

# Community Health Funding Report



Federal/state funding • Private grants • Fundraising • Development news

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## COMMUNITY HEALTH CLINICS

### Fundraising Office Puts Fuel in Private Donation Tank for Rinehart Clinic

Oregon: Six years ago, Rinehart Clinic's sole fundraising activity was a letter soliciting donations that was mailed to patients every Christmas season.

But in 2000, the clinic, which serves many of the working poor of the coast of northern Oregon, opened a fundraising office, which has been a major force in bagging private donations.

For the first several years, the clinic doubled the fundraising total from the previous year, and in 2005, the total topped \$200,000.

The key to the success, fundraising director Patricia Rinehart, tells *CHF*, is spreading word of the clinic's purpose far beyond the efforts of a Dickensian plea for charity during the holidays.

"My philosophy is that we raise money 365 days a year," she says. "We are raising money that is earmarked for the care of people who have no medical insurance or prescription drug coverage, and our fundraising office points attention to the clinic's mission with press releases and newsletters to get the word out. One of our first donations for 2005 was a \$10,000 donation from someone who lives back east and vacations here, heard about the clinic and wanted to express their

feelings about the job we were doing."

In addition to donation forms at the clinic that people pick up when they come for a visit, there are myriad ways that Rinehart tells potential donors about the clinic's work.

The most important, she says, is a four-page newsletter, HARTLINES, which is distributed to local businesses and organizations twice a year. "It's a tool we use for fundraising," says Rinehart. "Except for printing, it's all done with volunteer labor."

Along with news of the clinic's activities, HARTLINES includes a letter of appeal written by her brother, Harry Rinehart, medical director of the clinic. He says that he has learned that attitude is everything in fundraising—and the best attitude is show some true grit and be bold in your request for help.

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**CFH, a twice-monthly report, focuses on: federal and private funding opportunities; federal, legislative and regulatory updates; state and local news; association plans; your colleagues' programs; development news; and trends affecting your work in this field.**

“The community at large needs the nonprofit care for its members,” Rinehart says. “The nonprofit is the conduit through which donors and grantors realize their existential needs in their community. Once I got that concept through my head, I stopped being shy and apologetic about asking people for money. You’re not really asking people to just give you money—you’re helping them feel better about themselves and their community.”

### *A can of worms*

Harry Rinehart calls grants “a can of worms,” because “some grants require so much paperwork in reporting that a small organization just can’t comply. Many want you to do something you’re not doing, and don’t have time to do.”

Even so, Rinehart tells us that a grant from the state for safety-net clinics kept Rinehart solvent in 1997-98, and hiring a grant-writer has increased the clinic’s ability to secure more funding.

In the present climate of dried-up government grants, the clinic’s fundraising office has proven a lifesaver.

Patricia Rinehart tells us that one of her most successful strategies has been the mailings of an insert sent out along with the local public utility and electric bills. “This fall we’re doing another one,” she says. “This goes to every homeowner in our county, who live both in and out of state. We pay nothing for this insert except for the printing and shipping of it to the business that stuffs this bill.” She adds that a bulk-mailing permit has cut the cost in half.

These mailings are essential in helping Rinehart Clinic keep in touch with its main donor base, many of whom are grateful patients and their family members—the principal beneficiaries of this healthcare delivery system. “Some give \$10 a year, some give \$50,000,” says Harry Rinehart. “I refer to them as my colleagues and they are. They help me practice and deliver better medicine.”

Patricia Rinehart recommends that an organization that has not done any fundraising should spend the money to pay for at least one person to take some classes. “Then that person can make a presentation to others in your organization,” she says. “If you don’t have the money for classes, some offer scholarships or you can contact people who believe in your cause

and ask them to pony up part of the money.”

She tells us that a rural health clinic, especially, needs to try different techniques and strategies, to find the ones that work in each particular community.

“Be prepared to take some chances,” she says. “In our area, taking chances means spending \$500-\$1,000 to see if something works or not. And it’s okay to eat crow. When other people have their backs turned on you, you can always spit it out.”

**Next week:** Part two of our interview.

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## ON CAPITOL HILL

### Community Health Centers Reauthorization Stays on Fast Track

As expected, the Senate Health Committee unanimously clears bipartisan legislation reauthorizing the federal Health Centers program for two years.

The proposed Health Centers Renewal Act (S 3771) is similar to companion legislation (HR 5573) that passed overwhelmingly in the House last June. (*See CHF 7/26*)

Both authorize key elements of the 40-year-old health centers program, including the 59% patient-

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