

## **A Brief Introduction to the Foundations and Trusts**

*We are pleased that 37 philanthropic foundations and trusts have committed to attend this meeting on public-private collaboration in rural health care. Below are brief descriptions of each foundation as well as the name of the representative(s) attending. We hope that this will be a useful resource as you explore opportunities to strengthen collaborations and partnerships.*

[American Association of Community Colleges](#) | Washington, DC  
Roxanne Fulcher, Director, Health Professions Policy

Founded in 1920, the American Association of Community Colleges (AACC) has, over four decades, become the leading proponent and the national "voice for community colleges." The association was conceived when a group of presidents representing public and independent junior colleges met in St. Louis, Missouri, for a meeting called by the U.S. commissioner of education. Originally named the American Association of Junior Colleges (AAJC), the association was to function as a forum for the nation's two-year colleges.

In 1972, the name of the national organization was changed to the American Association of Community and Junior Colleges (AACJC), reflecting the community orientation of most public, two-year institutions. In 1992, the association's name was simplified to its present form.

Today, the association represents nearly 1,200 two-year, associate degree-granting institutions and more than 13 million students, as well as a growing number of international members in Puerto Rico, Japan, Great Britain, Korea, and the United Arab Emirates. The colleges are the largest and fastest-growing sector of U.S. higher education, enrolling close to half (45 percent) of all U.S. undergraduates.

Headquartered in the National Center for Higher Education in Washington, D.C., AACC is the primary advocacy organization for community colleges at the national level and works closely with directors of state offices to inform and affect state policy. In addition, AACC is a member of "The Six" large, presidentially based associations and collaborates with a wide range of entities within the higher education community to monitor and influence federal policy and to collaborate on issues of common interest. The association has ongoing interaction with key federal departments and agencies including the U.S. departments of Labor, Education, Energy, Homeland Security, and Commerce, and the National Science Foundation.

AACC supports and promotes its member colleges through policy initiatives, innovative programs, research and information and strategic outreach to business and industry and the national news media. The association's efforts are guided by the AACC 2013-2016 Strategic Plan.

Governed by a 32-member board of directors elected by the membership, AACC is a nonprofit organization whose overriding mission is to "Build a Nation of Learners by Advancing America's Community Colleges."

[Bristol-Myers Squibb Foundation](#) | New York City, NY

Catherine Grimes, Director

The Bristol-Myers Squibb Foundation promotes health equity and seeks to improve the health outcomes of populations disproportionately affected by serious diseases by strengthening health care worker capacity, integrating medical care and community-based supportive services, and mobilizing communities in the fight against disease.

The Foundation engages partners to develop, execute, evaluate and promote innovative programs to help patients with lung cancer in the United States; HIV and comorbid diseases such as cervical and breast cancers, tuberculosis and mental health disorders in sub-Saharan Africa; hepatitis B and C in China and India; veterans' mental health and well-being in the U.S.; and type 2 diabetes in the U.S., China and India. The Foundation also is working to build cancer nursing capacity in Central and Eastern Europe; and to expand access to specialty care for vulnerable populations with lung cancer, skin cancer or HIV in the U.S.

[Caring for Colorado Foundation](#) | Denver, Colorado  
Chris Wiant, President and CEO

Caring for Colorado, together with our partners, is committed to improving health systems, focusing on population health and prevention and working to solve the most pressing health needs of vulnerable and underserved populations in the state. The foundation serves as a catalyst, building consensus and coalitions to create sustainable health system improvements.

[Christopher & Dana Reeve Foundation](#) | Short Hills, NJ  
Shannon O'Connor, Multicultural Program Coordinator

The Reeve Foundation is dedicated to curing spinal cord injury by funding innovative research, and improving the quality of life for people living with paralysis through grants, information and advocacy. The Christopher & Dana Reeve Foundation's roots stretch back to 1982 when the American Paralysis Association was formed by a group of people that refused to accept the prevailing notion that the spinal cord, once injured, could not be repaired. The founders of the American Paralysis Association had an unwavering belief that researchers and neuroscientists, working together, would find a way to connect and regenerate the damaged nerves and cells that result in paralysis.

Christopher sought out the organization following his injury in 1995. As Christopher said, "I have always been a crusader for causes I believe in. This time, the cause found me." Christopher shared the American Paralysis Association's belief in a cure and lent his name, passion and drive to the organization which ultimately became known as the Christopher & Dana Reeve Foundation. The Christopher & Dana Reeve Foundation was born and grew exponentially reshaping the world of spinal repair research. Under his guidance, the Reeve Foundation's research programs have tripled and today spans from very basic science (molecular and cellular research) to clinical application (testing and delivering promising therapies to patients).

And while ardent research continued, Dana Reeve established the Quality of Life Grants Program to aid organizations working to enhance the quality of life for those living through the

day-to-day challenges of disability. In order to address individual quality of life needs, Christopher and Dana co-founded the Christopher and Dana Reeve Paralysis Resource Center.

