

Philanthropy Profile

Focus on Philanthropy: Empowering Rural Communities

While traveling recently in Eastern North Carolina, I listened as community members in one county expressed frustration with trying to treat the multifaceted disease of addiction and substance misuse. Social services, they said, struggle with how to care for children when harmful substances cloud the judgement of parents. In rural sections of the state there are few local options for fostering children. Facilities to support the recovery of a parent or loved one also are scarce. Transportation is sporadic and expensive. And, because our state has not closed the Medicaid coverage gap, many people needing substance use services remain uninsured. North Carolina's rural residents also observed that they often do not qualify for the funding opportunities that are available in larger population centers.

In short, people feel overwhelmed and under-resourced.

As a philanthropic organization, the Kate B. Reynolds Charitable Trust is dedicated to building thriving places and ensuring that all residents have an equitable opportunity to prosper. This vision often leads us into rural regions. As a study published in the *American Journal of Preventive Medicine* found, life expectancy is shorter in rural communities than in urban areas [1]. And, although overall life expectancy has improved over the past 40 years, the gap between urban and rural lifespans is widening [1].

Our foundation is increasingly asking how we can change these trend lines. We know that we don't have all the answers, which is why we lead with listening. Eastern North Carolinians know that health challenges have myriad overlapping causes and consequences. People who live in the community best understand the full palette of problems that they face and the solutions that are most likely to work. And as we hear from residents we must be particularly attentive to marginalized voices, the people who suffer disproportionately poor health

outcomes. These folks have the keenest insights into the systemic barriers that hold poverty in place.

We also must focus more on systems change. Innovative and evidence-based programs always will be important for health improvement. But only by altering the underlying community conditions that drive poor outcomes will we create a thriving, more equitable North Carolina.

Rural counties need greater attention at the state level.

In 2013 we collaborated with the North Carolina Institute of Medicine and other colleagues to convene a task force on rural health needs. That group produced a practical action plan for state leaders [2]. We also helped start the North Carolina Rural Health Leadership Alliance, a group that works closely with the National Rural Health Association, to implement the task force recommendations. And over the past six years we have partnered with several rural communities as part of our Healthy Places NC initiative, which aims to improve locally determined health indicators.

Luckily, we aren't alone in asking how we can fortify the state's most economically distressed counties. Nationally, comparatively few philanthropic dollars flow to rural areas. In North Carolina we see creative and committed funders fueling important work in every area of the state. In this moment, we know anecdotally that charitable organizations, nonprofits, state agencies, and businesses are seeking new collaborations to address our most consequential issues.

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We can alleviate and even eliminate the growing gap between urban and rural health outcomes by listening to marginalized voices, focusing on systems change, building greater capacity in underserved areas, and tracking progress to keep ourselves accountable. North Carolina is no stranger to untangling knotty policy problems. We know the way, and we are collectively rediscovering our will to make a deep and enduring impact. **NCMJ**

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