

INVESTING IN OPPORTUNITIES & ASSETS:

Lessons from the South for the Nation

The South is one of the most dynamic regions of the country: its population in many states is growing at rates faster than national averages; its communities are rapidly becoming more racially and ethnically diverse; and its rich cultural and natural resources are resurgent after facing a range of challenges, both natural and man-made. But the region faces significant obstacles toward the goal of ensuring that all of its communities have the opportunity to live healthy lives.

Philanthropic organizations have important opportunities to make a difference in the region, and in the process, provide important lessons for the nation as the United States grapples with persistent health inequities, growing inequality, and intergenerational poverty. To identify these opportunities, Grantmakers In Health convened a diverse array of philanthropic, civic, academic, and nonprofit leaders in New Orleans in September 2012 to discuss challenges and opportunities for philanthropy to promote health and equity in the South. Speakers from nonprofit advocacy, research, and service organizations from across the Southern states discussed their experiences, and provided recommendations for funders seeking to bring Southern innovation to scale. Meeting participants included local grantmakers from across the Southern states, as well as national funders who support work in the South.

This meeting aimed to explore the following key questions about funders' roles in this ambitious effort:

- What can funders learn from place-based initiatives, advocacy organizations, and clinical service providers about the issues facing Southern communities?
- What are philanthropy's strategic opportunities to tackle challenging issues in the South?
- How can the Southern experience inform grantmaking in other contexts across the country?

This paper summarizes key themes and ideas that surfaced in the meeting, and identifies some promising approaches for building the capacity of the nonprofit sector to promote the health of vulnerable communities in the South.

THE CONTEXT

The South has both challenges and opportunities. Its challenges begin with a long history of poverty and low educational attainment, brought about by state-sanctioned discrimination against African Americans and insufficient educational investments, among other factors. They persist as a result of public and private sector disinvestment, growing inequality, environmental impacts, deep and persistent poverty in some communities, and a politically conservative climate that presents barriers to healing and rectifying racial and ethnic divides.

WHICH STATES COMPRISE THE SOUTH?

The U.S. Census Bureau (2012) defines the South according to three regions:

- *South Atlantic*: Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia
- *East South Central*: Alabama, Kentucky, Mississippi, and Tennessee
- *West South Central*: Arkansas, Louisiana, Oklahoma, and Texas

ENVIRONMENTAL IMPACTS AFFECTING THE SOUTH

- Hurricane Katrina and other natural disasters
- The 2010 BP oil spill that pumped over 100 million gallons of oil into the Gulf of Mexico
- “Cancer Alley,” a region surrounding the Mississippi River that faces a high clustering of environmental health threats, such as petroleum processing plants

The South currently experiences more economic diversity than in previous decades, but at the same time has been affected deeply by the recession. Income inequality persists, and deep divisions exist between urban and rural areas. Lack of post-secondary education continues to disadvantage Southerners from achieving success.

Despite these challenges, the future of the South is promising because of an array of assets and sources of strength in the region. They include a rich and growing tradition of grassroots philanthropy; strong faith communities and a culture of service; population trends, such as the “reverse migration” of African Americans returning to the South and the growth of the Latino population, which adds to the region’s diversity and economic and cultural vibrancy; and a resilient people who have persevered despite challenges and hardships.

The region’s rapid demographic change creates an important political and economic dynamic that will forever reshape the South’s landscape. As MDC, Inc., notes in *State of the South 2011*:

As aging baby-boomers exit the workforce over this decade and the next, today’s minority students will surely emerge as a stronger presence in job sectors now dominated by white Southerners. Thus, younger minority workers will pay taxes to support the health care and other public services upon which older citizens will rely. In the transition, it is imperative that the South sustains efforts to close educational achievement gaps and assure that tomorrow’s more diverse workforce has the skills to thrive in a high-tech, high-wage, knowledge-centered economy.