**Claude Worthington Benedum Foundation** | Pittsburgh, PA  
Kim Tieman, Program Officer

The Claude Worthington Benedum Foundation’s mission is to encourage human development in West Virginia and Southwestern Pennsylvania through strategically placed charitable resources.

The following principles guide the Foundation’s grants programs in those regions:

- We honor Michael and Sarah Benedum’s belief in “helping people help themselves,” and we seek opportunities to cultivate the creativity of people and communities.
- We nurture leadership within the communities we serve, and we participate in leadership when it adds value.
- We encourage planning, projects and programs that cross geographical and political boundaries so that access to services and economic growth is maximized.
- We expect collaboration among the public, private and nonprofit sectors in order to leverage the resources that each can bring to common concerns.
- We strive to advance innovative practices that demonstrate measurable and sustainable benefit.
- We seek projects that contribute to advancement in public policy.

In seeking to achieve our mission and acknowledging lessons learned in 70 years of grantmaking, the Foundation has identified its role as follows:

“The Foundation largely takes on the agenda of the people we serve. Our business is to help people help themselves. This is not intended to suggest that the Foundation’s role is passive. To the contrary, we go out into the field and listen closely. We build strong and supportive relationships with grantees. We provide technical assistance. We broker ideas and institutions. We create partnerships. We undertake analyses of issues and problems and we promote public awareness of them. We help to build broad consensus for change. We seek to empower people to develop their own capacity and the capacity of their institutions to succeed. We leverage not only funds but interest, involvement, and commitment.”

**The Colorado Health Foundation** | Denver, CO  
Erica Snow, Senior Program Officer for Health Coverage

The Colorado Health Foundation’s mission is to improve the health and health care of Coloradans by increasing access to quality health care and encouraging healthy lifestyle choices. We do this by focusing on three outcome areas: healthy living, health coverage and health care.

The Colorado Health Foundation makes grants statewide. Because 48 of Colorado’s 64 counties are designated rural or frontier counties, we’ve made significant investments in rural health issues in each of our focus areas. Highlights from our health care investments include

supporting safety net and rural health clinic infrastructure and capacity; connecting clinics to the state-designated health information exchange network; and attracting and retaining physicians in rural areas through a physician loan repayment program. Our health coverage investments include supporting a statewide assistance network, with many assistance sites located in rural areas, to provide outreach and education for health insurance enrollment through technology and in-person assistance, as well as supporting health advocates reaching rural Coloradans. Our healthy living investments include supporting quality physical education and activity and healthy food and beverages in early childhood settings and schools; and ensuring communities have access to affordable healthy food and safe, affordable options for physical activity.

**[Con Alma Health Foundation](#)** | Santa Fe, NM

Dolores E. Roybal, Executive Director

Con Alma Health Foundation is the largest foundation in New Mexico dedicated solely to health. We work to improve health while placing an emphasis on supporting rural, tribal, and culturally diverse communities. Our service area is New Mexico, a primarily rural, majority-minority state. We also partner with several national organizations to promote health and health equity such as Grantmakers in Health (GIH) and the National Alliance for Health Equity Funders, among others. Con Alma's major focus areas include advancing health equity and rural health.

Examples of grants/initiatives include:

- ❖ Access to Health Care: BluePrint for Health – comprehensive work plan to implement health care reform (ACA) in New Mexico; and support for culturally appropriate services
- ❖ Healthy People, Healthy Places: local-national collaboration to advance health equity through built environment and food access policy with a focus on low-income communities, rural communities, and communities of color to help ensure all people can live, work, and play in healthy communities
- ❖ Workforce Development: to support Community Health Workers, mid-level oral health providers, midwifery, and caregivers; the Nursing Diversity Project – to increase the diversity of the nursing workforce; and public-private collaboration on how to recruit and retain primary-care health professionals in rural communities and the state
- ❖ Technical Assistance: to build rural capacity and increase effectiveness
- ❖ County/Tribal Health Councils: support for the NM Alliance of Health Councils to identify local health needs, and plan and coordinate solutions to address those needs

**[COPD Foundation](#)** | Washington, DC

Craig Kephart, Executive Director

Jamie Sullivan, Senior Director, Public Policy and Advocacy

The COPD Foundation was established to undertake initiatives that result in expanded services for COPD and improve the lives of individuals affected by COPD. The Foundation's activities focus on achieving these results through research, education and advocacy programs that will lead to prevention, and someday, a cure for this disease. Chronic Obstructive Pulmonary Disease

is a preventable and treatable disease. The COPD Foundation has been established to speed innovations which will make treatments more effective and affordable, undertake initiatives that result in expanded services for COPD patients, and improve the lives of patients with COPD and related disorders through research and education that will lead to prevention and someday a cure for this disease. The COPD Foundation's mission is to prevent and cure Chronic Obstructive Pulmonary Disease and to improve the lives of all people affected by COPD.

[The Democracy Collaborative](#) | Takoma Park, MD

David Zuckerman, Manager, Healthcare Engagement

Katie Parker, Research Associate

The Democracy Collaborative works to carry out a vision of a new economic system where shared ownership and control creates more equitable and inclusive outcomes, fosters ecological sustainability, and promotes flourishing democratic and community life.

