Rural Philanthropy Policy Session

1. What insights do you have from what you have just heard?
    a. Small slice in health policy change ecosystem—be comfortable with what you know and don't know.
    b. Choose partners to fill those gaps of what you don't know and think outside normal group of partners.
    c. Increase in work around rural behavioral health work; happy to see more organizations and agencies covering this topic
    d. Important to work with the community/stakeholders; working to empower the community
    e. Foundations' ability to lobby vs. not-lobby; Thinking about the work of the org in doing lobbing, advocacy, and education
    f. Policy for philanthropy for boards can be a fine line, because of the differences with lobbying and advocacy and the perceptions. Of course, policy does drive real change would have to engage really extensive legal counsel, which may or may not be easy to find for rural areas
    g. Rural organizations (folks) do not have the capacity to do this type of lobbying or even advocating
        i. Larger partners will only spend funds on their areas near them
    h. Have very mission drive org and board focused on direct services, acknowledge there are some board development efforts needed for policy work
        i. Board buy in is key! Often need some initial impetus to move things forward and build critical mass
        ii. A particular project might help kick this off or an issue in the community
    i. Important having the right issue at the right time to affect policy change
    j. Partners – not only partners for development of work products but communication of those products – how to broaden project scope about participating organizations.
    k. In the space of data/education/informing
    l. Good to be reminded of what we can and can't do
    m. Very informative
    n. Excited by the # of participants!
    o. Importance of rural partner participation
2. What are you doing that you would like to share?
    a. Put out an NRP for funding during the pandemic; rapid emergency grants
    b. Grant opportunities for emergencies in East TX; helped orgs especially food pantries
    c. Looking to invest in resources for telemedicine to address lack of primary care providers, dentists, etc.
    d. Providing a mix of project grants and some capacity building grants; supporting CBOs and grassroots for marginalized communities (i.e. LGBTQ+, people recently released from prison, etc.)
    e. Increased different access points for food (i.e. tribal entities, schools, food banks, etc.)
    f. Matching funds to help give more sustainability to what they were doing, created an endowment prior to COVID-19, now reaching out to partners to help in this regard

g. Focused on Medicaid expansion, white papers, educational focus – bringing to decision makers. Seeking opportunities for dissemination.
h. Focus on Native America populations. Have established a governance and policy institute for these communities. Capacity building to affect policy efforts
i. Worked with board member with strong interest in issue (e.g. tobacco) to drive that work on policy issues in conjunction with AHA.
j. Working with Behavioral health leaders come together as a membership org (with ability to lobby) to influence payment policy and service delivery at state level. Played role in helping convening and capacity building
k. Support administrative, training, and logistic support to tribal communities for convening to address policy issues
l. Charitable Trust: RUPRI Health Panel – looks at the impact certain policies have on rural health. RUPRI is more than health; not just surviving but thriving. Lay out practical steps rural communities can use to take advantage of resources they have and how they can use those to optimize care
m. Funded a pilot research project to examine where care is breaking down in rural communities as a result of health care consolidation (i.e. OB deserts); listening to rural communities about the services needed and sharing with policy makers
n. 1st RFP focused on improving access to medications and resources for OUD. Some projects focused on rural and the health care delivery system (e.g., ND, NH)
o. Focused on what we can learn from grantee activity and how can we spread that to other cmties around the country to inform policy, etc.
p. U.S. Prosperity Index: look at multi-factorial data re: barriers, where can improve, how to get more/smarter resources to rural activities. Help communities stand up programs by taking on the data piece. Lots of data funder can use.
q. We tend to think about our own region or state- so many different agencies or groups are focused on rural and policy and legislative action. This was encouraging.
r. Doing work in VA re: Medicaid expansion recently. VA HC Fdn – state dollars; worked with them and each of the health funders to educate and inform the communities; help people sign up. Dept of Soc Servs – in rural populations especially, the work was done without additional workers & support/ assistance in rural counties.

3. What are the opportunities and challenges for philanthropies in supporting policy and research efforts?
    a. We have the report, the information, etc., and it shouldn't stop there. If the right people aren't in the room how do you change hearts and minds? Stakeholders – those most engaged and most affected by, and influencers on the issues. Sometimes the most outspoken may not be the best advocate.
    b. Need those most directly affected at table. We can provide analysis and data but can't lobby. However, health center partners, advocacy orgs for low-income pops.,etc. can partner with us to include this info in their advocacy work.
    c. Local information and local media contacts can be important sources for telling story as well as qualitative research. Issue where this is true has been rural hospital closures. We are going to need more qualitative for sure. Another example of a national news

outlet, connecting through state bureaus, to support local journalists. We are losing local, rural media outlets.