KEY OPPORTUNITIES

There is tremendous potential for philanthropy to tackle many of the South’s greatest health challenges, and there are many important examples of philanthropic innovation and contributions that have irrevocably altered the South’s social and economic landscape for the better. Philanthropists such as Julius Rosenwald established a vast network of schools for African-American children in the region, many of which offered the only opportunities in some communities for children of color to receive a formal education and a high school diploma. Philanthropic investments in public health have also helped reduce health risks. For example, Legacy (formerly the American Legacy Foundation) and other funders have helped reduce tobacco use in the region, which has historically been the leading producer of tobacco in the United States. And research supported by philanthropic organizations, such as Gunnar Myrdal’s landmark report *An American Dilemma*, supported by the Carnegie Foundation, and more recently, MDC’s *State of the South* series, funded by the Ford Foundation, the Gates Foundation, and others, has helped to surface lingering racial and socioeconomic inequality, and advance the case for policies that reduce barriers to full participation for all citizens in the region’s social, economic, and political life.

The nonprofit sector is a key partner in harnessing this potential. The characteristics of successful grantees and nonprofit organizations in the South provide a useful lesson for funders, which suggests promising methods of effecting policy and systems changes to improve health in the region. Key opportunities include:

- building nonprofit and service provider infrastructure and capacity;
- identifying and filling gaps in the field;

- providing support beyond financial;
- effectively harnessing, analyzing, and disseminating data;
- developing appropriate measures of success;
- building new leadership and boosting civic literacy;
- elevating the voices of the vulnerable and ensuring a “seat at the table”;
- supporting asset-based community engagement;
- tackling race and racism; and
- taking advantage of the Affordable Care Act.

THE SOUTH – CHALLENGES AND OPPORTUNITIES

Southern state governments face significant budget challenges: 11 of the region’s 13 states experienced budget shortfalls in fiscal year 2012, and in three states these shortfalls were over one-fifth of the states’ fiscal year 2011 budget.

The region is rapidly growing: 7 of the region’s 13 states experienced population growth of over 10 percent between 2000 and 2010, above the national average of 9.7 percent.

The region is rapidly diversifying: whites constitute over three-fourths of the South’s population over age 65, but only half of the South’s population under age 15.

The region’s metropolitan areas continue to drive economic growth: from 1987 to 2007, metropolitan areas in the South accounted for nearly 89 percent of regional job growth, while rural areas accounted for 11 percent.

Rural poverty remains a significant problem: over 20 percent of the South’s nonmetro residents in 2009 were poor, leading all regions of the country.

The region’s residents are disproportionately uninsured: several Southern states have health uninsurance rates higher than the national average (15.8 percent): Florida (20.9 percent), Georgia (18.6 percent), Louisiana (18.2 percent), Mississippi (18.1 percent), South Carolina (16.4), and Texas (25.5 percent).

Currently Alabama, Arkansas, Louisiana, Mississippi, Missouri, Oklahoma, South Carolina, Texas, and West Virginia all have obesity rates above 30 percent.

The region’s adults are less likely than people in other regions to enjoy active lifestyles: the percentage of adults with no leisure time activity in Alabama (29.3 percent), Arkansas (29.2 percent), Kentucky (30.1 percent), Louisiana (29.8 percent), Mississippi (32.4 percent), Missouri (27.2 percent), South Carolina (26.9 percent), Tennessee (27.3 percent), Texas (28.8 percent), and West Virginia (30.5 percent) exceeds the national average of 25.4 percent.

The percentage of adults who consume recommended amounts of fruits and vegetables in several Southern states is below the national average (14 percent): Alabama (9.8 percent), Arkansas (11.2 percent), Kentucky (10.8 percent), Louisiana (11.5 percent), Mississippi (8.8 percent), Missouri (11.2 percent), South Carolina (9.3 percent), and West Virginia (10.3 percent).

