

Rural Philanthropy COVID-19 Session

What did you hear from this panel presentation that resonated most with you?

- Aaron's comment about how finite their budget is vs. the \$ that coming from the federal gov.
 - Who is responsible for funding to increase capacity of public health to be better equipped to address challenges and other public health emergencies
 - Crucial to address the issue of governmental collaboration with rural communities; cannot let lack of capacity and fear of accountability hinder efforts
 - Health coverage attached to employment doesn't work
- The strain on local HD; relationship between hospitals and public infrastructure; important to understand the locality of PH departments and what their funding needs are
- This is a LONG-term issue. Strategic deployment of resources is key.
- Brian presentation confirmed that we are doing the right thing: access to PPE, ventilator's, dev. Advocacy relationships
- Someone said, "Philanthropy will never take the place of federal funding in communities," but that may not be entirely true as there are examples where other philanthropists have laid ground work for federal funding to take root. Some of those folks are in this room...
- Appreciated the comment by Aaron from MO that the Foundation is just a drop in bucket with what is going on
 - Recovery program investment of \$1mill, with state bringing in \$25 mill
 - Priv philanthropy needs to find the gap with this, timing matters
- Challenge to find where are efforts best focused with the pandemic
- Google survey for each area for each issue you want to tackle
 - But easier with rural partners with boots on the ground
- Meeting with DES coord at state level, they appreciated them (MO Foundation) could fill the non-govt entity in Emgerg Preparedness Planning which always help- when you help solve a problem or need....
- CDC description of all of the efforts they are trying to put together
- Set up a COVID-19 response fund seeded it with \$100,000, engaging the community leaders to connect to (creating a network in their target communitiY)
- good to hear American Indian Health addressed and more innovative and systematic ways to address health barriers

How are you currently planning and supporting rural communities amid COVID-19?

- initial strategy: provided emergency response funds; financial hardship funds (e.g, funding to support living experiences)
- Rural health program: additional ventilator refresher training in coll. with AHA. Major initiative in 5 states to get mechanical devices out
- Funding through Univ of KS – helped (volunteer pandemic workforce). Medical students in their last year, graduated early to help rural communities through pandemic
- Putting together a report with other funders that will talk about the impact of COVID on rural areas and how SDOH issues have been exacerbated by COVID

- Contact tracing in rural counties, surveys in counties to identify needs
 - local staff (TX) did surveys to discover needs—equipment, PPE, resources for staying afloat, money for staffing—asked about CT—said they’d rather have supplies, resources, flexible funding.
- Example of a funder’s work with state health departments funding will continue due to flexibility; however, July 1 focus on COVID response and social impacts.

What challenges and opportunities do you see for rural funders?

- Grant proposal response format outdated – less burdensome, continuing flexibility. What can we do to help communities better respond. One solution: approve grants on a rolling cycle.
- Rapid response is not always possible for getting your board of directors on board. Important to work and collaborate with other foundations to share ideas on how they respond rapidly to address urgent needs during the pandemic
 - funding criteria can be more equitable to allow for more grassroots and community based organizations to be more competitive
- funding for telehealth / challenge when states do not support expansion for full reimbursement during COVID
- addressing SDH is a challenge; child education, child abuse and neglect, food insecurity
- Long term solution; need to improve connectivity with health departments and rural communities
- Leverage community collaborations (existing and especially those recently formed in response to COVID 19) to address everyday needs of rural communities
- Developing rural COVID website (CDC)
- With this amt of funding that is going out with CARES Act, it makes us think how much we accomplished with less in past. While dollars are great now, your (funders and partners) longevity will be important to communities. Relationships are as vital as dollars (specially in TA activities and with at-risk populations).
- Liked example of an individual to coordinate all of the COVID opportunities and activities. Flexibility with grant expectations and support for grantwriting important –especially during quick turnaround times for applications. (Can be great ROI!) Also, we bring in partners with additional expertise that matches grants. Matching expertise to need in implementation another good one ...such as volunteers with specific expertise and linking them to places where skills are needed.
- Regionalization of public health response may be an option for discussion in future, may have turf/politics but may be opportunity after some cross-jurisdictional analysis where we will be able to develop better understanding and this could generate more political will.
- Referenced the 2008 recession with the mergers (acquisitions) occurred, may see some of these tough choices with non-profits with funding streams being so finite, fundraising will change, conferences – outreach to funders for help, tough convos on the horizon
- How might you respond to a second wave? (Tom)
- - For NC their data reports to more of a 1st wave instead of the 2nd , in other words it did not hit “us” hard the first time in NC so hard to tell what they might do in response.

- Challenge responding to rapidly changing environment and disseminating information that is relevant and tailored to rural. Maybe a companion piece for rural stakeholders and other low resource environments
- Working with partners focused on rural oral health and addressing challenges (e.g. through tele-dentistry). Supporting both for-profit entity and oral health task force in addressing these issues to ensure don't lose access to care
- Private dentists needs lots of support
- How plan under so much long term uncertainty of pandemic and impact on services. Also challenges in getting buy-in for making changes needed under new reality
- Focus on convening groups to learn from one another and what the barriers are and problem solve together. These are groups with long established relationships and trust and just give them the platform
- convening – potential to impact disbelief of situation, spread innovation and what's working
- E.g. Bringing together tribal leaders and communities to support one another and learn from another to make decisions for what is needed for their communities during this time.