disease management, and opioid responses), the how is left up to communities.

“I think we’ve made some organizations a little uncomfortable as we forge new partnerships,” says Poulsen. “They say ‘just tell me what you want,’ and I say ‘I want what will work in your community.’”

“Our key question is how to move towards a more centralized set of infrastructure that allows for more braiding of funding with some outcome driven work while retaining local control,” she adds. “Because at the end of the day community health is best improved at the most local level. This is hard work that requires different types of partnerships than we’ve ever forged, it may take us 20 years to fundamentally change the system for community health.”

The Family Impact Network (FIN) serves as the state’s network administrator for eight eastern Washington counties with the goal of using performance-based contracting to improve child welfare outcomes. For example, FIN coordinates with community partners to ensure that families have the goods and service supports needed to keep children at home, and that when children are removed from homes the reunification process is as fast as possible.

Child welfare can be a significant issue for rural communities, where providers may be miles away from families who need support. This can cause delays of many months when it comes to reuniting families after removal, or even allowing visitations between parents and children.

FIN staff includes relationship managers who work with rural providers to help them receive training and resources to broaden their services. Relationship managers respond to a variety of provider requests, from assistance with billing, to increased referrals, to IT support. FIN also has been successful in ensuring that providers are paid for the services they provide — including travel time to rural locations.

“The state doesn’t pay Parent Child Visitation providers for the first 59 miles they drive,” explains Shannon Selland, program manager. “In rural settings, children can be placed long distances from where the visits occur so the providers are losing money by not getting paid until mile 60. One of the things that we’ve done is to develop a pilot that pays them from mile one. All of those long drives are paid for now, and those kids aren’t waiting to see their parents.”



Downtown Spokane Washington skyline and the Spokane River.



While EHF recently dedicated all of its grantmaking to strategic initiatives, it historically directed approximately \$200,000 a year toward responsive community grantmaking. EHF continually reaches out to communities not only to encourage grant applications but also to help communities connect ideas and partners.

FIN also pays attention to provider compensation across the board, paying a higher rate than anywhere else in the state for visitation services. It also has implemented a single, consistent online system for documenting visits that automatically adds and uploads the related billing, saving providers time and headache.

All of this translates into benefits for rural children and families.

“It’s exciting how fast visits get going here,” says Selland.

The work of affiliates like BHF and FIN is possible because of EHF’s ability to connect to and work with very large partners and government funders and develop successful operating entities. It’s also a testament to EHF’s willingness to hold and nurture the networks for several years. Should the government funds go away, it’s not likely that EHF could sustain these networks. However, with continued government funding, it is entirely possible.

Attracting national foundation investment

EHF’s opportunistic approach also has positioned it to serve as an intermediary for national funders. The current flagship program is one focused on rural aging, which EHF operates on behalf of a large national funder, and has included nearly \$7 million in grantmaking over the past four years. This work began in 2014, after Myers connected with one of the national funder’s advisors who was looking for partners in the state.

The rural aging work is primarily through re-granting. EHF maintains dedicated staff for strategic grants and manages a responsive application process. Responsive grants in the aging initiative range from \$500 to \$15,000, and have funded everything from exercise classes at volunteer-run senior centers to summer theater programs. Strategic grantmaking focuses on improving care, both by reducing unnecessary emergency services through integrated medication management and by increasing seniors’ engagement in managing their own health through care coordination. Rural hospitals and rural health coaches serve as primary partners in these efforts.

Most of the strategic work is by invitation only, but projects are often co-designed

by grant recipients based on the available infrastructure and mutually agreed-upon goals. EHF and the national funder’s staff meet twice a year to review strategy and results and make adjustments as needed.

“What we originally believed with this work was that poor rural people were moving away from their homes and towns and going to a large city for services, because there were no services for them in their communities,” says Myers. “We conducted a market analysis that proved that assumption wrong; the move-out rate from rural communities was only 1.6 percent. People stay in their homes regardless of the availability of services. That makes sense if you’re from a rural community. Sometimes people don’t have the resources to move, or simply don’t want to relocate. So, we completely changed our rural strategy for aging, to do much more to meet folks where they’re at.”