Source: MDC, Inc. 2011; NCHS 2012; CDC 2011

- ***Building Nonprofit and Service Provider Infrastructure and Capacity*** – There is still a great need to build the capacity of nonprofit organizations in the region working to address the needs of vulnerable communities. Several national and local foundations are already working to strengthen grassroots and nonprofit organizations in the region, but more investment is needed. For example, Community Catalyst, a national health consumer advocacy organization, sponsors an Affordable Care Act (ACA) implementation fund backed by five national funders through which it is supporting two Southern states (Florida and Virginia). Community Catalyst also convenes the Southern Health Partners, which supports on-the-ground organizations by conducting policy analysis; facilitating and convening partnerships; supporting legislative advocacy; and fostering organizational development, including training for board members. As such, Community Catalyst works to engage new constituencies and address the gap between community leaders and consumer advocacy organizations. Similarly, the Robert Wood Johnson Foundation (RWJF) is funding groups in Alabama, Virginia, and North Carolina to strengthen consumer health advocacy. Other state foundations, such as the Healthcare Georgia Foundation and the Foundation for a Healthy Kentucky, are also focused on building capacity. Their successes to-date suggest that philanthropic efforts to build a strong civic sector and strengthen community-based and grassroots capacity can energize the field and elevate community voices.

Of course, infrastructure needs are not limited to nonprofit, community-based, or consumer health advocacy groups. Direct service providers have significant infrastructure needs, such as the need for hospitals, health systems, and even solo- and small-group physician practices to be ready to utilize electronic medical records and other forms of information technology. Since many rural communities in the South have high rates of uninsured and lack doctors, the Foundation for the Mid South has funded a research hospital in Mississippi to support a virtual team that is connected with medical centers in the Delta. Through this network, Connect Arkansas, physicians are able to talk to local nurses, monitor vital signs, and support patient care. Connect Arkansas is a mobile broadband initiative conducting assessments in six rural counties, and creating access to mobile broadband to develop electronic records for five counties to help build the capacity of physicians in rural communities.

There are a range of other strategies and actions that funders could undertake to help build the capacity and infrastructure of nonprofit and community-based groups, including:

Serving as a Convener

- Connect groups across sectors and fields by providing technical assistance and promoting models of collaboration.
- Establish new learning networks to help people working outside of health to see their work as health-related.

Helping Grantees with Development and Evaluation

- Provide technical assistance for activities such as proposal development, and leadership development and training for board members and staff.
- Provide evaluation assistance, particularly with regard to infrastructure, and consultation to assist with organizational mission and goals.

Building Partnerships

- Provide training for key stakeholders outside of grantee organizations, such as health systems executives and community organizations, on critical issues such as HIV, mental health, and oral health.
- Harness assistance from potential allies, such as the faith community, educators, and business leadership.
- Support grantees' partnerships with higher education institutions to provide technical assistance, research support, and fiscal agency.

Supporting and Engaging Community Leadership

- Support community-based research that fully engages communities as partners and co-investigators.
- Actively seek feedback from communities served, which can spark new ways of thinking.
- Create environments in which communities can “change how they see themselves” by promoting community asset mapping and planning.

- ***Identifying and Filling Gaps in the Field*** – Throughout the South, many nonprofit organizations fill critical resource gaps. For example, Georgians for a Healthy Future (GHF), a nonprofit consumer health advocacy organization with a statewide focus, was founded in 2008 because foundation and nonprofit leaders in the state identified a gap in consumer health advocacy. Georgia is a large state with high rates of uninsured residents, and before 2008 it lacked an overall organization to provide a voice for consumers on health issues. GHF focuses on three areas of work: 1) public education and outreach, 2) overall coordination for building and mobilizing coalitions, and 3) public policy and advocacy. Engagement with the news media is a key tactic across all of the organization’s work to ensure that the consumer perspective is heard on important health care issues. While the organization is small and faces significant challenges, GHF has been able to raise awareness of the consequences of high rates of uninsurance for the state’s economic competitiveness and build grassroots support for health care reform in the state. GHF’s unofficial motto is “Think big, act small, move fast, and leverage like hell.”

