Background information for Rural Ozarks Health Initiative

The rural United States has often "suffered in silence" as most indicators of community vitality average less than their urban counterparts. Part of the challenge is that only 16 percent of our country's population lives in rural places, despite nearly 90 percent of the land categorized there. Poverty rates are higher, average age is higher, and even participation in the most recent recovery has lagged behind as evidenced by job growth.

Rural employment	Employed 1-16	Employed 1-17	Job loss/gain	%
Rural adj. to metro	12,935,506	12,901,788	<33,718>	<.3>
Rural non-adjacent	6,695,869	6,641,020	<54,849>	<.8>
Total U.S.	148,648,705	150,119,152	1,470,447	.99

- Bureau of Labor Statistics data

Rural Missouri mirrors many of those same trends. Specifically, rural Missouri has worse health outcomes in most major categories than state averages as well. According to biennial "Health in Rural Missouri" report provided by the Missouri Department of Health and Senior Services: *"An analysis of standard markers of health status, reveals that rural Missourians are overall less healthy than their urban counterparts and more likely to die at an earlier age. The 2004-2012 average life expectancy for rural areas was 76.8 years compared to 77.8 years for urban areas. The rural death rate for all causes during 2013 was 854.0 deaths per 100,000 residents, while in urban areas this rate was more than 10 percent lower, at 773.6 deaths per 100,000. Additionally, for all of the 10 leading causes of death, rural rates are higher than urban."*

Part of the challenge in rural areas is access to resources to help identify and address health issues.

According to the same report mentioned above: *"Rural Missourians continue to demonstrate increased levels of health risk factors which affect many of the health conditions discussed in this report. Compared to urban residents, rural residents report significantly higher rates of smoking (25.1 percent versus 18.7 percent), lower levels of physical activity (29.5 percent report no leisure-time physical activity versus 23.0 percent), increased rates of obesity (32.5 percent versus 29.8 percent)."*

The report also addresses causes for the disparity: *"Health care resources in rural Missouri are limited, even for those who have health insurance, have no financial difficulty, and have access to transportation. Of the 167 licensed hospitals in Missouri, 76 (45 percent) are located in rural areas. Of those 76 hospitals, nearly half (37) are Critical Access Hospitals, which have 25 beds or less and provide a limited scope of service. As regards access to primary health care services, the vast majority of rural counties are designated as Health Professional Shortage Areas (HPSAs). Of the 101 rural counties, 98 are Primary Medical HPSAs, 98 are Primary Care Mental HPSAs and 92 are Dental HPSAs."*
In addition, poverty rates remain higher in rural Missouri than urban areas.

Goals for ROHI

The goal for the grant program is to address a priority health need or needs for your community. County health departments have typically provided a county health needs assessment and community health improvement plan that might help guide your issue(s) to be addressed. Listed below is a link to a recent message from Robert Hughes, president and CEO of Missouri Foundation for Health, which might also stimulate discussion on your priority needs:

https://mffh.org/news/many-factors-lead-lifelong-health/

Local Match

The annual grant of $50,000 dollars for a period of three years requires a one-to-one local match. One-half of that local match can be in verifiable "in-kind" resources. The other half requires a cash funding match. More questions about the match are included in the application.

Costs and Activities

CFO will use the same guidelines utilized by the Missouri Foundation for Health in allowable costs and activities for the grant.

Allowable Costs and Activities

CFO will consider funding the following types of activities and expenses for grants as part of a proposed project:

- Salaries and benefits for staff
- Cost of direct clinical care for the uninsured and underinsured
- Conferences or symposia
- Equipment (see Limited Allowable Costs and Activities section below for details)
- Printing, publications or media projects
- Supplies

- Support of health professional training and workforce development
- Travel
- Indirect expenses (up to a maximum of 15 percent of compensation expense only – see Limited Allowable Costs and Activities section below for details)
- Support for advocacy activities that are consistent with MFH's mission and tax-exempt status
- Consulting projects to help an organization improve its capabilities, capacity, efficiency and/or effectiveness

Limited Allowable Costs and Activities

The CFO will consider funding the following types of activities and expenses, subject to the limitations stated:

- **Capital Construction**: Considered only where construction is required to meet a specific project's objectives and represents no more than 25 percent of the funding requested from MFH or $75,000, whichever is greater. Capital construction and renovations are not funded under General Operating Support and General Support for Advocacy grants.

- **Benefits and Payroll Taxes**: For each full-time employee supported with Foundation funds, benefits and payroll taxes may only be requested for:
    - Federal, state and local taxes
    - Health insurance related only to the CFO funded employee**
    - Life insurance related only to the CFO funded employee**
    - Disability insurance related only to the CFO funded employee**
    - Retirement related only to the CFO funded employee

- **Indirect Expense:** Indirect expense includes general organizational expenses such as executive management time, finance, occupancy, grants management, liability insurance, utilities, and facility maintenance, etc. in support of employees who provide services directly related to the project. CFO will consider indirect expenses up to a maximum of 15 percent of total compensation expense only (total compensation includes salary and benefits and payroll taxes expense).
- **Equipment**: CFO prefers to pay actual costs of use of major equipment required to accomplish the objectives of a project. Acquisition of expensive equipment (value >$10,000) is permitted only when such equipment is required to meet a specific project's objectives. When equipment is dedicated to an approved project less than 80 percent of the time, sharing of costs with other sources is required.
- **Research**: CFO will support research designed to improve methods for health services delivery, or to develop more effective public health programs provided such research is an integral part of a project funded in whole or in part by CFO. The research component of the total project cannot exceed 50 percent of the funding requested from CFO.
- **Social Services**: Although CFO views health as a broad and inclusive concept, funded projects combining health and social services elements must have a strong health component. Programs must clearly identify and quantify health outcomes and the majority of the funding requested must be for expenditures clearly identified with health services delivery or prevention of disease.

Excluded Costs and Activities

The CFO will not fund the following types of activities and expenses:

- Basic biomedical research not part of a MFH-defined grant program
- Capital campaigns
- Direct support of an individual's medical care, education or training
- Endowment building or development campaigns
- Existing deficits incurred outside any MFH-funded project
- Lobbying of any kind directly supported by MFH grant funds
- Ongoing general operating expenses of established programs
- Purchase of health insurance for individuals or groups (other than as a part of employee fringe benefits on approved projects)
- Real estate acquisition
- Religious efforts
- Research on drug therapies or devices
- Restoration of funding cuts by government or other organizations

About the Missouri Foundation for Health: *As a catalyst for change, MFH improves the health of Missourians through partnership, experience, knowledge, and funding. The Foundation takes a multifaceted approach to health issues, understanding that programs, policy, and collaboration all play a role in creating lasting impact.*

An independent philanthropic foundation, MFH was created in the year 2000, following Blue Cross Blue Shield of Missouri's conversion from nonprofit to for-profit status. It is the largest organization of its kind in the state and among the largest in the country.

For more information, visit: https://mffh.org