This change in strategy included more patient-activation centered work, both in-person and through technology. Rural critical access hospitals, tribal health and human services departments, and other partners provide health coaches who work with seniors in their homes.

“Our health coaches are working with seniors to build their skills, confidence, and knowledge to better manage their health, because that’s related to all kinds of positive results like fewer hospitalizations, fewer emergency department visits, and more positive clinical outcomes,” says Jeri Rathbun, program associate for the Foundation’s Rural Aging Services program. “That’s been our main strategy, and it looks different in each area that we’ve implemented because our partners all have different resources to leverage.”

Implementation varies greatly from community to community, based on the people and the resources available. For example, on the Spokane Indian Reservation, the senior health engagement work is led by Nora Flett, who was already working in the Tribe’s senior programming delivering meals in that community.

“Nora is adored by the seniors,” says Rathbun. “She was already very familiar with the community. They knew her. They trusted her. And when we were going out there to start this work, the elders said, ‘If this is

going happen, we want Nora doing it.”

It’s also been a positive experience for Flett, who’s been able to get training as a nurse’s aide. The tribe is now working to secure public funding to sustain and grow the work.

There are other similar examples of success, as well as communities in which the approaches tried haven’t netted the hoped-for results, but have provided valuable lessons. For example, another community tried to use students from an area college as health coaches, but discovered that seniors were resistant to working with people they didn’t know and who weren’t from the community.

“There are still some things to work out, but our model is very adaptive and iterative. We treat each community as unique and work to find the best approach,” says Rathbun.

All of EHF’s strategic work — from creating affiliates to serving as an intermediary with national funders — is underpinned by attention to timing and process.

“Timing is key to success,” says Shivon Brite, EHF’s program director and director of strategy. “We work hard to build win-win deals that balance system changes with community needs, available resources and partner priorities. All of this is done while assessing the ecosystem to identify the best times to invest. Systems are built to stay so changing them requires the right momentum.”

Responding and connecting

While EHF recently dedicated all of its grantmaking to strategic initiatives, it historically directed approximately \$200,000 a year toward responsive community grantmaking.

“This program is what keeps us connected to the community and figuring out what some of the emergent needs are,” says Christina Kamkosi, program associate for responsive grants and capacity building programs. “Some of these programs we fund through our Responsive Grants program will ultimately help guide us in forming our strategic funding initiatives.”

“I’m a connector,” explains Kamkosi, “So that puts me into the community trying

to figure out what the needs are and then sharing that information with our leadership and program staff to help determine how best to address those needs.”

EHF continually reaches out to communities not only to encourage grant applications but also to help communities connect ideas and partners.

“The size of the populations in our rural areas may be small, but we’ve found their collective impact is huge because our rural partners tend to be very community-focused and willing to collaborate to tackle a problem together,” said Kamkosi.

“We’re always listening,” adds Rathbun, who works with Kamkosi on the responsive grants for rural aging. “We have a lot of applicants who know what they’re pushing for, but then there are situations where we see a rural community concerned with some sort of issue, but they don’t know how to address it. In those cases, we look at best practices and try to bring that knowledge to them.”

Capacity building is another tool in the EHF toolbox, which the foundation deploys throughout its strategic and responsive grantmaking. In addition to the traditional technical assistance and trainings, EHF also maintains a list of consultants who help grantee partners with more complex and specialized processes, such as applying for federal grants or increasing revenue from Medicaid billings. These are specialty engagements that rural organizations would be hard-pressed to afford on their own.

EHF makes a point of finding consultants that understand and reflect the communities they serve.

“One of our consultants is a tribal member with decades of life experience both living and working on the reservation,” says Rathbun. “She has a doctorate in cultural education and so she’s been a huge, helpful partner in a lot of the projects that we’ve rolled out with the tribal communities. Another consultant that we have knows rural because he lives in Montana and he’s worked with tribal communities. He’s not Native but he has decades of experience working with Native communities.”

While EHF’s strategic initiatives come with built-in evaluation protocols, the foundation downsizes its requirements for responsive



Abobe: Vigvams at Kalispel tribe ground.
Right: Antony Chiang, president of the Empire Health Foundation in Spokane.

grants, using a simple template with just a few questions.