We are a national leader in equitable, inclusive and sustainable development through our Community Wealth Building Initiative. This initiative sustains a wide range of Advisory, Research and Field Building activities designed to transform the practice of community/economic development in the United States. We also host the Next System Project, ongoing intellectual work designed to connect Community Wealth Building to the larger context of systemic economic transformation.

Our staff and associates are involved in a wide range of projects involving research, training, policy development, and community-focused work designed to promote an asset-based paradigm of economic development and increase support for transformative strategies among community stakeholders, anchor institutions, and key policymakers. As the premier innovator and leading national voice in the field of Community Wealth Building, we are known for our research and advisory services, as well as informing public policy, promoting new models and strategies, and establishing metrics to advance the field.

Throughout this work, our mission is to catalyze the transformation of our economy, working to build community wealth and create a next system anchored in democratic ownership and based on:

- Broadening ownership and stewardship over capital
- Democracy at the workplace
- Stabilizing community and emphasizing locality
- Equitable and inclusive growth
- Environmental, social, and institutional sustainability

[DentaQuest Foundation](#) | Boston, MA

Marcia Brand, Senior Advisor, National Policy and Programs

The DentaQuest Foundation was established in 2000. Our mission is to improve the oral health of all. The Foundation collaborates with partners in communities across the United States, connecting key stakeholders, raising awareness, and supporting solutions.

We seek to achieve our mission by investing our efforts in four systems — Policy, Funding, Care and Community.

In our vision of success:

- Populations have better oral health and less disease through greater access to quality care and prevention.
- Providers (dental and non-dental) and Patients work together to effectively prevent and manage oral disease.
- Reimbursement (public and private payers) is based on improved outcomes rather than procedures.
- Private funders achieve greater system and community impact to improve oral health.
- Policymakers have a clear vision of an optimal health system that includes oral health and have sound data and best practices to make policy and funding decisions.

**The Dorney-Koppel Family Charitable Foundation, Inc.** | Potomac, MD

Grace Anne Dorney Koppel, President

The principle focus of the Dorney-Koppel Family Charitable Foundation is Chronic Obstructive Pulmonary Disease, or COPD. It is, we sometimes observe, the Rodney Dangerfield of diseases. Like the comedian, “it don’t get no respect!” We have been focusing on rural health areas that have no pulmonary rehabilitation programs but have a high incidence of COPD.

Despite its unfortunate distinction of being the number 3 killer of Americans, (behind only heart disease and cancer), COPD remains a stepchild in the development of new pharmaceuticals. Over 15 million women and men have been diagnosed with COPD and another 13- 15 million have the disease but are as yet undiagnosed. The inhalers and bronchial dilators on the market are spin-offs from the world of asthma treatment. No new medicine unique to the treatment of COPD exists. There is no cure but treatments exist that improve quality of life. Our foundation is supporting research at Johns Hopkins and the Mayo Clinic and helping to fund rural pulmonary rehab centers since few exist outside major metropolitan areas.

No treatment does more for the COPD patient both physically and psychologically than a combination of existing medicines with a carefully supervised exercise and education program. It is with that conviction that our foundation has underwritten several pulmonary rehabilitation clinics in rural areas in Maryland and West Virginia, with more in development.

The worst thing that can happen to someone suffering from COPD is surrender; retreat to an armchair or couch, gaining weight, losing mobility, breath and hope.

The best thing that can happen, while researchers look for a cure, is the realization that modest effort under skilled supervision in a properly equipped pulmonary rehabilitation center enables

people in rural areas to live productive and fulfilling lives. That is the main goal of the Dorney-Koppel Family Foundation.

**Empire Health Foundation** | Spokane, WA

Brian Myers, Program Officer

Empire Health Foundation (EHF) serves Eastern Washington State and manages \$165 million of which \$86 million is reserved for philanthropy. Six of the seven counties served by EHF are rural. The vision of the Foundation is to transform these seven counties into the state's healthiest region while focusing specifically on the areas of access, education, wellness, research and public policy. EHF makes approximately \$4 million grants a year to assist those in underserved communities and invest in people to live healthier lives in rural communities.

Highlights include: EHF is designing and implementing a new, three year, \$4 million program with the goal of assisting rural senior citizens gain access to needed supports to remain in their homes and live with purpose and value throughout their later years. EHF catalyzed the introduction of healthy scratch cooking in six school districts including three rural, two suburban and one tribal and a pilot in an urban district resulting in a measurable drop in obesity. EHF is also partnering with child welfare, juvenile justice and K-12 professionals to develop joint action strategies to address Adverse Childhood Experiences. The Foundation has attracted over \$142 million to the region and state from federal and national funders. EHF has been leading the effort to coordinate health funders throughout the state to advance and develop Regional Health Improvement Collaboratives to optimize implementation of the Affordable Care Act locally. EHF was awarded \$858,000 by the Health Benefit Exchange to be the lead organization for a 14 rural county region to enroll underserved communities into health insurance. To date, the program has enrolled over 35,000 people, well over the 10,000 target. For more information on the Foundation, please visit <http://www.empirehealthfoundation.org/> or call 509-315-1323

**Episcopal Health Foundation** | Houston, TX

Shao-Chee Sim, Vice President for Applied Research

The Episcopal Health Foundation was established through the 2013 transfer of the St. Luke's Episcopal Health System by the Episcopal Diocese of Texas to Catholic Health Initiatives. The Foundation works to improve the health and well-being of the 10 million people in the 57 counties of the Diocese. We embrace the World Health Organization's broad, holistic definition of health: a state of complete physical, mental and social well-being and not merely the absence of disease.