d. Telehealth: Millions of people in rural areas and some urban who don't have broadband access.
e. Medicaid Expansion and hospital closures are challenges; thinking about advocacy and lobbying to support policy change to address funding for CAHs
f. Opportunity for advocacy around expanding Medicaid; maybe COVID-19 can show that the need for expansion is great
g. Lack of broadband is a big issue; helping orgs to connect to internet and create hotspots
h. Transportation is also a big issue in rural communities that can be addressed at the policy level
i. Funding rural research nationally; national efforts by Rural Health Affairs keep the conversation going
j. Any opportunity for government to fund the endowment they are working on, through his exploration expanded his network, opened up other doors, learned more from other philanthropic entities
k. Lots of foundations like to leverage federal funds, drawing on local initiatives as well, do not have to shift when Boards see this they are more likely to fund, less about data in their experience from funder vantage point
l. How can assist policy work in the state (given no existing state policy think tank). Have to explore new opportunities for partnerships to support this work
m. Changes in telehealth regs should stay in place, be extended, or made permanent (e.g. reimbursement)
n. Spotty cell phone use is a concern and should be addressed, how to improve cellphone reception-less access to virtual technology and broadband in rural areas
o. Prominent bandwidth issues and other barriers in rural healthcare have not been considered – barriers to providers caring for patients across state lines (other geographic boundaries), equipment, reimbursement issues, etc.
p. Want to hear more about telehealth policy, etc. interested to learn more and continue the conversation
q. What is it about rural communities that telehealth is not a first option or one that is underfunded?
r. public/private partnerships are likely vehicle to make and sustain changes
s. loosening of regs, etc. because of the pandemic needed to happen and should continue
t. Access/Equity concern - how to allocate resources- who should get the speed when? more remote areas first? etc.
u. **C**hallenges for small orgs to bring leadership roles but happy they're at the table to share exp.
v. Challenges in supporting policy and research—areas that might need an added voice?
w. Learned to move quickly—produce national maps by county of reported COVID case/mortality. Related to where ICU space might exist. Sharing that work with policy staff on Capital Hill; maintain communication with Hill staff (active).

x. Struggle with bureaucracy—funding for private organizations. How do we get representation from the rural to the capitol? Disconnect between research and communities—impact doesn't always make it back to the community.
y. Short turnaround time for funding opportunities—both for proposal development and with spending monies
z. Smaller foundations don't have much advocacy monies—made COVID funding invitation only, made as easy as possible to apply. Phase 1—focused on immediate needs; Phase 2—longer term funding issues.
aa. Duke--$16 million in crisis phase. $19 million for longer term—challenge in distributing will be trying to decipher state/federal funds and who is getting what of those resources. Want to find a niche where they can make impact.
bb. Things are changing so quickly—identified needs are constantly shifting
cc. Is there potential for flexible funding? Even allowing for shifts in funding means paperwork and documentation.
dd. Focus on policy and advocacy- we have not worked in this area- just started to explore this work with other foundations. Despite rules/regulations- what can we do at our state capital?
ee. How important it is for funders/foundations to figure our their role? What resources do they have (including contacts, networks)- and how to use those for greatest impact
ff. Schools and work with opioid addiction- study of what is working and what are best practices- gather data and findings to share with legislature and tool kit for best practices
gg. Network of rural funders in Texas: Focusing on rural broadband- infrastructure perspective. How does a small cmty plan and then get funding to bring broadband to the community? How can legislators be influenced by funders and by communities to leverage opptys to build the infrastructure and then afford the access.
hh. What is the one thing we can all get behind (funders in our states)- in our state it was expansion of Medicaid to include dental services. Broadband is another issue that can bring many together: Covid 19 has underscored the need for broadband for rural cmty- so many do not have reliable internet access. This is a public health need and a basic utility for folks. So many rural based workers commute to urban to work, so if they work from home- lack of broadband is an issue. A quick response from local funder was to fund "hot spots" in parking lots- a short term solution to a long term need.
ii. Loosening of rules and regs to allow for use of technology without broadband (e.g., phone calls for telehealth visits that can be reimbursed). We have seen this happen since the pandemic begin. If we did not have the pandemic, I am not sure we would have seen the willingness to put forth the level of funding that we did for addressing broadband.
jj. One opportunity- grant makers banding together across the nation- working WITH communities to engage in policy initiative. How can we collectively across 50 states speak as one voice?
    i. Gathering accurate data, county by county level- how poor internet speeds are- use that data to support the position.

kk. Have to position ourselves within the state plans so the plan helps to shape the policy efforts; working with managed care organizations on innovations or pilot projects.
ll. Federally funded organization; have to be careful around lobbying; promoting documents that have a hard core advocacy bent, have to be careful.
mm. Small staff in the foundations that are part of their funders organization; think about systemic issues across WVA and focus on first line public defense; the reality is they are directing all monies; how do you keep regular programs going, address the crisis and then continue on with current programs. The other concern was educating around the census – we are a state with low technology & high elderly population. All the recent events combined; not understanding what census does. Recently put some money to pay for grant writers and federal $ capture.
nn. Work force – something coming out of this is workforce concerns. Spike in unemployment; all jobs may not come back; how do you retrain your work force for new jobs that will be out there (e.g. working from home or teleworking). Safety issues as we go forward in working in a public setting (testing, vaccinations, etc.)
oo. All of us as rural health funders – we talked about the HC crisis, in rural areas, we saw rural HC centers having to let people go and hospitals are worrying about not making payroll because of the lack of people coming to the hospitals. How do we address these challenges of the impact of Covid on rural areas.
pp. All the Social Determinants systems have been taxed – early care centers especially impacted; safety net concerns.
qq. The policy side of child care centers; the policies are not friendly to the business model of early care centers.