



Forum on Rural Population Health

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Increasing Access to Grant Funding for Rural Communities Through Collaboration

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Background

The model was designed and launched in the Columbia Gorge 11 years ago in 2014.

Providence Hood River Memorial Hospital committed community benefit dollars to experiment with a new idea: *what if they used their funds to hire a grant writer to work on behalf of other organizations?*

They wanted to create a Community Grantwriter. They called it a Collective Impact Health Specialist.

Background - Parameters

We identified specific tasks and criteria for the role.

Tasks:

- help **identify needs** in the community
- convene / facilitate conversations to **design programs** to address those needs
- **pursue funding** to support

Criteria:

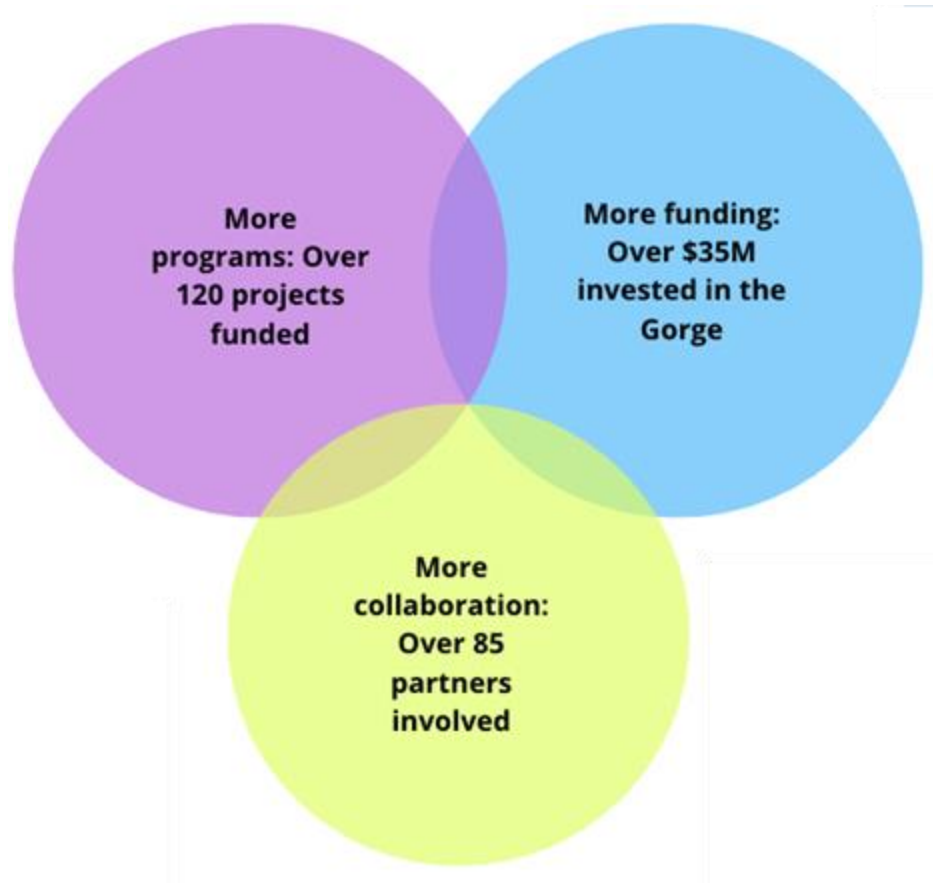
- projects must address **community-identified need(s)**
- projects must be **collaborative**: include at least 2 if not 3 or more partners

Theory

Collective Impact Health Specialist/Collaborative Grantwriting model is a gumbo of different theories of community-based work.

- Collective Impact
- Popular Education
- Asset Based Community Development
- Servant Leadership
- Community-based Participatory Research