After much discernment and planning, we developed priority areas of focus, goals and strategies for our work. This all lead to our strategic plan. The plan is the product of extensive research and input from multiple stakeholders gathered over eight months as we identified opportunities for the Foundation to make a meaningful impact on community health within the Diocese.

As we begin our work, we look forward to partnering with organizations throughout the region to achieve healthy communities for all. We invite you to review our plan and connect with us through this website and on social media.

[Eyesight Foundation of Alabama](#) | Montgomery, AL  
Caroline Montgomery Clark, Statewide Coordinator

The foundation was created in 1997 after the sale of the Callahan Eye Hospital in Birmingham, Alabama, to the University of Alabama at Birmingham.

ESFA awards grants in the following areas:

- Public education regarding preventive and routine eye care and vision screening
- Eye care for the medically indigent
- Low vision and rehabilitation service
- Improved geographical access to general and specialty eye care services
- Education and training of eye care professionals and scientific investigators
- Research in the prevention and treatment of eye diseases, disabilities or impairment prevalent in Alabama and the development of effective methods of treatment, surgery or rehabilitation
- Basic science research on the visual system

[The Foundation for Community Health](#) | Sharon, CT  
Nancy Heaton, CEO

The Foundation for Community Health (FCH) is a private, not-for-profit foundation dedicated to improving the health and well being of the residents of the greater Harlem Valley in New York and the northern Litchfield Hills of Connecticut with an emphasis on serving those most vulnerable.

To accomplish this mission, we:

- Work together with local healthcare and social service providers;
- Encourage innovation and evidence-based, effective practices;
- Focus on prevention, access and collaboration efforts;
- Collaborate with other foundations and with government;
- Advocate policy changes that improve health in rural areas; and
- Adhere to the highest standards of ethics and accountability.

The FCH's priority areas are, Mental Health, Oral Health, and Access to Health Services with a particular interest in improving rural healthcare delivery systems.

Since 2003, FCH has distributed almost \$9 million dollars in grants.

[Georgia Health Policy Center](#) | Atlanta, GA

Karen Minyard, Director and Associate Research Professor, Department of Public Management and Policy

Georgia Health Policy Center, established in 1995, provides evidence-based research, program development and policy guidance on local, state and national levels to improve health status at the community level. The center conducts, analyzes and disseminates qualitative and quantitative findings to connect decision makers with the objective research and guidance needed to make informed decisions about health policy and programs. Today the center is at work in more than 220 communities in all 50 states, helping our nation to improve health status.

**[The Kate B. Reynolds Charitable Trust](#)** | Winston-Salem, NC

Karen McNeil-Miller, President

Allen Smart, Director of Health Care Division

The Kate B. Reynolds Charitable Trust was established in 1946 upon the death of its benefactor – a member of the Reynolds tobacco family. The Trust’s mission is to improve the health and quality of life of the financially disadvantaged throughout the state of North Carolina. The Trust focuses its statewide health work in four major Issue Areas – Access to Care, Community-Based Prevention, Diabetes and Mental Health/Substance Abuse.

The majority (75%) of the Trust’s work is conducted in the state’s rural, low-income counties with a special \$100 million dollar, 10-year commitment to a select group of 10 to 15 counties under its Healthy Places NC Initiative. Established in 2012, Healthy Places NC works with the local community to identify and support long-term strategies to improve the health of those counties. As part of Healthy Places NC, the Trust is working with a number of in-state and national partners including KABOOM!, Nurse-Family Partnership, Reclaiming Futures, PACE and the University of Wisconsin’s County Health Rankings & Roadmaps project. The Poor and Needy Division responds to basic life needs and invests in solutions that improve the quality of life and health for financially needy residents of Forsyth County. The Health Care Division promotes wellness statewide by investing in prevention and treatment. Wells Fargo Bank, N.A. serves as sole trustee.

**[John T. Gorman Foundation](#)** | Portland, ME

Sara Gagne-Holmes, Senior Program Associate

Based in Portland, the Foundation long has reflected our founder’s desire to help and support disadvantaged Maine residents. A grandson of L.L. Bean, our founder, Tom Gorman, believed that his personal success was largely derived from the support he received from his family and community. After his death in 2010, the Foundation pledged to continue Tom’s commitment to strengthen families and help communities in our state. In 2012, we created a new five-year plan that was driven by demographic data and informed by interviews with key stakeholders statewide, visits to each county and conversations with local and national experts.

