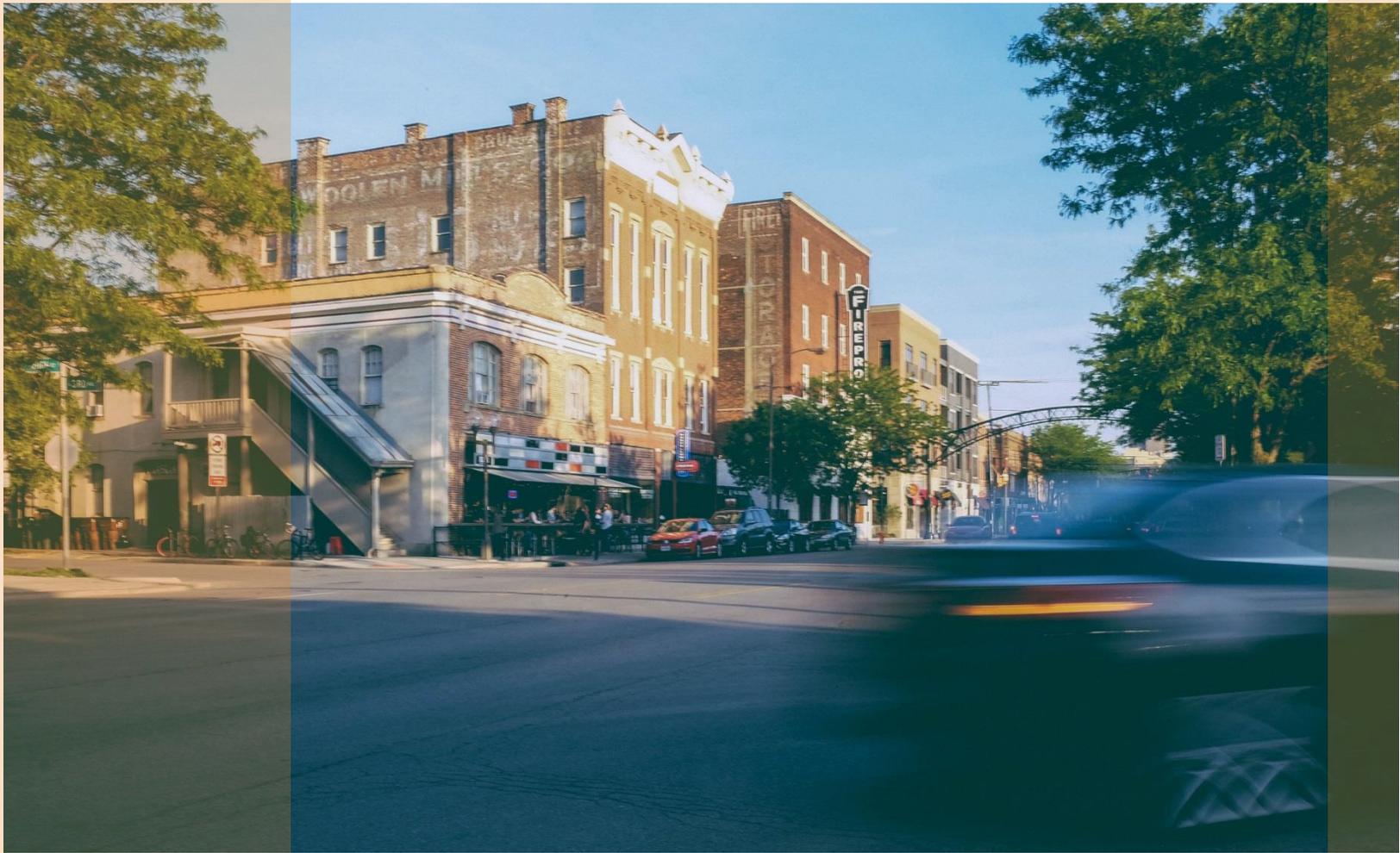


# Health Funding *for* Rural Missouri



Missouri Foundation for Health

This case study is part of a larger evaluation of the Missouri Foundation for Health's (MFH) Opportunity Fund to better understand the effect of funding in communities where investments have been made. ORS Impact and staff at MFH identified eleven projects that represented the types of approaches, partnerships, and topics that MFH hopes to support through the Opportunity Fund. Of those eleven projects, four that showed sufficient progress in implementation were selected to participate in case studies.

This case study examines the Rural Ozarks Health Initiative, a partnership between Community Foundation of the Ozarks and MFH to direct funds toward impactful health projects in rural Missouri. To learn about the genesis, implementation, and influence of this partnership, we conducted interviews with one MFH staff member, two Community Foundation of the Ozarks staff members, and two representatives from local affiliate foundations in the cities of Carthage and Republic, Missouri. We also conducted a brief review of relevant grant documents.



## Fit with Opportunity Fund

The Rural Ozarks Health Initiative (ROHI) is a partnership between MFH and Community Foundation of the Ozarks (CFO). As part of the partnership, MFH provided \$750,000 to CFO through the Opportunity Fund (OF). Leveraging its local affiliate network of 49 community foundations located in rural areas across Missouri, CFO directed the OF grant funds toward 33 projects to promote improved community health in rural Missouri.

