

GRANTWATCH

Foundation Funding To Improve Rural Health Care

According to a Health Resources and Services Administration (HRSA) Request for Information, fifty-seven million Americans live in rural areas, and such areas “face particular challenges” in accessing health care. Health and Human Services (HHS) Secretary Alex M. Azar II has created the HHS Rural Health Task Force, involving people from across HHS, “to identify the needs of rural communities,” how to meet them, and which policy changes can address them. Rural health is one of the Trump administration’s health care priorities, Secretary Azar stated in a July 2019 press release and in a February 2019 speech to the National Rural Health Association.

“Rural hospitals face financial and operational difficulties,” HRSA reports. The Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill says that 118 rural hospitals closed from 2010 to October 2019, including seventeen closures thus far in 2019. Many hospitals in rural areas meet Centers for Medicare and Medicaid Services (CMS) criteria for being a critical access hospital. Criteria include having up to twenty-five inpatient beds and being more than a thirty-five-mile drive from another hospital (in certain circumstances, such as “mountainous terrain,” the distance required can be fifteen miles.)

In response to continuing workforce challenges in rural areas, HRSA has awarded about \$20 million to organizations in twenty-one states “to develop new rural residency programs while achieving accreditation through the Accreditation Council for Graduate Medical Education,” according to a July 2019 press release. “Training residents in rural areas is one strategy shown to successfully encourage graduates to prac-

“there,” Tom Morris of HRSA’s Federal Office of Rural Health Policy explained in the release.

In a Bipartisan Policy Center (BPC)/American Heart Association poll, 92 percent of Democratic voters and 93 percent of Republican voters agreed that “access to health care in rural communities is important,” according to a June 12, 2019, press release. Interestingly, more than 60 percent of all voters in the national survey, conducted by *Morning Consult*, said they would be more likely to vote for a candidate in 2020 who makes rural access to care a priority in their campaign. Also that day, the BPC launched its Rural Health Task Force, which will develop policy recommendations. Several former politicians from both parties—Tom Daschle, Olympia Snowe, Ronnie Musgrove, and Tommy Thompson (a former HHS secretary)—cochair the panel. It also includes Georges Benjamin, Karen DeSalvo, Bill Frist, Keith Mueller, and Gail Wilensky, says an August 2019 release. The **Leona M. and Harry B. Helmsley Charitable Trust** and American Heart Association funded the survey. Helmsley funds the task force’s work.

Hunger is also a concern in rural areas. According to a 2019 Feeding America report, 78 percent of counties with the highest rates of food insecurity are rural.

Following are several examples of foundations that have funded rural health projects.

Grant Outcomes

In a summer 2019 issue brief the **Foundation for Community Health** (FCH) describes its Health Profession Rural Summer Immersion Program for portions of Litchfield County, Connecticut, and Dutchess County, New York. Seeing health professional shortages in those “pastoral” areas, the FCH developed this two-week, low-cost, pipeline program, which launched in 2016, to encourage medical (allopathic and osteopathic)

and physician assistant students to practice there. The FCH collaborated on the model with representatives of various sectors, including academia, business, government, and workforce. Students have learned about interprofessional (team) practice, done rotations in health care facilities, and even experienced a “lifestyle” component to see what rural living is like. Survey data from 2016–18 show that “students gained a better understanding of the challenges and benefits of a rural health care practice, and reported an increased likelihood of working in pastoral Connecticut or New York upon completion of their education,” the brief says.

In summer 2019 **Grantmakers In Aging** started the Rural Health and Aging Funders Collaborative, supported by **The John A. Hartford Foundation**. Interested funders can participate in a bi-monthly conference call on particular topics such as the online Rural Health Information Hub (September) and transportation (planned). The aim is to share information and learn from other funders. Membership is free.

One of the more interesting breakout sessions at the June 2019 **Grantmakers In Health** annual conference in Seattle, Washington, was “Right-Sizing Health Care in Rural Communities.” Presenters were Shao-Chee Sim of the **Episcopal Health Foundation** (EHF), Matt Kühlenbeck of the **Greater Rochester Foundation** (formerly with **Missouri Foundation for Health**), and Andrea Ducas of the **Robert Wood Johnson Foundation** (RWJF).