Since then, the Foundation has worked to sharpen its strategic grant-making, invest in ideas that address the causes of problems, and become a resource on four key issues. Over the next five years and beyond, the Foundation hopes to:

- Improve educational achievement for young Maine children

- Promote successful transitions to adulthood for vulnerable older youth
- Help struggling families to succeed
- Enable low-income seniors to remain in their own homes as long as they possibly can

Our work comes at a challenging time. Across our state, residents are falling behind because of population changes, a stagnant economy, and an exodus of young people searching for better opportunities. Too many people in Maine today experience poor educational outcomes, declining economic opportunity, and financial insecurity. Almost 40,000 children in our state are growing up in poverty, and less than a third of our fourth-graders read proficiently. More than a fifth of our young people drop out of school, and seniors in Maine live in poverty at higher rates than the national average.

These are serious challenges, and we believe that real progress will not be made through grant-making alone but by collaborating with others to share promising ideas and by capitalizing on our state's considerable assets. There is much to build on. Leaders from the business, nonprofit, philanthropic and civic sectors increasingly want to work together to adopt new ideas and advance innovative policies. And across the state, nonprofits increasingly want to achieve better results for the people they support.

While we continue to modestly support direct services that meet people's immediate needs, the Foundation tries to achieve lasting, far-reaching results by:

- Investing in innovative nonprofit organizations and agencies that produce results
- Using data and rigorous evaluation to inform and guide our work
- Helping to build the capacity of Maine service providers and others
- Advancing systemic reform through investments in policy analysis and advocacy
- Developing new public and private partnerships in Maine and nationwide to attract additional funding and support
- Advancing promising research, ideas, and thinking around our issue areas.

Because our goals are ambitious, we invite you to join us to improve opportunities for our most vulnerable neighbors.

[Maine Health Access Foundation](#) | Augusta, ME

Charles Dwyer, Program Officer

The Maine Health Access Foundation's mission is to *promote access to quality health care, especially for those who are uninsured and underserved, and improve the health of everyone in Maine*. To achieve our mission, MeHAF focuses grantmaking, program support and staff resources on four strategic priorities: Advancing Health System Reform, Promoting Patient-Centered Care, Improving Access to Quality Care, Achieving Better Health in Communities. Since 2002, MeHAF has awarded more than \$50 million in grants and program support to over 300 non-profit and public organizations across Maine's sixteen counties. In 2013, MeHAF took on a new role to let Maine people know about the health insurance options available under the Affordable Care Act by creating [enroll207.com](http://enroll207.com), a Maine gateway to the new Health Insurance Marketplace.

Maine is the largest state in New England, with a land mass nearly equivalent to the other regional states combined. Maine is the most rural state in the country according to the 2010 U.S. census definition of percentage of population living in non-urban areas. Over 60% of Maine's population lives in rural areas. Maine also has the highest median age in the country, 43.5 years,

which compounds the issues and challenges inherent in addressing rural health and health care needs.

**[The Medical University of South Carolina](#)** | Charleston, SC

Amy Brock Martin, Director, Division of Population Health

The Department of Public Health Sciences (formerly Division of Biostatistics and Epidemiology/DBE) creates an environment that continually provides opportunities and challenges for novel and creative approaches and solutions to biomedical research. The faculty with diverse backgrounds and expertise in biostatistics (including Bayesian methods, clinical trials designs, missing data handling, survival analyses, clustered data analyses), epidemiology (including cancer, central nervous system injury, neurological disorders, autism, diabetes, infectious diseases), and behavioral and social sciences provides a synergistic environment for students to actively pursue cross-disciplinary methodological and applied research in public health.

The newly revised curriculum emphasizes strong quantitative training to ensure that all DPHS students will be equipped with the necessary skills and knowledge to design and conduct scientifically sound research. Our students successfully compete in student paper competitions at the local (e.g., MUSC Student Research Day), regional (e.g., SC Chapter of the American Statistical Association) as well as national (e.g., ENAR Biometric Society, Society for Clinical Trials, Society for Epidemiological Research) levels. All qualified PhD students are supported either by institutional stipend, training grants, or research grants from NIH and other sources that cover tuition and stipend. Many, if not most, of our trainees graduate with certain employment in academia (e.g., Cleveland Clinic, U. of Arkansas, Penn State, U. of Maryland, Rush Medical Center) , government (e.g., NIH, FDA, EPA), and private sectors (e.g., Novartis).

Public Health Sciences offers a friendly and supportive environment. The faculty members are very generous with their time in mentoring students, and the Social Committee actively involves the graduate students in the planning and participation of the events. The Graduate Student Association within the College of Graduate Studies as well as other such groups in the University afford our students opportunities to network with medical students as well as graduate students in other disciplines.

Finally, many students find Charleston a very attractive location in which to live with a mild climate and beautiful beaches nearby. Charleston is an historic city with charming architecture, great restaurants, many museums, and a variety of outdoor activities that graduate students enjoy in their free time.