Think big, act small, move fast, and leverage like hell.

– *Cindy Zeldin, Georgians for a Healthy Future*

- ***Providing Support Beyond Financial*** – Philanthropic organizations have historically contributed more to advance their goals than simply making grants. Several forms of nonfinancial capital exist, including (Joseph 2011):
- *Social Capital* – The networks and relationships that funders foster and can potentially facilitate to build community capacity for positive social change, as noted above.
 - *Moral Capital* – The positions that funders take with respect to the issues they address; funders focused on equity and justice have strong moral standing to promote these values and perspectives in the public and private sector.
 - *Intellectual Capital* – The knowledge and skills that foundations generate through programs and research; to the degree that foundations pollinate the field with new ideas and knowledge, they can significantly influence social policy and practice through their intellectual capital.
 - *Reputational Capital* – A foundation’s standing and credibility with key audiences, such as public and private sector change agents.

Through the kinds and nature of their grantmaking, foundations can lend support to organizations that need a boost of stature to assist their work. Financial capital receives the largest share of attention directed to foundation activities, but the other forms of capital are as important.

Foundations need to carefully assess and strategically expend all of these forms of capital. Strategies to further this goal include:

- funding/building capacity of statewide associations (for example, Healthy Start associations) to help nonprofit organizations build their collective voice in the public and private sector and share best practices;
- supporting the provision of technical assistance through consultation, convening, training, investments in elevating community knowledge and assets;

- providing in-kind support for activities such as visioning and strategic planning exercises, community mobilization, media engagement, and leadership development;
 - supporting targeted, ongoing evaluation and the development of appropriate evaluation metrics; and
 - insisting on diversity and inclusivity in all activities such as grantmaking, contracting, partnership development, and community engagement.
- ***Effectively Harnessing, Analyzing, and Disseminating Data*** – Throughout the South, grassroots organizations are using data to create change in their communities. For example, the Orleans Parish PLACE MATTERS initiative seeks to reduce the burden of health risks in New Orleans’ vulnerable communities and improve economic and educational opportunities for the city’s youth. The PLACE MATTERS team released a report on health inequities in New Orleans that documented a 25-year difference in life expectancy across the city’s zip codes, a finding that alarmed many city leaders and prompted the *New Orleans Times-Picayune* to pen an editorial decrying the inequitable social, economic, and environmental conditions that lead to these health gaps. The organization works to get data into the hands of city officials and lawmakers as a means for compelling policy action, making use of both traditional and new forms of communication. The Orleans Parish PLACE MATTERS team has taken advantage of several national meetings in the city, particularly the National Medical Association’s annual convention in 2012 and the Association of Black Journalists’ annual meeting in the same year, to disseminate the team’s research. It has also made sure that their data are referenced in city and state reports. Noting the importance of engaging nontraditional partners, it may be useful to move beyond the nonprofit sector to engage and raise the awareness of the business sector by sharing pertinent information, such as data on low literacy rates and other social problems.

While it is true that data and research can contribute to a better understanding of key opportunities and challenges, stakeholders must carefully interpret the data and ask questions to learn about strengths. Trends toward data-driven decisionmaking may inadvertently lead to poor policy. For example, philanthropy has focused in recent years on closing the education achievement gap and has emphasized the need for data-driven school accountability. An unfortunate result, however, is that some school and educational interventions will make risky decisions in order to close the gap. This work requires respect with how the data are used, and to ensure that data be used in ways that are productive and not manipulative.