“We ask for a final report with questions like, ‘What were your successes; what were your challenges; tell us a great story from this; what advice would you give somebody who wanted to do something similar?’” says Rathbun. “That’s really it. We try to right-size our evaluation based on the dollars. If we’re giving them \$600, we can’t really expect them to spend a lot of time and effort reporting back to us.”

Keeping an equity focus

“For all of us who work in philanthropy, imagine if our jobs depended on whether or not the dial was moving on health and equity,” says Antony Chiang, president of Empire Health Foundation. “We would do whatever it takes to create measurable and sustainable change.”

For EHF, doing whatever it takes to achieve health equity began with diversifying the make-up of its board and staff, and providing them with equity training. This training included a specific focus on tribal relations — encompassing basic history,



cultural practices, and the importance of maintaining open dialog. EHF has also extended the training to all affiliate staff and key community partners.

Chiang has spearheaded the effort, ensuring that EHF’s board and staff truly reflect the diversity of the region. One key action was to intentionally reach out to each of the area’s three tribes for board members, and to change the foundation’s vision statement to formally include the tribes. The foundation also makes a point of holding occasional board meetings at each reservation.

Engaging tribal representatives on the board has required more than just an invitation to



Riverside Bowl and Pitcher State Park in Spokane, Washington

join. Those invited must feel they can trust EHF's intention and process before they are comfortable accepting a board role. They also consider the value of their participation to the tribe and seek approval from tribal councils and elders before agreeing to serve.

EHF's staff is also diverse, with more than 60 percent people of color or differently abled. "What Antony has proven is that you can fill a building full of talented, amazing, diverse people that are better at their jobs because they understand, and are connected directly to their community," says Brite.

EHF further cements health equity into its program work by developing clear equity goals for each program initiative. For example, EHF's goal to reduce by 50 percent the overall rate of foster care entry in its region by 2020 has a connected health equity goal of eliminating the 400 percent disparity for Native American families entering foster care. The rural schools included in EHF's obesity prevention program reflect the foundation's public commitment to prioritizing tribal, rural and high-poverty school districts and communities.

Being aware of disparities with cultural sensitivity, establishing accountable goals for reduction of disparities, and developing

programs addressing the specific reasons for those disparities is proving effective for EHF. For example, the life expectancy gap in Washington State is 5.9 years between Whites and Native Americans (8.2 years when Asian American and Latinos are factored in). To reduce this basic health disparity, EHF supported three tribes and health leaders in its service region as they developed multiple programs centered around health coaching, chronic care coordination and social supports. Each program was evaluated under a common measurement approach called the Patient Activation Measure (PAM) that assesses the capacity of individuals to manage their own health and health care on a 100-point scale. Program participants averaged improvements in PAM scores as high as 14.5 percent during early program operations.

EHF strives to model equity, but is not naive when it comes to promoting its equity agenda in the communities it serves.

"There is a diversity of perspective among our rural communities," observes Rathbun. "Some communities, though not visibly culturally or ethnically diverse, are open to diversity and equity initiatives while others are not. We respect all views by meeting people where they are."

Engaging authentically

EHF staff and the staff of its affiliates strive to engage fully and authentically with the communities they serve. This means spending hours of what Myers calls "windshield time" to get to rural places and sit with rural residents. It means providing technical assistance to help partners succeed. It also means allowing grantees to lead the way, even if that path doesn't seem like a straight shot.

For example, when EHF first approached the Confederated Tribes of the Colville Indian Reservation to explore health coaching work on the reservation, the tribe asked the foundation to begin by funding the documentation of traditional lifeways and world views. This was an unprecedented type of investment for the foundation, but they agreed.

"EHF took a leap of faith on this project because they weren't sure how this cultural revitalization fit into their health focus," says Alison Ball, the tribe's health and human services director and an EHF board member.

Today, with 52 Tribal elders interviews and a team of native researchers, this work resulted in a "Heritage Manual" that



Golden hour at the farm on the Palouse of eastern Washington with rolling hills and farm fields, a red barn, old truck parked outside and a clear blue sky in summer just after dawn near Colfax, Washington.

promises to ground the Tribes' public health system in the ancient wisdoms of their Elders and has inspired their region to the same. Now, Tribes, non-profits and higher education institutions of eastern Washington are working together to create a better behavioral health paradigm.