**[Methodist Health Ministries of South Texas, Inc.](#)** | San Antonio, TX

Rebecca Brune, Senior Vice President, Strategic Planning

Methodist Healthcare Ministries of South Texas, Inc. is a private, faith-based, not-for-profit organization dedicated to providing medical, dental and health-related human services to low-income families and the uninsured in South Texas. These services include primary care medical and dental clinics, support services like counseling, case management and social services, family wellness and parenting programs and church-based community nursing programs.

Methodist Healthcare Ministries also works with similarly focused organizations and state government in developing more socially conscious public policy. The purpose is to change legislative perspectives and policies so that the root of the problems of the underserved is addressed for the long-term. In addition, Methodist Healthcare Ministries provides financial support to established organizations that are already effectively fulfilling the needs of the underserved in local communities through programs and services that they already operate.

[Missouri Foundation for Health](#) | St. Louis, MO

Matthew Kuhlenbeck, Program Director

Thomas McAuliffe, Director of Health Policy

The Missouri Foundation for Health (MFH) is an independent philanthropic foundation dedicated to improving the health of people in our region. MFH works as a change maker, educator, and partner to promote community health and increase access to care for the uninsured and underserved. Our work is organized into three portfolios: Targeted, Responsive, and Policy. In our Targeted Portfolio, we are committed to visible, measureable improvements in Missouri through five to ten year financial and staff investments in Expanding Coverage, Oral Health, Infant Mortality, and Childhood Obesity. Our Responsive Portfolio is designed to respond to communities' particular health needs through support for health-focused organizations and community developed projects with potential for scale-up and impact. Our Policy Portfolio promotes state-level policy and analysis to support quality, affordable health care and promote health for underserved Missourians.

The MFH service region includes 85 of Missouri's counties, 62 of which are considered large rural, small rural, or isolated. These areas constitute 72% of Missouri's physical landscape. Given their unique challenges and opportunities MFH places specific focus on rural and isolated communities in each of its funding portfolios. Efforts in rural areas have demonstrated these communities to be some of the most resilient and creative change-makers in promoting community health and increasing access to health services in our service area.

[National Medical Fellowships, Inc.](#) | New Orleans, LA

Joy L. Jones, Program Director, GE-NMF PCLP

National Medical Fellowships (NMF) is a nonprofit organization dedicated to increasing the number of underrepresented minority physicians and other professionals in the healthcare workforce in order to improve access to quality healthcare in medically under-served communities.

NMF seeks to increase the pipeline of doctors, nurses and physician assistants who have the professional knowledge, cultural competency and commitment to provide quality healthcare for all members of our diverse society.

NMF achieves this by:

- Providing scholarships and awards to underrepresented minority medical students;
- and Offering service-learning programs to students of the health professions.

[The Network for Public Health Law](#) | St. Paul, MN  
Director, Northern Region

The Network for Public Health Law provides insightful legal assistance, helpful resources and opportunities to build connections for local, tribal, state and federal officials; public health practitioners; attorneys; policy-makers; and advocates. Organizations and individuals committed to improving public health can join the Network.

In 2014, the Network made great strides in providing knowledge, tools and resources to help in the development, evaluation and enforcement of law and policy to improve health outcomes. The Network grew to over 4,300 Joiners, answered over 500 technical legal assistance requests and reached more individuals from local and county health agencies than ever before.

The Network is comprised of public health attorneys and practitioners located at a National Coordinating Center and five Regional Centers — Northern, Eastern, Mid-States, Southeastern and Western — in order to provide both local and national support.

[New York State Health Foundation](#) | New York, NY  
Brian Byrd, Program Officer

The New York State Health Foundation (NYSHealth) is a private, statewide foundation dedicated to improving the health of all New Yorkers. To achieve meaningful impact, NYSHealth makes grants, informs health care policy and practice, and spreads effective programs that work to improve New York's health system. Today, the Foundation concentrates its efforts in three priority areas: expanding health care coverage, improving diabetes prevention, and advancing primary care.

The Foundation has invested in efforts to expand access to high-quality primary care services in rural communities by helping community health centers grow to add more services, open new sites, and serve more patients; supporting telehealth initiatives; and supporting efforts to improve diabetes care and management. NYSHealth also has made grants to expand health insurance coverage options for rural small business owners and dairy farmers. Most recently, the Foundation and the University of Rochester Medical Center launched a Project ECHO pilot that focuses on geriatric mental health in western and northern rural New York. This is a disease management model that equips rural and remote primary care providers with the capacity to safely and effectively treat complex diseases. The ECHO model is designed as a provider peer-to-peer training program that equips primary care providers to serve as local “specialists” by linking primary care providers with a virtual learning community of multi-disciplinary specialty faculty at academic medical centers through teleconferencing. This pilot, the first of its kind in New York State, seeks to give the primary care provider the enhanced and on-going knowledge and experience to treat geriatric mental health diseases expertly, with backup from the academic medical center.

