Good morning and thank you for joining us today!

My name is Faith Mitchell, president and CEO of Grantmakers In Health.

On behalf of GIH, we are delighted to be here today to continue this partnership with the Office of Rural Health Policy and the National Rural Health Association.

We’re also really pleased to have a new partner at this meeting, the Centers for Disease Control and Prevention.

GIH has been part of these annual events since the outset. It’s now 7 years in a row with larger attendance each year—both of which attest to the importance of topic.

As the professional association for health philanthropy, GIH is proud to support hundreds of health foundations and corporate giving programs, many of which invest in rural health.

We conduct educational programming, networking events, and leadership development for staff and trustees of private foundations and corporate giving programs.

As part of that work, we track trends in health and in philanthropy.

An important trend over the past several years is health philanthropy’s increased awareness of health equity and the need to address the social determinants of health.

In fact, you will see “social determinants of health in action” reflected in this agenda, as we will be discussing economic well-being, housing, and more throughout our two days together.

Neighborhood conditions shape health, and—importantly—that is a cross-cutting issues for both urban and rural communities.
In a 2018 scan, we identified several ways in which funders are investing in improving neighborhood conditions that are appropriate to both urban and rural settings.

For instance:

1) **Funders can elevate** community voices by meaningfully engaging residents.

   Some sociologists have noted a “hollowing out” of leadership in rural communities as young people move to other areas. By elevating community voices, especially those that have historically been marginalized, funders can support and expand civic engagement.

2) **Funders can foster** cross-sector collaboration.

   Funders are often seen as neutral and powerful conveners, who can make connections with government, business leaders, education, and more. They can convene meetings like this one today in their own communities that nurture public-private collaborations.

3) **Funders can bridge** health and housing.

   This issue is of critical importance, given the data that link poor health with inadequate housing. In addition, as we know from the background materials, homelessness in rural communities is a growing problem.

4) **Funders can put** equity front and center as a crucial step.

   Rural communities have been historically diverse and are growing more so. Community conversations about racial tensions and institutionalized poverty are difficult but are essential to making progress. Funders can begin those conversations and stay involved for the long term.

5) **Funders can focus** on long-term change.

   They can consider making multiyear grants and using flexible funding strategies. They can also exercise patience and be the voice that champions
the social determinants for the long haul, as improvements in social conditions may take years to see results.

Funders in rural areas are well-positioned to operationalize these approaches, using their deep understanding of local communities and passion for moving forward in these critical times.

We hope that over the course of the next two days, you all will leave with an increased understanding of how rural communities can create lasting, system-wide changes.

We look forward to talking with you--and we look forward to working with you throughout the year in our ongoing programming.