- ***Developing Appropriate Measures of Success*** – At times, funders have been criticized for holding unrealistic expectations of grantees, and urged to adopt realistic (yet appropriately ambitious) metrics, particularly if their focus is on building infrastructure and capacity. Potential indicators of success for capacity building include diversified funding support among grantee organizations, grantee board members developing a better understanding of their roles, enhanced sustainability (as measured through activities such as coalition involvement and leadership), greater efficiency (for example, in adopting new systems and technology to improve capacity), and evidence of less fragmentation and/or duplication of effort in the field. A challenge to the effort to build capacity is that the Southern public often maintains a perception that funders’ work is focused on charity and direct service.
- ***Building New Leadership and Boosting Civic Literacy*** – There is a significant need for new leadership to help empower communities. Too many communities lack the knowledge and wherewithal to express their needs before government at all levels. To address these needs, Alabama Arise is one example of an organization that engages in a significant public education effort to expand civic literacy and help state residents understand policy intricacies. Alabama Arise’s publications include a glossary of key terms to clarify technical language and policymaker jargon. The organization also has developed a grassroots leadership program to identify emerging leaders, as well as silent and interested young people whose leadership skills can be developed. This program takes seven months, including six weekends focused on the context, goals, and process of policy development. Similarly, the Tennessee Health Care Campaign has created and relies on a network of motivated volunteers spread out across the state. Additionally, the

organization has developed relationships on both sides of the political aisle in state and local government, as well as with unusual allies such as providers.

Leaders can span several generations, and it is important to find issues that generations can coalesce around. Funders can be helpful by seeking opportunities to facilitate the development of leadership across sectors. Opportunities exist in youth development and juvenile justice where there are avenues for working across sectors at the local level. Oftentimes funders expect to create strategies based on their own approaches rather than through community needs. Cross-sector work happens when the faith-based community, philanthropic sector, public sector, and civic sector come together, supported by common resources and purpose.

- ▶ ***Elevating the Voices of the Vulnerable and Ensuring a “Seat at the Table”*** – Some of the most important and successful efforts to improve health outcomes in the South include strategies to ensure representation of marginalized voices in the policy process. For example, GHF has earned a “seat at the table” to represent the consumer voice as a result of its partnerships and efforts to serve as a credible source of information on state health reform. While many nonprofit organizations feel that their work provides little more than a “band-aid” because of the difficult political and fiscal climate in many local jurisdictions, as well as in the state, some seemingly small efforts to ensure consumer representation can be extremely powerful. For example, GHF’s capacity for consumer health advocacy earned the organization a spot on the state health insurance exchange advisory committee. GHF also worked with law students to catalogue issues of child health insurance coverage and access to care, and to develop legislation to bring child-only health insurance plans back to the state market, as insurers in Georgia had pulled out of the child-only market, leaving a gap. The legislation passed the General Assembly as a result of GHF’s efforts, and also received support from the chair of the House Insurance Committee in the Georgia legislature. The issue has subsequently been taken up by the state health insurance exchange advisory committee, offering a significant opportunity for advocates to address these issues. Similarly, Alabama Arise was able to help a statewide health insurance exchange committee see the value of inclusion of consumer voices in the body’s deliberations.
- ▶ ***Supporting Asset-Based Community Engagement*** – There is also a need for funders to engage communities with a full appreciation of community strengths and assets. Community-based initiatives are unlikely to succeed without a deep knowledge and appreciation of community resiliency. Funders can consider mapping the assets of vulnerable communities to understand how they build upon existing resources to address their needs.

Philanthropic efforts to improve the health of vulnerable communities in the South can attend to and nurture relationships with key stakeholders, beginning with community residents and their grassroots leaders, and also the many different sectors that must come together to address needs, including faith and business communities, academia, public health, local and state governments, and others. Efforts to transform communities through quick interventions that do not build upon existing relationships and social capital are doomed to fail. It is important for funders to know the place, understanding its history, people, and institutions. Part of this process entails understanding commonalities of communities across the region, and also appreciating the unique aspects of each community.

Each state has its own personality and distinct history, and the South itself is quite complex.

Race is front and center whether or not we talk about it.

