



501(c)(3) Backbones for Community Health Coalitions

Description

This innovation describes the use of a 501(c)(3) administrative backbone to support a community health coalition in which a local health department (LHD) acts as a coalition member. Historically, community health coalitions have been utilized to orient community partners around long-term population health goals, often involving the LHD, health-care providers, community groups, and other stakeholders. To formalize these coalitions, streamline activities, and allow members to access new kinds of funding, a 501(c)(3) tax exemption designation can be attained, creating a non-profit to serve as an administrative hub or backbone for the coalition. Alternatively, a coalition member who has 501(c)(3) status can take on this administrative backbone role.

Benefits

- Increased ability to build collective mission, vision, and goals due to additional accountability solidified in by-laws and financial ties.
- Improved coordination and communication among the 501(c)(3)'s coalition members and with the public due to increased group recognition as well as the sharing of reach to different populations among coalition members.
- Access to different kinds of funding — membership dues, in-kind donations, grants inaccessible to LHDs, foundational support, state sponsorship in certain states, etc. — as the 501(c)(3) status enables the coalition to apply for and receive funding intended for non-profits, rather than only governmental funding or resources regulated by governmental regulations.
- The 501(c)(3) designation allows groups and individuals to donate with the incentive of the donation being tax-deductible, thus encouraging donations.

Barriers

- Amount of staff time available from all members to work towards coalition activities may be limited due to other responsibilities, especially for those in LHDs.
- Start-up cost in addition to the cost of the implementation and management of internal systems (IT, HR, legal, etc.) may be deterrents for the use of this innovation.

Considerations and Recommendations

- Consider the benefits and logistics of resource-sharing among partners as 501(c)(3) coalitions share group resources, such as an executive director or other staff.
- Find a group of partners oriented around similar goals and/or activities.
- Ensure that adding a new 501(c)(3) entity into your community's ecosystem of public health groups will not cause undue competition.

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INNOVATION SNAPSHOTS

November 2021



FIELD EXAMPLE #1



Mississippi County Health Department, MO: Bootheel Network for Health Improvement (BNHI)

Bridging Gaps in Rural Public Health Infrastructure

In 2010, six health departments from Missouri's 'Bootheel' counties, those located in the southeastern region of the state, worked together to form a 501(c)(3) community health coalition to attract more funding for their public health efforts. These counties, Dunklin, Mississippi, New Madrid, Pemiscot, Scott, and Stoddard represent some of the most resource-poor counties in the state, each identifying common needs within their populations. They established a multicounty rural health network called [the Bootheel Network for Health Improvement \(BNHI\)](#) with the assistance of a HRSA Rural Health Network Development Planning Grant to enhance efficiency of their programs, expand access to care, ameliorate essential healthcare services, and strengthen the rural healthcare system as a whole.

Bridging gaps in existing funding sources.

Previously, the six county health departments were working together on a family planning contract. Their existing relationship and coordinated activities helped them to identify the potential benefits of formalizing this partnership and creating a 501(c)(3) entity to serve as their backbone agency. The group selected the 501(c)(3) administrative backbone because they recognized their potential to become eligible for new sources of funding, as each of the core members were government agencies. This selection was made to expand the

group's reach as it pertains to types of funding, making them eligible for more flexible funding opportunities not offered to government entities that would better support their needs.

Upon attaining the 501(c)(3) designation, the Missouri Foundation for Health reached out with the opportunity to engage the coalition on a project addressing infant mortality. This partnership established the Infant Mortality Reduction Initiative (IMRI) in 2013, assisting the BNHI LHDs to address their high infant mortality rates. The BNHI has also worked with funding from the Children's Trust Fund to bring the program, Period of PURPLE Crying, back into their respective health departments, including within Mississippi County's WIC Clinic. An additional benefit of this program is that it has helped to increase communication within the county, as the health department relies heavily on the Department of Social Services to collect data for their program.