"Our traditional life ways and world views heal and protect. They properly connect us to ourselves, others, earth and creator," explained Brite. "Legendary scholar Noam Chomsky recently remarked that the world's indigenous people are the only communities standing between humankind and catastrophe. He is right and that is a tremendous responsibility. So we must get ready. We must heal."

Since that first grant, the Colville tribe have gone on to deepen their relationship with EHF and have extended their work to EHF affiliates including Better Health Together and Family Impact Network.

Authentic engagement must happen at "the speed of trust," says Myers. Building that trust and nurturing the collaborative relationships that come with it are key.

Building relationships with tribes

Understanding the workload and priorities of tribal government systems was an important lesson for EHF. Whereas many foundations might cling to rigid protocols, EHF was willing to stretch the edges of its health-funding strategies to accommodate tribal priorities. The first project the Colville Tribes requested funding for was the Heritage Manual that focuses on preserving and developing tribal identity. Funding it showed EHF's willingness to support the tribe's priorities in building the relationship.

"I know that when my phone calls and emails aren't returned it's because those administrators are busy," says Myers. "It's really important to just go hang out, bring a sandwich and wait until you get some meeting time."

Fourteen Native American tribes on three reservations — the Spokane Tribe, Kalispel Tribe and Confederated Tribes of the Colville Reservation — make their home in eastern Washington. The tribes have reservation land, but tribal members live throughout the region in both rural and urban locations.



Myers learned how to engage in discussions that gathered shared ideas and perspectives into a series of agreements. For the Colville Tribes, next steps included conducting a comprehensive health needs assessment, which was originally proposed by EHF as an elder needs assessment but expanded at the tribe's request. The assessment was followed by funding for work with older residents.

"You start to realize that if we're going to develop something like aging services together, each key assumption must be considered. Is serving older adults a priority in your community? Is Patient Activation Measure (PAM) an effective tool? Is health coaching a good strategy?" says Myers.

Once those considerations are made and agreements are reached, EHF hires a grant writer to help tribes further develop their plans and proposals.

"It takes a while to build relationships with tribes. One thing I really value with EHF is they never gave up — whereas other places may not even try," says Jessica Pakootas, Camas Path (health services) executive director for the Kalispel Tribe. "It's hard to explain, because people would think, 'Well, if somebody has money and they want to support a community, why wouldn't you build a relationship?' But it's more than that. It's not even about the money. It's about the relationship itself."

Myers and Pakootas worked together to determine what the Kalispel Tribe could do in its Camas Path clinic with EHF's rural aging work, which resulted in the creation of a new Rural Aging Resource Specialist position.

"That grew our relationship," says Pakootas. "Brian brought in his team, and we started working together to figure out how we're going to reach our elder population."

EHF now works with tribes to navigate the gulf between traditional medicine and payment systems and the culturally appropriate care that many tribal members prefer. For example, a current state reimbursement policy requires that all patients be seen at an approved facility, whereas the preferred cultural practice of service delivery in many Native cultures is take services out into the homes of people who need care. EHF also pays for a consultant who is familiar with tribal cultures and practices to help increase billing revenue through Medicaid to help strengthen infrastructure for physical and behavioral health.

"EHF is helping us build the infrastructure to get out of the crisis management mode," says Ball. While EHF was working on outreach to tribes, it also was exploring its own work with an equity lens and realizing

that tribes had an important role to play in foundation leadership. The foundation changed its board bylaws to always include at least one member from the Colville, Kalispel and Spokane tribes.

"EHF invited me to sit on their board. I agreed to that, because I thought it was a good investment for the tribe," says Ball. "They also changed their vision statement to include the tribes. They came to the tribes and asked us if that was okay, asked permission. It's that kind of ability to be responsive to the tribal needs and having those conversations that makes relationships work."

Pend Oreille Health Coalition

When the state of Washington passed legislation in 2013 that established regional Accountable Communities of Health that would work with county wide collaboratives, the people in Pend Oreille County were more than ready.