– *Jim Carnes,
Alabama Arise*

- ▶ ***Tackling Race and Racism*** – Despite the frequent avoidance of the issue of race and racism among civic and government leaders, nonprofit institutions can and must do more to raise awareness of how race shapes daily life. Research conclusively demonstrates that, whether measured by educational, occupational, or health

indicators, life circumstances in the South are inequitably structured along racial and ethnic lines. Some of these issues are long-standing, while others are rapidly emerging as many Southern communities are undergoing dramatic demographic change, particularly with the growth of the Hispanic population. Race and ethnicity often powerfully predict which children are relegated to failing schools and school systems, which communities will be targeted by criminal and juvenile justice systems that do little to rehabilitate and instead dampen future prospects for individuals and families that they serve, and which communities will be beset by environmental degradation. Far too often, race and ethnicity shape who has health insurance and the quality of care that patients receive. In the face of these problems, it is challenging for some to discuss race, despite the relationship between race and other factors. Often issues of race and class manifest during times of crisis, such as the aftermath of Hurricane Katrina, which surfaced issues of black poverty. To address difficult issues of race and racism, advocates can lift their organizational efforts by capitalizing on citizen journalists to revitalize public journalism, noting that such efforts can serve as a watchdog for public accountability and provide much-needed analysis and narrative storytelling from a racial equity perspective.

- ▶ ***Taking Advantage of the ACA*** – While the ACA remains unpopular in many parts of the South, it offers a vehicle for significant reform. The Tennessee Health Care Campaign (THCC) focuses on public policy advocacy and education specifically because there is a gap in the knowledge base for the ACA. THCC attempts to help local policymakers make sense of national decisions, and how they may benefit the state’s residents. Similarly, Alabama Arise and Arise Citizen’s Policy Project are working to build support for health promotion efforts as the law is enacted. Now in its 25th year, Alabama Arise is a member-driven advocacy organization that leads a statewide coalition of 150 organizations focused on two key issues—tax reform and adequate funding for health care and human services, including, but not limited, to ACA implementation.

Don’t be afraid of the ACA. It is the biggest toolbox we’ve ever had to get at a number of issues.

– Cindy Zeldin, Georgians for a Healthy Future

Many nonprofits have found the ACA useful as a means to surface key issues and build partnerships. Consumer health advocacy organizations have used congressional debate on health reform and the ACA’s subsequent passage as an opportunity to garner support from partners, to strategically engage the media and serve as a resource to health reporters, and to build credibility with policymakers as the organizations work to help state and local elected officials understand the law’s implications. Collectively, funders and the nonprofit community can strive to de-politicize the law.

LESSONS FOR THE NATION

How can the Southern experience inform grantmaking in other contexts across the country? There are several examples of the transformative power of philanthropy in the South that can offer important lessons for the nation. The scale of the challenges—as well as the opportunities—suggests that philanthropic strategies that are being employed or that could be employed in the South will, if successful, offer powerful examples of transformative change. How funders can model progress for the nation through investments in the South are described below.

- ▶ ***Driving Community-Generated and Community-Engaged Health Equity Work*** – Because of the region’s important tradition of grassroots philanthropy, faith leadership, mutual assistance, and resiliency, many Southern communities have great potential to model comprehensive approaches to community health. To this end, communities could benefit from assistance to leaders working across sectors, such as education, housing, criminal justice, planning, and community development, to develop strategies for collaboration. These efforts are most effective when business, faith, and grassroots leaders are engaged

and actively support public and private partnerships to improve community conditions for health. Philanthropic support for cross-sector collaboration can powerfully stimulate these efforts. For example, health funders can support community coalitions to develop strategic plans and proposals for federal assistance through a growing number of community initiatives, such as the federal Choice Neighborhoods program. Such efforts can ensure full community participation and engagement with the goal of ensuring that investments reflect community strengths, resilience, and need.

