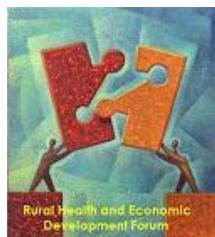


Rural Health Development Council Meeting Notes



Wednesday, September 12, 2012

10:30 a.m. – 2:30 p.m.

Medical College of Wisconsin

Milwaukee, WI

Present:

Syed Ahmed, *Medical College of Wisconsin*

David Bingaman, *US Health Resources & Services Administration*

Blane Christman, *Chippewa Valley Technical College*

Terry Cohn, *Community Health Connections, UW School of Medicine and Public Health*

Brian Deaner, *USDA Rural Development*

Anne Dopp, *WI Division of Public Health*

John Eich, *WI Office of Rural Health*

Christina Ellis, *Healthier Wisconsin Partnership Program*

Deborah Fugenschuh, *Donor's Forum of Wisconsin*

Sarah Grosshuesch, *Adams County Public Health*

Kevin Jacobson, *WI Office of Rural Health*

Mary Jo Knobloch, *Wisconsin Partnership Program (by phone)*

Jeremy Normington-Slay, *Moundview Memorial Hospital & Clinics*

Leslie Patterson, *Medical College of Wisconsin*

Tammie Richter, *Upland Hills Health*

Mary Anne Snyder, *Children's Trust Fund*

Rhonda Strebel, *Rural Health Initiative, Inc.*

Jackie Szehner, *Community Care of Central Wisconsin*

Barb Theis, *Juneau County Health Department*

Charlie Walker, *Chippewa County Economic Development Corporation*

Thomas Walsh, *WI Department of Workforce Development*

John Eich convened the meeting at 10:33 and began with a description of the Council and introductions.

John reviewed the meeting topic; to convene stakeholders to have a conversation about grant making and rural communities. This issue came from the last Council meeting in Adams County, where rural grantees expressed concern about "right sizing" grants for rural communities. On the other hand, some funders say they struggle to find grantees. What's working and not working for communities and funders?

Tammie Richter outlined several challenges rural organizations face:

- We have an issue of staffing. Many hospital foundations are a one person office with multiple roles.

- If we get grants, they are usually only a year and then there are no local funders to sustain the projects.
- Requiring coalitions and finding partners can be a struggle in rural communities.
- Some organizations have little experience managing grants.
- There is little money for equipment, just for projects.
- There is increasing emphasis on outcomes and we struggle to collect that data.
- A uniform method of letting everyone know of funding opportunities would help. Not all the relevant organizations know about opportunities.

Mary Anne Snyder asked if funding and assistance to help develop coalitions would be valuable. John observed that we used to depend on public health departments to do a lot of this work, but funding has been cut. Mary Anne noted that some county boards don't want grants because then they're accountable for the project. And Barb Theis said it's also a challenge getting board members interested in health. Roads and similar projects are more popular among board members. Anne Dopp noted that the WI Primary Health Care Association got funding for community incubators to develop community health center proposals. This was very successful, built on the business incubator model. Syed Ahmed added that the Healthier WI Partnership Program has a one year development grant so communities can build coalitions and then apply for a five year implementation grant.

Barb Theis noted that rural organizations often look to the health department to provide an in kind match for grants, but we don't have the staff or resources for that. Public health staff aren't necessarily good grant writers, that's not their primary focus. Preparing competitive proposals requires someone who can develop and refine those skills and they are difficult to find in a rural community. There's also a reluctance to apply for large grants because of their scope and requirements. There's a comfort zone with smaller grants. We see grants targeted for rural and sometimes those that receive them we don't view as rural. She had several suggestions for funders:

- Target more grants for rural.
- Develop a center of excellence to develop rural capacity.
- Encourage rural communities to collaborate to apply for larger grants.

Mary Jo Knobloch said that sharing prior successful proposals was valuable in her work with communities to build capacity. A grant writer could also help. It's hard to find good grant writers and managers and when we do, they often get that experience and move on.

Tammie Richter and Deborah Fugenschuh suggested technical colleges as a grant writing resource. It might be advantageous for funders to involve them. They all have strong development programs and may be able to help build capacity. Another suggestion to build capacity was a circuit rider system where someone goes from community to community within a region, doing prospect research and reviewing proposals. This could be funded by a granting organization and maybe some fees from clients. Charlie Walker asked if the cost of developing or writing a grant can be paid with grant funds? (No, but maybe that's something to consider.)