[NORC at the University of Chicago](#) | Bethesda, MD  
Alana Knudson, Co-Director, Walsh Center for Rural Health Analysis

The Walsh Center for Rural Health Analysis' mission is to conduct timely policy analysis, research and evaluation that address the needs of policy makers, health care workforce, and the public on issues that affect health care and public health in rural America. The Center is named in honor of William B. Walsh, M.D., whose lifelong mission was to bring health care to underserved and hard-to-reach populations. Founded in 1996 by Project Hope, the Walsh Center is now part of NORC's Public Health Research department.

[NRHA Foundation](#) | Leawood, KS | Washington D.C.  
Alan Morgan, Chief Executive Officer  
Tim Size, Co-Chair

Established in 2011, the Foundation is serves as the national fundraising and policy development resource in support of NRHA programs and activities. As a non-profit 501c3 entity, the Foundation funds initiatives both internally and externally of the NRHA which develop rural health community leadership and capacity.

Guided by the belief that rural Americans should have access to affordable and quality healthcare, the Foundation seeks to promote programs and activities which empower rural communities to achieve greater health status.

[The Pew Charitable Trusts](#) | Washington, D.C.  
Jessica Black, Director, Kids' Safe and Healthful Foods Project  
Whitney Meagher, Senior Associate, Kids' Safe and Healthful Foods Project  
Emily Bever, Associate, Health Impact Project

The Pew Charitable Trusts is driven by the power of knowledge to solve today's most challenging problems. Pew applies a rigorous, analytical approach to improve public policy, inform the public and invigorate civic life.

[Provide Foundation](#) | Cambridge, MA  
Wyndi Anderson, Senior Director of Programs

*Provide* empowers and educates health and social service providers to be able to give the care and support women facing unintended pregnancy need. Our work is rooted in the on-the-ground realities of women's lives and of the systems and resources that are available to them. It is guided by our conviction that everyone has a role to play in supporting women's access to abortion. We believe accessible abortion is one of the essential components of women's dignity, autonomy, and well being. By empowering health and social service providers to respond to women's needs in a way that is rooted in patient and client-centered care, instead of abortion's moral and political controversies, we can help normalize abortion, generate empathy, and build capacity where it is most needed.

[The Rapides Foundation](#) | Alexandria, LA  
Annette Buechler, Director of Programs and Communications

On September 1, 1994, a reservoir of almost \$150 million was used to create what was then the largest endowed charitable foundation in Louisiana, The Rapides Foundation. Although new to

Central Louisiana as a grantmaking organization, The Rapides Foundation stems from a legacy of healthcare and community service that spans several decades. The Foundation continues to own a 26% interest in Rapides Healthcare System. This ownership level enables the Foundation to ensure community benefit through local governance. The Foundation's current asset total is \$230 million.

The mission of The Rapides Foundation is to improve the health status of Central Louisiana, which includes nine rural, low-income parishes/counties. Its funding priorities include healthy people, education and healthy communities. The Rapides Foundation has invested more than \$36 million in its most recent five-year initiative strategic plan and more than \$126 million since inception in the communities it serves. The current initiatives focus on health behaviors such as tobacco prevention and control and diet and physical activity; access to care for the under and uninsured; educational achievement and attainment in K-12 public schools; and community and economic development activities. Specific rural health access investments include: Low and no cost chronic condition medications for low-income, uninsured through the Cenla Medication Access Program (CMAP); Free cancer screenings for low-income, uninsured through a partnership with CMAP and the LSU Health Sciences Feist-Weiller Cancer Center; Registered Nurse to Advanced Practice Registered Nurse training support with primary care service requirement; Charity Hospital closure/transition leadership , technical assistance and support.

[REACH Healthcare Foundation](#) | Merriam, KS

Bill Moore, Vice President of Program and Evaluation

The REACH Healthcare Foundation is a nonprofit charitable organization dedicated to improving access and quality of health care for poor and medically underserved individuals through financial support of programs and initiatives.

Our Mission:

To advance equity in health care coverage, access and quality for poor and underserved people.

Core Values:

In our work and interactions with the foundation and its Board and staff adhere to a set of core values that begin with the belief that *all people deserve access to the health care they need*. The foundation also commits to:

- Serve as a leader and community catalyst for health care change.
- Demonstrate inclusiveness, respect and appreciation for the backgrounds, differences and points of view of others. (See Foundation [Diversity and Inclusion Policy](#))
- Promote open dialogue and collaboration to share knowledge and create strategic alliances.
- Foster an environment of positive change through innovation, creativity and continuous improvement.
- Act ethically, with integrity, accountability and attention to excellence.
- Fund change, not just need, in order to create hope and a true system of care for our communities' poor and underserved populations.

[Rural Wisconsin Health Collaborative](#) | Sauk City, WI

Jeremy Levin, Director of Advocacy

Incorporated in 1979 as the Rural Wisconsin Hospital Cooperative, RWHC has received national recognition as one of the country's earliest and most successful models for networking among rural hospitals. Today, the work continues as the renamed Rural Wisconsin Health Cooperative responds to the needs of its diverse members and their communities.