The partnership between MFH and CFO served the interests of both organizations. MFH had long recognized a need to direct more of its resources toward the more rural parts of Missouri that often have the greatest need for public health investment; but as a St. Louis-based foundation, MFH typically had a lower level of engagement with potential partners in rural areas, making it more difficult to identify both potential investment opportunities and partners. CFO, on the other hand, had strong relationships with local community health foundations in rural areas, and were looking for new funders to support their network to address local community needs.

From MFH's perspective, the partnership with CFO was a good fit for the OF because it seeks to provide an avenue to experiment with new funding mechanisms and test out new approaches toward addressing pressing community health issues.



## Idea Development

The idea for ROHI did not emerge overnight, but rather through conversations between Bob Hughes (CEO of MFH) and Brian Fogle (CEO of CFO) about ways to get more resources into rural communities to address community health issues that had been ongoing for over a decade. Prior to ROHI, a partnership between the two organizations had not materialized. One reason for this was that MFH did not traditionally make pass-through grants (i.e. grants to be regranting by another foundation). However, the advent of the OF prompted conversations within MFH about experimenting with non-traditional grantmaking arrangements, including pass throughs, for projects that had a strong potential for promoting MFH's goals.

The pass-through grant structure was a grant structure rarely used by MFH, but also represented a departure from typical CFO operations. Although CFO had received a few external grants from other foundations in the past, they typically do not pursue partnerships with other funders. Over the past 11 years, CFO has only received three external grants.



# Implementation

Implementation of ROHI happened in two stages. First, CFO conducted a process to regrant the MFH funds to their affiliate network. Second, the affiliates worked with local partners, primarily through regranting processes, to implement programs to better the health of their own communities.

## CFO Implementation

Once CFO received the funds from MFH, they conducted their own competitive grant application process among their network of affiliates. CFO split the money into two grant pools: a one-time \$10,000 grant with no matching requirement, and a three-year \$150,000 grant (\$50,000/year) that required the grantee to find matching funds from their community, half of which could be in-kind contributions.

CFO presented the opportunity to their affiliates, letting them know that there needed to be a health component to their application, but that *“can look like a lot of different things.”* CFO also disseminated materials to help affiliates understand what *“counts”* as health-related and the type of work that was eligible for funding under ROHI. Affiliates applied to one of the two pools of grants, although there were fewer applications for the larger pool due to the added responsibility of securing matching funds.

To select the final grant recipients, CFO and MFH partnered to form a grant selection committee that included CFO staff, MFH staff, and a representative from a rural health department. Affiliates then came in person to deliver presentations to the selection committee and make the case for their community. MFH staff sat on the committee for the larger \$150,000 grants in order to provide input on those projects with the most potential impact. They did not participate in selection of recipients for the smaller grants in order to reduce burden and pressure on the affiliates. When considering which grants to award, the level of community need was a key factor in decision making.

Overall, CFO felt the ROHI regranting process went very smoothly. Their internal team which works with the regional affiliates understands the challenges and required supports when working with affiliates comprised primarily of volunteers. CFO also required that applications for ROHI be submitted through a new online grantmaking portal, which accelerated uptake of

“ *The ability to say we had a partnership of this size and scope with MFH. That’s been very positive to be able to share with our constituents and donors.*

– CFO staff

the system among grantees and which will be used in the future. Receiving the funds from MFH took a little longer than CFO expected because the pass-through mechanism was atypical for MFH, but it did not significantly hamper the regranting process. CFO also noted that their partnership with MFH helped raise the profile and credibility of CFO in their region. Affiliates who were awarded ROHI grants experienced a similar benefit in their communities. Overall, CFO also noted that ROHI challenged affiliates to think more deeply about health issues in their communities and how to best combat them.

## Affiliate Implementation

Affiliate organizations applied to ROHI to fund a wide variety of community needs, from direct services like dental work to community health initiatives encouraging healthy eating and exercise. Some affiliates applied knowing what they wanted to fund with ROHI resources, while others held their own application processes to regrant the funds to organizations in their communities. For those affiliates holding their own regranting processes, CFO provided support to help them think about best practices, including making fewer large grants as opposed to more small grants.

In order to better understand implementation of ROHI on the ground in these rural communities, we looked deeper at two affiliates, one that received a grant from the larger pool and another that received a smaller grant.

### *Republic Community Foundation*

The Republic Community Foundation (RCF) was awarded a \$10,000 grant which they used to support three main bodies of work aimed at improving the health of middle schoolers in their community. RCF also secured \$2,500 in matching funds from another community donor who wanted to support their work even though it was not required by ROHI. Following a recent youth suicide, the community realized that they needed to focus more on the physical and mental health of middle school kids. RCF held a sub-granting process for their community, and ultimately supported an after-school program, a drug awareness program in middle schools, and the dissemination of hygiene products.