Rhonda Strebel said her organization has survived without grants. We can't compete because we don't have that skill. And we know we'll have to replace that money when the grant ends. Why

even put the time into it? Whether it's \$1,000 or \$40,000, it takes a lot of time. It's hard when you're only one person. Plus you have to take time to build coalitions, track outcomes. The large grants can be intimidating.

Jeremy Normington-Slay said we see grants as helping us to do additional programming on top of what we do for community health reasons. It seems public health departments need grants just to do their job. Being 49 out of 50 states in public health funding is not sustainable. The case must be made to the legislature for more funding but that opens up the question of where it will come from. The WI Hospital Association may be able to lobby on that. John Eich added that it could be in the hospitals' best interest to approach the legislature to increase public health funding, improve prevention efforts and raise public health outcomes. Maybe what's needed is not a grant writer but a project designer--planning, logic model creation, identifying and measuring outcomes. Mary Jo Knobloch suggested that technical assistance could be provided throughout the project from grant writing to management and assuring good outcomes.

(there was conversation here while I was getting lunch)

Rhonda Strebel observed that their organization has need of operating and sustaining funds but there isn't grant money for that. Most grants are for new projects and we don't do that unless we go into a new county. We see the people in the universities as being in the ivory tower and out of touch. There are cultural differences between rural and urban and funders may not always have an understanding of those differences. Leslie Patterson said that there's a need for academic programs to connect with the communities. There need to be more opportunities to network with rural, like a conference we hosted last spring for that purpose. Most rural partners at the meeting didn't know about us. Christina Ellis added that the Partnership Programs were set up to offer that kind of assistance by bringing together communities and faculty academic partners who can provide that support. Through our funding review process we try to identify grants that have some technical problems but they have passion for their project.

Mary Jo Knobloch described the Partnership Program model. We have four tiers of programs, for example partnership development grants up to \$50,000 and two or three year implementation grants up to \$150,000. Communities can move through the funding tiers from developing the project and relationship with the academic partner to the complete implementation grant. Right now both partnership programs are beginning to develop our next five year plans so this is a timely conversation. There are ideas here that we will take to our boards for possible inclusion into those plans. Terry Cohn added that another possible model is for a community to start with a WI Office of Rural Health Community Grant, move onto one of the Partnership Program's grant series and then onto a UW Institute for Clinical and Translational Research grant.

Sarah Grosshuesch talked about the challenges of hiring staff to implement programs. There is a limited pool of qualified applicants in rural. Because of county budgeting a position may not be secure which also limits potential hires. We have to submit all grant proposals to the county board for approval and that has to be built into our budget. Some board members feel that a grant funded position will be kept on after the grant on the county budget and are reluctant to approve grants. They may put sunset clauses for the postings into their approval.

David Bingaman said this is a discussion I've heard in other states. I've heard not just the challenges and difficulties but also some solutions. Tribes have similar challenges. A model some have adopted is to pool funds and hire a grant writer and an epidemiologist. Wisconsin is low on

many public health funding measures, both state and federal. There needs to be advocacy at the state and federal level for more funding. Wisconsin isn't getting its fair share of federal funds. Because of the great demand for federal grant money, there are thousands of applications. There are more high quality proposals and the bar is very high. Grant writers can charge \$40-\$50k. I understand that given all this there is reluctance by rural to apply for these grants.

Mary Anne Snyder said the Children's Trust Fund will announce a new program soon, \$10,000 venture or incubator grants. The Board has begun asking how to get more rural grants out, maybe targeting, but we have to take geographic distribution into account. There are statutory requirements for a match from the organization for our grants. The Board said it's important grantees have skin in the game, but I want to take up this conversation again because there needs to be more flexibility.

Anne Dopp said that government funders are beginning to look at gaps and take those into consideration, such as areas that haven't received funding before. It's important for funders to be flexible. Tom Walsh added that Workforce Development can help with data requests. He's interested in hearing what rural data needs are.

John Eich asked for a summary of solutions to the challenge of rural communities securing grant funding:

- Interested in hearing what the Hospital Association would say to increasing public health funds.
- Flexibility in matching requirements. It's hard for rural to guarantee a match up front. Find an innovative way to measure match.
- Reward innovative ideas, like a business plan competition.
- After submitting a letter of intent and getting it accepted, the funder could provide a small amount (maybe \$2,000) to help with the grant writing.
- Technical assistance to help shape the proposal.
- Look outside the academic evaluation model.

The meeting ended at 2:30.