RWHC serves as a catalyst for statewide collaboration and a progressive, creative force on behalf of all rural health constituencies. Owned by thirty-nine non-profit rural acute, general medical-surgical hospitals, RWHCs charge is twofold: advocacy for rural health at the State and Federal levels, and shared service development for member hospitals as well as external customers. The Core Values of trust, collaboration, creativity, excellence, pride, openness, individual development, productivity, and responsibility continue to define the work of RWHC and its members.

RWHC's advocacy agenda is as follows:

1. Federal healthcare reform that recognizes rural realities.
2. Fair Medicare and Medicaid payments to rural providers.
3. Federal and State regulations that recognize rural realities.
4. Retain property tax exemption for nonprofit hospitals.
5. Solve growing shortage of rural physicians and providers.
6. Bring rural voice to regional provider networks & payers.
7. Bring a rural voice into the quality improvement movement.
8. Continue push for workplace and community wellness.
9. Strong link between economic development and rural health.

[Sisters Health Foundation](#) | Parkersburg, WV  
Cynthia Drennan, Executive Director

Our mission is to promote healthy and sustainable communities by providing resources, strengthening collaborative relationships, and supporting initiatives that impact people in the Mid-Ohio Valley. Three main focuses are Oral Health, Healthy Lifestyles, and Health Equity.

[Staunton Farm Foundation](#) | Pittsburgh, PA  
Joni Schwager, Executive Director

The Staunton Farm Foundation is a family foundation established in 1937 in accordance with the wishes of Matilda Staunton Craig, who wanted her estate to be used to benefit people with mental illness.

Following the direction set in her will and in response to current needs, the Trustees of the Staunton Farm Foundation make grants to support treatment, services, and systems improvements for children, youth, and adults with behavioral health issues. Grants are limited to non-profit organizations that benefit people in ten counties of Southwestern Pennsylvania:

Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, Westmoreland

The Foundation is dedicated to improving the lives of people who live with mental illness and/or substance use disorders. The Foundation works to enhance behavioral health treatment and support by advancing best practices through grant making to non-profit organizations in ten southwestern Pennsylvania counties.

[United Methodist Health Ministry Fund](#) | Hutchinson, KS

Kim Moore, President

Formed in 1987, United Methodist Health Ministry Fund aims to create “healthier Kansans through strategic and cooperative philanthropy, guided by Christian principles.” Current strategic areas are young children’s emotional and behavioral health, young children’s healthy lifestyles (physical activity, nutrition and breastfeeding) and access to primary care. The Health Ministry Fund also supports congregational health ministries in more than sixty Kansas United Methodist churches.

A major part of its work in access to primary care is building a stronger health care delivery system in rural Kansas. The rural health system work has involved an advisory group of thirty Kansans considering the various challenges faced by decidedly rural areas. In 2013, the Health Ministry Fund, with the support of five other funders, launched a rural health system improvement pilot project (see [ruralhealthopportunity.org](http://ruralhealthopportunity.org)) engaging four rural communities in extensive data gathering, analysis, planning and proposal development for changes toward a system more equipped for long-term viability with lower costs, enhanced access, improved quality and a population focus. This three-year effort is utilizing community leadership teams to define essential health services, propose an infrastructure to implement those services using all available resources, and pilot those designs for learning and potential replication.

[University of Wisconsin Population Health Institute](#) | Madison, WI

Julie Willems Van Djik, Deputy Director, County Health Roadmaps

The University of Wisconsin Population Health Institute’s mission is to translate public health and health policy research for policy and practice and serves as the home of the Robert Wood Johnson Foundation-funded *County Health Rankings & Roadmaps* program. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what’s making people sick or healthy. The *County Health Roadmaps* show what we can do to create healthier places to live, learn, work and play. The CHR&R program creates solutions that make it easier for people to be healthy in their own communities, focusing on specific factors that we know affect health, such as education, income and behavior.

The *County Health Rankings* indicate that rural communities are faring worse than other communities in both summative rankings and twelve individual measures contained in the *Rankings*, including years of potential life lost, obesity, and children in poverty. In response to this reality, the *County Health Roadmaps* program has provided technical assistance to a number of rural communities and stands ready to assist more rural communities in their efforts to improve health.

In the early 1970s, the University of Washington took on a bold challenge to train and prepare physicians to care for patients and communities throughout the WAMI states, Washington, Alaska, Montana and Idaho (Wyoming joined in 1996). Today, this regional medical education program known as WWAMI (an acronym representing the states it serves) is heralded as one of the most innovative medical education and training programs in the country. The program has five primary goals:

- provide publically supported medical education
- increase the number of primary-care physicians
- provide community-based medical education
- expand graduate medical education (residency training) and continuing medical education
- provide all of this in a cost-effective manner
- 

The program has been recognized by the Association of American Medical Colleges with the Outstanding Community Service Award and has been identified as the nation's top primary-care, family medicine and rural medicine training school by *U.S. News & World Report* for the past 23 years.

A majority of the students training in the program choose to remain and practice medicine within the five-state region, and over half choose careers in primary care, helping to stem the shortage of primary care physicians, especially in rural areas. More than 20 percent of the population in the five Pacific Northwest states lives in rural and largely underserved communities.