Sim noted that 63 percent of rural hospital closures during 2007–17 were in states that did not expand Medicaid. The EHF, which funds in fifty-seven Texas counties, was interested in addressing the closure crisis. Texas land is 96 percent rural, and 8 percent of rural hospitals in the US are in Texas. The funder’s response has included research and working with stakeholders. In phase I it developed suggestions for rural communities facing a hospital closure on how to “right-size” care, including converting hospitals to free-standing emergency departments, clinics, or federally qualified health centers; ex-



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panding telemedicine; using midlevel providers; and scaling up the use of community health workers. Phase II included the EHF's participation in a national-local funding collaborative, including the RWJF and **T. L. L. Temple Foundation**, Sim clarified in an October 2019 email. The group funded a Texas A&M University (TAMU) Health Science Center report, released in December 2018, that presents case studies of three East Texas communities, each with a vulnerable hospital. Wanting to build upon this work, HRSA chose TAMU to be a national technical advisory center, the Center for Optimizing Rural Health. In phase III the three foundations are highlighting communities that have addressed the rural hospital crisis "in an effective way," Sim's email explained. Ducas commented at the GIH meeting that the RWJF also funded the Life in Rural America poll (2018). Among respondents' main health concerns was access to care—that is, some respondents could not "physically" get to care, Ducas said.

Publications

Foundation blogs have covered important rural topics. In August 2019 the **Commonwealth Fund** published "The Rural Maternity Care Crisis" in its To the Point blog post series. Corinne Lewis and colleagues mention the challenges of rural hospital closures and closures of obstetric units in many open rural hospitals. They discuss the consequences for pregnant women and suggest reasons why maternity care is "disappearing" in rural areas. In February 2019 the fund published "Practicing Medicine in Rural America: Listening to Primary Care Physicians," by Shanoor Servai. The content mostly results from focus groups with thirty primary care doctors serving low-income patients and a few detailed follow-up interviews. Servai provides a good overview of the challenges in rural areas, including poverty and substance use.

The **California Health Care Foundation** (CHCF) published an August 2019 post titled "Independent Nurse Practitioners Bridge Big Gaps in Rural Care: What Can California Learn from Colorado?" In Colorado NPs are allowed to

practice independently after "1,000 hours of mentored prescribing" with a physician. California does not allow independent NPs. An NP quoted in the post comments about the "significant body of evidence" showing that expanding NPs' practice authority will serve people in remote and rural areas well, especially amid looming workforce shortages. The CHCF also published a March 2019 post, "Health Workforce Shortages Make Telehealth a Lifeline to Rural Care," which describes a patient "still living with the trauma of a brutal attack" who can receive mental health services by telehealth, thanks to the ongoing CHCF telehealth initiative.

The Rural Philanthropic Analysis Project (RPAP), which was based at Campbell University and partially funded by the RWJF, concluded its work in 2019. Its website mentions a statistic: Only 7 percent of philanthropic funding goes to rural areas. RPAP published its final field reports: case studies on rural philanthropy in Eastern Washington (July 2019) and in New Mexico (May 2019). The Eastern Washington report focuses on **Empire Health Foundation**, in Spokane, including its engagement with Native American tribes. The funder's "approach to philanthropy...bears a closer resemblance to a venture capital enterprise than a traditional grantmaking foundation," the report says. The New Mexico report focuses on the **Con Alma Health Foundation**, a Santa Fe-based statewide funder. The rural communities (grantees) "know what assets they have, what they need, and where they want to go," and they "have to be part of the decision-making and community problem-solving," not told what to do by funders, the report says.

A summary of RPAP's work notes that the emergence of many conversion foundations has resulted in "hundreds of millions of rural philanthropic dollars, where there was previously little philanthropic activity." And "large national funders, absent from rural philanthropic leadership for decades," are starting "to take another look at rural places in America that have come under...scrutiny after the 2016 presidential election." Allen Smart directed RPAP.

The **Milbank Memorial Fund** published both "How the Federal Govern-

ment Supports State and Local Efforts to Improve Rural Health and Health Care," a Q&A with Tom Morris of HRSA, released in June 2019, and "Supporting Rural Health: Practical Solutions for State Policymakers," a May 2019 issue brief. The RWJF and Appalachian Regional Commission funded three April 2019 issue briefs on health disparities and strategies in Appalachia. They covered the topics of obesity, opioid misuse, and smoking. **Foundation for a Healthy Kentucky** was fiscal agent.

Other Foundations

Other funders of rural health projects include the **Claude Worthington Benedum Foundation**, which funds rural health care in West Virginia; **Blue Cross Blue Shield of North Dakota Caring Foundation**; the **Colorado Health Foundation**; **Healthcare Georgia Foundation** (Two Georgias Initiative); the **Hogg Foundation for Mental Health**, which funds in Texas; the **Kansas Health Foundation** (interests in workforce and telehealth); the **Maine Health Access Foundation** (Rural Health Transformation initiative); the **Kate B. Reynolds Charitable Trust**, which funds in North Carolina (Healthy Places NC initiative); **St. David's Foundation**, which funds in Central Texas; and the **Steele-Reese Foundation**, which funds rural health care in Idaho and Montana.

Key Personnel Change

LARRY RHODES, a professor of pediatrics at West Virginia University School of Medicine and executive director of its Institute for Community and Rural Health, has been elected to the Benedum Foundation's board. A September 2019 press release describes this pediatric cardiologist as "one of the nation's leading advocates for rural children's health." ■

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