Using university funding from within the state of Missouri, BNHI was also able to support its member health departments in providing diapers to their WIC recipients throughout the COVID-19 pandemic. This allowed Mississippi County Health Department to use WIC engagements as a point of access to an additional service, giving those who sign up for WIC an incentive of free diapers for signing up, and continuing this incentive when they show up for future appointments. In this vein, BNHI serves to attract programs and administer them, while implementation of programs continues to occur within the health departments. The 501(c)(3) backbone was necessary in attracting this program.

Building a cross-jurisdiction workforce to meet community needs.

Additionally, the University of Missouri's ParentLink supported BNHI in funding community health workers (CHWs), paying for three CHWs total for the six counties, which are housed within the health departments, each shared across two health departments. These CHWs have access to the clientele of the LHDs, and the LHDs can pass along clients that they believe may want access to additional resources. For example, a client within the Mississippi County Health Department who was experiencing homelessness was able to be linked to housing, furniture, and other resources because of the CHW housed in their department. BNHI has had other successes in bridging gaps in services by bringing in

community partners who offer services not available at the health department and by working to strengthen and expand these services.

Encouraging data sharing practices and collective action among coalition members.

BNHI has also facilitated opportunities that focus on data sharing such as the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program. This partnership connects a healthcare system, St. Francis Medical Center, to the local health departments and other healthcare stakeholders. This partnership encouraged data sharing within the region. The award was a good sign of recognition for the LHDs who work within BNHI, as it was only given to three different rural area partners nationally.

Since receiving the 501(c)(3) designation, the Mississippi County Health Department has identified many benefits that this strategy brings them. They see BNHI as a regional convener where county health departments can learn about strategies implemented by their peers, a place for exploration of new funding opportunities, and a means of working as a regional hub to address issues of access.

Within this structure, LHDs like Mississippi County's can bring information on activities gathered from internal staff meetings, or data and priority areas identified in their community health assessments (CHAs) up to the BNHI through their department's administrator. In the past, the group has collected data through listening sessions and surveys administered using the same protocols across their counties. The BNHI convenes the group of LHD administrators, led by BNHI's Executive Director, and supported by a part-time data-oriented staff person. They reach decisions by majority-rules principle and discuss perspectives about their programming openly. Because of the staff support through an Executive Director, work has been able to continue throughout the COVID-19 pandemic, despite competing priorities among LHD staff.

The BNHI example points to a few key facilitators to implementing this strategy.

- **Partnership.** As previously mentioned, the existing strong partnerships among these six health departments enabled the group to identify their

shared experiences, needs, and motivation. The long-term process of trust-building among partners is important, as the group must depend on one another's continued dedication and engagement to benefit from the 501(c)3's work.

- **Local funding opportunities.** While the BNHI received federal funding for its efforts, they depended on state and local opportunities for some of their key activities. While the federal funding opportunity they received was significant to their growth, it was very competitive. To ensure funding for local work, the ability to find state and local funding opportunities to support specific activities within a coalition is necessary for its long-term sustainability.

Mississippi County Health Department and the BNHI have faced a few challenges in their work:

- **Current Budget Size.** The Children's Health Fund is supported by individual members and various partners, but their overall budget remains low, making them ineligible or otherwise unable to bring in larger grants based on funder limitations/criteria. Until they attain a higher level of funding, there may be opportunities that they think are a good fit for their community, but they will remain ineligible to receive them.
- **Virtual Community Engagement.** Engaging community members and partners face to face was a norm for the BNHI and its member LHDs. In a virtual environment, staff and community alike are less engaged because of a lack of familiarity in using virtual platforms of engagement. Despite these, BNHI's impact on its population continues to grow.

The BNHI example demonstrates that formalizing an existing group of partners or community health coalitions with the receipt of a 501(c)(3) designation can build on work done in partnerships by expanding the coalition's access to needed resources. Mississippi County Health Department recommends that you find "a group that shares the same passion and see where it leads."



