Supporting Rural Health Coalitions: Opportunities with your SORH

The National Organization of State Offices of Rural Health (NOSORH), with support from the Federal Office of Rural Health Policy (FORHP)*, developed this fact sheet for rural health stakeholders that are part of, or interested in forming, a community-based health coalition to address local challenges. There are many rural community-based health coalitions dedicated to improving the health and well-being of their residents at any given time. All State Offices of Rural Health (SORH) are tasked with supporting rural health within their state to best meet their stakeholders’ individual needs. With so many initiatives, it is difficult for a SORH to coordinate rural health activities and reduce duplication without a connection to local organizations. Whether they have received funding for a special project or are preparing to apply for funding, this fact sheet will help rural community-based health coalitions understand how a SORH can support their efforts, highlights why connecting to a SORH is important, and offers links to find more information.

How can a SORH assist community-based health coalitions?

1. **Information Dissemination**: A key component of a SORH is the dissemination of rural-relevant information. SORH are often aware of available funding opportunities that may align to specific coalition goals.

2. **Coordination with state and federal resources**: SORH are knowledgeable about existing state and federal programs in support of rural health stakeholders. Connecting with your SORH early will help bring the right partners to the table early in the process.

3. **In-state peer networking**: SORH are often connected to other rural stakeholders and can provide opportunities to network with similar stakeholders in the state. Peer networking can play a pivotal role in the success of your coalition, learning from others who have undertaken similar efforts.

4. **Application support**: SORH are grant writers and managers themselves, they can offer valuable insights and resources in the grant writing process and help identify funding that may be relevant to your efforts.

5. **Rural Data Support**: SORH regularly conduct rural health needs assessments and may have data to share that could help your coalition in program planning, decision-making, and grant writing.

---

How can you support other community-based health coalitions in your state?

1. **Build a relationship with your SORH!**

   If you’re not sure who your SORH is, check out the Directory. SORH are always happy to make new introductions and support community-based efforts.

2. **Keep your SORH informed of your efforts.**

   Coordinating rural health initiatives in the state can be time consuming and difficult. Simply being kept up to date on progress, successes and barriers helps coordinate rural health resources across the state. Building a peer network for you and other similar stakeholders in the state.

3. **Request a letter of support or acknowledgement from your SORH.**

   While submitting grant applications, SORH may provide letters of support or acknowledgement to bolster your applications to support community-based rural health initiatives.

---

Additional Resources:

- **NOSORH Grant Writing Institute**
  - Rural health focused series intended for beginners seeking to gain the skills to research and draft winning proposals from various agencies.

- **Health Resources and Services Administration Data**
  - Explore HRSA’s health care programs data and maps.

- **County Health Rankings**
  - Another excellent resource to identify health data all the way down to the county level.

---

*Disclaimer: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Cooperative Agreement #U14RH19776 State Offices of Rural Health Coordination and Development Program (SORHCDP) $750,000. 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 HRSA, HHS or the U.S. Government.*