"We had already arranged to have anybody and everybody in Pend Oreille County who was doing any form of health care delivery or social support at the table and said, 'let's create the Pend Oreille Health Coalition,'"



Rural land with white-capped mountains in the background in eastern Washington.

says Tom Wilbur, CEO of Newport Hospital and Health Services in the Pend Oreille county seat of Newport. “None of us had two nickels to rub together, so our first goal was to not replicate anything. If somebody’s doing something in the community, we’d funnel clients. If you’re doing an education program, wherever you’re having it, we’ll try to get as many people into it as we can. If you don’t have a place to do it, we’ll share all of those resources. No replication, and no siloes.”

The ultimate goal of the Pend Oreille Health Coalition (POHC) is to create a fully integrated system of care that includes physical, mental and dental health. Partners include Family Crisis Network, Pend Oreille County Counseling Services, managed care organizations, Rural Resources Community Action, food banks, faith-based institutions, the community college, the local school district, and the Kalispel Tribe, whose reservation is in Pend Oreille County.

The way in which POHC weaves tribal and non-tribal resources together is especially beneficial in this small community. For example, at its reservation health center, the Kalispel Tribe offers the only available dental services for Medicaid recipients in the county. “The tribe is a huge piece of all of this,” says Jenny Smith, marketing and foundation director for Newport Hospital and Health Services.

“One quote that I’ve learned in working with the tribe and their elders is, ‘What good is it going to do for us to help tribal members if we’re not going to help the non-Native neighbor that lives next to them?’,” says the Kalispel Tribe’s Pakootas. “That really shows how this tribe has been. Even though they put a priority on their resources for tribal members, they have a high priority for the community.”

POHC is a member of EHF’s Better Health Together coalition, which serves as the ACH administrator for the region.

“When we looked at Empire Health Foundation and Better Health Together we said ‘If they’re going to be doing all of this work, we’re not going to get left behind. We’re already doing some of these things so why not participate?’” says Pakootas, who also sits on the Better Health Together board.

“I think the collaboration through BHT has been extremely valuable,” says Smith. “Through the exposure to some of the



Rolling hills of farmland in eastern Washington.

other organizations, and the constant communication, you’re learning a lot about each other and other counties. That part has been huge because I know who I can call, we know who we can set up a meeting with, we can talk about other programs.”

Results are already apparent in POHC’s work. Because of the cooperation among its members, immunization rates in Pend Oreille County are among the highest in the state. POHC secured grant funding for two school nurses who help students and their families understand and address issues of diabetes, obesity, asthma, trauma and more. As a member of POHC, Smith sits on a new community truancy board that helps increase student attendance.

“We’re going to touch every piece of the social determinants of health,” Smith says.

Of course it’s not easy, but, both Smith and Pakootas say they appreciate EHF’s openness, approachability and commitment to the community. “The first year I applied for a grant I didn’t get it, but they were so good about explaining why, and what we were missing in the application and things like that,” says Smith. “I think that is something that is extremely important for rural funders to know: not everybody who writes grants or who submits grant applications has done it for very long, or understands really what goes into requesting money from a professional organization.”

“It’s been a struggle, because we’re very small and we have a small staff,” says Pakootas. “It’s hard to put all of our staff into the many,

many meetings that have been going on. And keeping up with Better Health Together and the Medicaid Demonstration Project and all the changes, has been a challenge. But at the same time, we’ve really made it a priority that we stay the course with POHC because everybody here is our community partner. And it’s helping us, having the support of Empire Health Foundation and Better Health Together, and the bigger vision we share.”

“Empire Health Foundation has always been really open to hearing not only what we’re doing in terms of the hospital district, or with the accountable communities of health, but also what we’re doing as a community,” Smith adds. “They very commonly just come up and talk. They’re just very open about working with us.”

Most of all, the work of POHC illustrates the tenacity and fluidity with which rural communities can tackle complex issues.

“One of the benefits of being a small rural area like we are here, is that we can get things done quicker,” says Smith. “We may not have the funding to do it, but we can come together as a group and say what do we need to do, and what steps can we take to move forward. We’re collaborating and not thinking about how can we can operate our businesses independently, but how can we operate inclusively and serve our community better. We can’t wait for the state or Spokane to tell us what we should be doing and when, we’re just going to do it. That is why private funders should look to rural, especially if they’re trying to make a quick, sustainable impact.”



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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