FIELD EXAMPLE #2



Clay County Health Department, MO: Northland Health Alliance (NHA)

Using a 501(c)(3) Backbone to Assess and Plan Together

In the late 1990s, a core group of community partners in the Kansas City, Missouri region including United Way, local charitable organizations, and others banded together to conduct a survey regarding the lives and livelihoods of their community members. The survey, called Vision North, intended to identify areas where donors could provide funding to better their community. After a few iterations of the survey, the LHD, Clay County Health Department, became engaged in the effort. While their involvement initially centered around data collection alone, the LHD worked to move the conversation towards action. When the 990 requirements arose in the early 2000s and the Affordable Care Act was implemented in 2010, this further pushed hospitals and LHDs to develop Community Health Needs Assessments (CHNAs), and the group decided to work together to complete these assessments for the sake of efficiency and quality.

Embracing transitions in coalition goals.

As the group transitioned to working together on their CHNAs, they [formed the Northland Health Alliance \(NHA\)](#), moving away from the original Vision North partnership. The organizations engaged in the NHA chipped in to accomplish their collective goals. In 2018, they

received their 501(c)(3) designation in order to perform activities collectively with shared resources. Every three years, the Alliance, including both Clay County Health Department and Platte County Health Department, conducts a CHNA and proceeds to develop task forces that create initiatives addressing needs identified by the CHNA using funding from member contributions and external grants. To date, they have completed two comprehensive CHNAs, two community health improvement plans (CHIPs), and have brought in an independent consultant to work with the group around strategic planning.

Creating structure, promoting cooperation, and bolstering data collection capacity.

The creation of the 501(c)(3) helped to solidify a structure and policies that the members could adhere to. Currently, the coalition convenes monthly. Over the last year, the organization has been signing business associate agreements with hospitals engaged in the coalition and working to expand the amount of data that they are willing to share with one another. One of the benefits Clay County experiences is the ability to gather hospitals and clinics who may otherwise view each other as competitors in one place to share data and collaborate. Their work within the coalition has been intentionally oriented towards capitalizing on work that the members are already doing, making efforts more efficient and learning from one another. Clay County Health Department aims to work towards the [Community/Chief Health Strategist recommendations](#) by bolstering its data collection capacity in conjunction with their work with the NHA.

The LHD has been instrumental in moving forward BNHI's programmatic goals by developing shared initiatives using task forces to address chronic disease, behavioral health, and access to care as the main drivers of healthcare costs and disease and disability in their jurisdiction. In 2020, the NHA applied for and received a \$50,000 grant from a hospital foundation that they were eligible for as a 501(c)(3). This funding was used to help move their work forward, supporting their task forces in addressing their key issue areas. The NHA provides the community with online resources, works with partners to expand the number of healthcare appointments available to them, educates the public on issues like substance use, and advocates for policies that support

behavioral health. The NHA's next big step will be to hire an Executive Director.

The BNHI was able to do this work because of a few key facilitators:

- **Requirements for CHNAs.** Engagement across the healthcare system, as well as between the LHD and the healthcare system, was deeply encouraged by the need to perform a CHNA on a regular basis.
- **Active LHD engagement.** The experiences of the staff from LHDs involved led to the push from data collection alone to action on data uncovered in the CHNA process. The LHD staff's willingness to dedicate time to this long-term effort contributed to the BNHI's success and progression.

In Clay County Health Department's experience, a few key challenges remain:

- **Maintaining passion, energy, and commitment.** Clay County has found that keeping energy high within the group to accomplish shared

goals can be difficult, especially considering that their members participate voluntarily. NHA has worked to maintain energy of the members by pointing to successes achieved by the NHA, celebrating big and small wins such as their increasing membership.

- **Delays due to the COVID-19 pandemic.** The COVID-19 pandemic has impeded progress on many of their strategic initiatives, as many of their programs involved face to face components. However, these aspects will be reintroduced at a later time.

The Clay County Health Department example demonstrates that a 501(c)(3) backbone for a community health coalition is beneficial for those who may wish to undertake shared data collection activities and work with partners who may first see one another as competitors. A piece of advice to those considering engaging in this strategy is *"to build relationships and never give up!"*

This project was supported by the Center for State, Tribal, Local, and Territorial Support and (CSTLTS) within the Centers for Disease Control and Prevention (CDC) under grant number 6 NU38OT000306-03-01, Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by CDC or the U.S. Government.



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