Outcomes in the Gorge



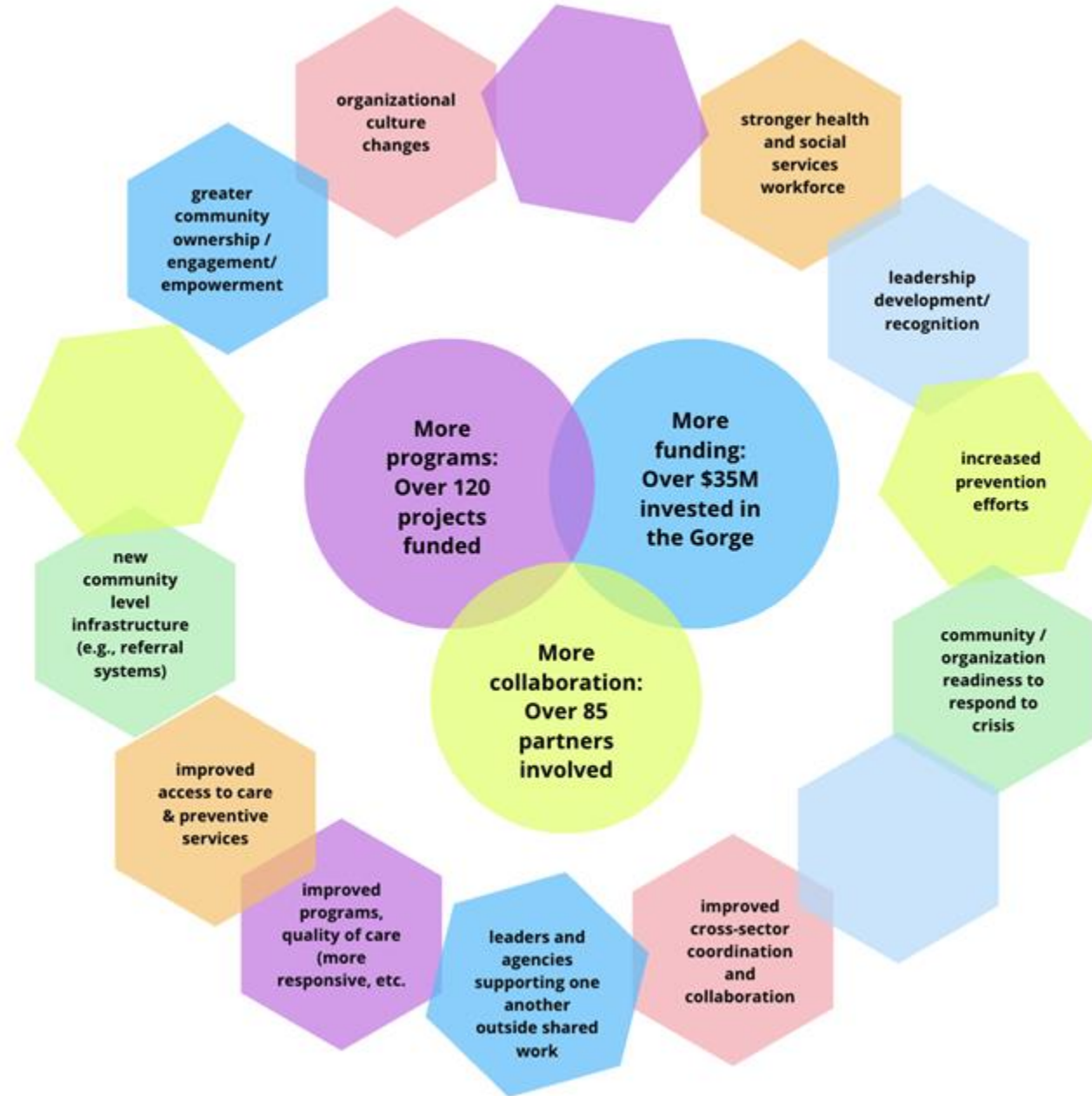
- Creating a Culture of Collaboration, regardless of whether projects are funded
- Collaboration is the difference between “typical” grantwriting and this model

How do we know the CIHS model works?



- Ripple effects mapping
 - 4 generative half-day sessions
 - 1 participatory sensemaking session
- 42 individuals participated, representing 18 community-based organizations
- Shared stories and insights from nearly 100 collaborative community health projects

Impacts of the CIHS Model in the Gorge



Impacts of the CIHS Model in the Gorge

- **Stronger health and social service workforce:** Funding for more than 45 FTE and 110 trained Community Health Workers (CHWs).
- **Improved access to care:** Programs expanded to new locations (e.g., three school-based health centers); supporting additional staffing (e.g., community health workers, youth outreach workers); and expanding services.
- **Greater readiness to respond to crises:** Relationships and networks established, grown or strengthened through CIHS projects better position organizations to respond efficiently and work together to serve vulnerable populations during crises.

Principles (ingredients of the “secret sauce”)

Collaborate across organizations, sectors and geographies.

Share a broad understanding of health and well-being, rooted in the social determinants of health.

Focus on shared goals driven by community-identified needs so priorities are shared and programs are responsive to the people they serve.

Build and honor trust among partners and intended beneficiaries so that community members are included in the work, with communication in multiple directions.

Remain flexible and adaptable so the work can change and evolve to meet ongoing community needs and emerging opportunities.

Cultivate innovation by embracing unconventional and creative approaches to find solutions uniquely suited to the histories, context and strengths of a place and its communities.

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What do these principles look like in **your organization or community?**

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Putting Principles into Practice: Collaborating

COLLABORATION

is built on

RELATIONSHIPS

which are built on

TRUST

which is built on

SHARED EXPERIENCES

which are build on

SHARED GOALS/INTERESTS

Putting Principles into Practice: Collaborating

Finding Partners to Collaborate with for Grants

- **Start at the bottom...** who in community has shared goals / interests
- **Ask other agencies...** what do their clients need that they can't provide
- **Don't be afraid of new friends...** think beyond your usual suspects

*Think about other agencies that also serve your clients

Putting Principles into Practice: Grantwriting

Converting Ideas into Applications

Key activities of Collective Impact Health Specialist/Collaborative Grantwriter

- Neutral convening
- Ask difficult questions
- Create space for conversations to dream big... beyond current work
- Capture ideas
- Seek funding

Putting Principles into Practice: Grantwriting

Collaborative Applications

- Collaborative applications respond to many funders' interest in **community-identified solutions to community-identified needs**
- They can create more bang for the funder's buck
- They can create stronger programs, with deeper impact
- Potentially more funding opportunities for your program through partners

Putting Principles into Practice: Grantwriting

Keys to Preparing Collaborative Applications

Different from individual applications

- **Co-design everything...** this means talk through all the details
 - Who is lead applicant / lead agency
- **Create a Workplan**
 - Overall goals
 - Specific Activities - who will do what... who will talk to who across agencies
- **Budget**
 - How much each agency will receive from grant

Putting Principles into Practice: Grantwriting

Resources for Grantwriting

- **Research foundations online: start with 'Big 5'**
 - Meyer Memorial Trust, Ford Family Fdn, Oregon Comm Fdn, Collins, Murdock Trust
- **Research foundations online: general search with your priorities and geographies**
 - Vast majority of foundations have sites; what, where, past awards
- **E-newsletters / updates**
 - **Foundations** (including Ford Family has a more general info newsletter)
 - **State and federal agencies**, e.g., Dept of Educ; OR Health Authority,
- **Rural Health Information Hub** www.ruralhealthinfo.org
 - National Resource, lots of tips on grants, funders, and grantwriting

Collaborative Grantwriting

Wouldn't it be great if...

Collaborative Grantwriting

Questions?

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Thank you to the 2025 Forum partners!

Forum on Rural
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