“ *[Kids who] aren't in the band or that are not on a sports team, they're actually going into these after-school programs and they have a place that they kind of feel like they belong.*

– RCF staff

The after-school program in particular has been quite successful in giving kids a place to go after school as opposed to getting in trouble around town. The program gives the kids the

opportunity to have ownership of the program and activities. For example, when the kids expressed a desire for basketball hoops, the program agreed to put them up if the kids planned for where and how to put them. RCF was also successful in promoting partnerships between different community organizations in order to share resources and work collectively for the benefit of local middle schoolers. Currently, the after-school program is only funded for one day a week, but the success of the program has catalyzed fundraising to increase the frequency.

### *Carthage Community Foundation*

The Carthage Community Foundation (CCF) was awarded a three-year, \$150,000 grant which they used to create an initiative called HERE for Carthage (HERE stands for Healthy Eating Regular Exercise) that promotes community health in a variety of ways. The primary use of ROHI funding was to hire a coordinator for the initiative which focuses on three primary areas of community health: educating and building excitement around healthy living, promoting healthy eating options, and increasing opportunities for movement and regular exercise in the community.

The first year of the initiative consisted of developing a Ninja Warrior-style obstacle course that the coordinator brought to every school in the community to promote exercise. HERE for Carthage took over PE classes in the schools for a week and gave students the opportunity to play on the course and learn about resting and active heart rates. The sessions concluded with a healthy snack and a discussion about healthy eating choices.

The second year of the initiative is focused more on the community. The coordinator set up a Facebook page and hosts weekly walking and biking groups to promote exercise among the community more broadly. She also uses the page to promote healthy eating options and help community members understand how they can eat better and the associated health benefits. She also has a smoothie bike that can be brought to different community events to promote healthy eating, and she is working with local restaurants to offer more healthy eating options.

CCF considers their coordinator to be the “*biggest key to success*” for the initiative, as she has been able to coordinate between partners and figure out how to bring formerly disparate partners together to work towards the collective goal of improving health in Carthage.



## Progress & Impact

Overall, ROHI has been extremely effective in infusing resources into rural communities to improve health outcomes. The MFH funding helped raise the profile of both CFO and their affiliates and helped expand thinking about what “counts” as health. The model of leveraging CFO’s existing network and relationships with affiliates effectively infused money into communities that were much less familiar with MFH as a funder and likely would not have directly submitted applications to the OF.

In terms of the impact on communities, CFO noted that the grants have helped to catalyze community partnerships around health and have raised the profile and understanding of the importance of focusing on health. They have also helped to expand thinking about what “counts” as health and communities now have a better understanding of social determinants and their impact on overall health. In Carthage and Republic, those communities have experienced more positive energy in their communities around healthy lifestyles and there is momentum to keep the work moving forward in both communities.

“ I think with every person who shows up for a biking group that’s never biked on a regular basis, everyone who shows up to a mom’s walk group, anybody who goes to a local restaurant and chooses the healthy menu item instead of the hamburger and French fries. I think that’s the best evidence of people in our community making small changes.

– CCF staff



# Influencing Thinking and Practice

ROHI helped both CFO and their affiliates to better understand health issues in their communities. In particular, it helped broaden an understanding of the interconnected nature

“*Obviously, this level of money is not going to save a rural hospital from leaving a community, but if we can help folks think about their health overall and what they are doing to lead healthier lives, then that could reduce the need for some of those critical needs.*

*-CFO Staff*

of social determinants and their associated impact on health outcomes. For CFO, it also reinforced the importance of their work and the fact that “*people are truly passionate about their communities, truly care about the people that live there. And they really can be very resourceful and creative when it comes to getting money back out to their communities.*” For some of the communities that received ROHI funding, this was the first time they had explicitly addressed health issues in their community, and it gave them an

opportunity to identify the areas of greatest need—often with input from the community. For RCF, ROHI funding helped them understand the silos that exist in their community and how to break those down for more impact—whether related to health or not. Similarly, ROHI was the first time CCF acted as a fiscal agent and played a more active role in supporting a community initiative, which helped them recognize their potential role in adding value in future community-wide initiatives.

From MFH’s perspective, ROHI was surprising in the variety of projects that were funded as well as the impact that a relatively small grant can make in cash-strapped communities. Additionally, ROHI highlighted the unique challenges associated with working in rural settings, and the necessity for community-based solutions as opposed to top-down directives from a funder.

“*I think it’s helped [affiliates] think through more long-term solutions for their communities.*

*– CFO staff*



## Long-Term Sustainability

Moving forward, the regranting mechanism of ROHI appears to be an effective way to continue infusing resources into rural Missouri. CFO noted there's an opportunity for MFH to be even more prescriptive in providing funding to address their internal goals and priorities, and MFH acknowledged an opportunity to leverage a similar granting structure that would not dictate how funds are used by affiliates but would focus on specific health issues like suicide prevention or mental health. Additionally, while these grants were not huge sums of money, rural communities that are resource-strapped are able to *"make a little go a long way,"* which further increases the impact of the ROHI funding. In Carthage and Republic, ROHI has catalyzed work that will extend beyond the life of the grant. Both communities are exploring other funding and resources they can leverage to continue the work started through ROHI, seeing the benefit to their communities. Currently, MFH is working with CFO to provide funding to catalyze the creation of new community foundations to address health problems in new communities.