There is great value in supporting comprehensive approaches that consider the many antecedents of persistent health inequities, such as inequitable educational opportunities for children of color and low-income children in the region, and inequitable applications of criminal justice that disproportionately target and affect communities of color. For example, in too many Southern communities, the “cradle-to-prison” pipeline (so called because many low-income children and children of color have limited educational and occupational opportunities, and as a result, as adults are disproportionately under criminal justice supervision) has ravaged state budgets because of the costs associated with incarceration and unemployment and underemployment of those currently or formerly under court supervision. State budget pressures afford funders and advocates an opportunity to make the case for strategies that can reduce criminal justice costs by promoting investments in early educational intervention; school disciplinary policies that encourage peer intervention and resist expulsion; and alternatives to incarceration, such as drug courts. While these are not explicitly health interventions, they have enormous potential to improve community health status by improving educational and economic opportunities for youth with few life opportunities.

Progress on these issues in the South can inform and inspire national efforts to the extent they model deep community engagement and support of sources of community strength and resilience. Philanthropic investments in the South can catalyze these kinds of comprehensive approaches that focus on policy and systems change.

- ***Tackling Persistent and Concentrated Poverty*** – The South’s deep, concentrated poverty was frequently cited by meeting participants, but not as a barrier to success in advancing health. Rather, the persistent poverty of many Southern communities was cited as both an important challenge and an opportunity for funders to harness resources necessary to help build opportunity in some of the nation’s most economically challenged regions. Doing so can inform efforts around the country to tackle poverty, particularly its racial and ethnic dimensions.

The ACA has potential to help low-income families and boost economic activity in the South. Should the law’s expansion of the Medicaid program be accepted by states, for example, an estimated 7 million Southerners will be eligible for Medicaid, which will reduce health care costs for working families and reduce financial vulnerability due to illness. In addition, the law is expected to pump billions of dollars into state economies as a result of health care-related jobs, many of which will be entry-level positions that lower-skilled workers can fill with appropriate training. The ACA will also expand access to health care resources, such as community health centers, which have their roots in Mississippi and serve low-income communities that face shortages of health professionals. Funders are positioned to harness the opportunities presented by the ACA by disseminating information about the law’s potential impact and by helping community groups and health agencies monitor the law’s implementation.

- ***Advancing Racial Healing*** – The South is perceived by many as a racially intolerant region, but such stereotypes are challenged by the powerful work of the many grassroots and community-based organizations in the region that are among the nation’s leaders in healing the wounds of white racial hegemony. There are several important examples of Southern-based racial healing movements that have inspired thoughtful dialogue and action to mend historical injustice. Additionally, Southern metropolitan areas tend to be less segregated by race and ethnicity than Northern and Midwestern cities, and the increasing diversity of Southern communities presents opportunities for the region to advance a national conversation about race, ethnicity, and health equity in the United States. For example, community-based health

equity research has ignited a conversation about place, race, and health in New Orleans that has engaged many stakeholders and illustrates the relationship between school disciplinary policies that have disproportionate racial impacts on educational attainment, and, subsequently, health. Additionally, the W.K. Kellogg Foundation's America Healing initiative, which supports programs that promote racial healing and support racial equity, has provided close to \$5 million to 35 grantees throughout the South since 2010.

CONCLUSION

Because of its growing urbanization, expanding diversity, and rapidly evolving economy, the South is increasingly a bellwether for the nation. Funders and nonprofit leaders in the South recognize that in order to fully recover from the economic downturn and ensure the region's vitality and competitiveness, the civic sector must work with public and private partners to tackle persistent social, economic, and health problems. There are many opportunities for funders to help vulnerable communities address their needs and advance health and equity across a range of sectors of Southern life. In so doing, funders have the opportunity to provide important examples for the nation of practices and approaches to addressing some of our most pressing challenges and to close racial/ethnic, socioeconomic, and urban-rural inequities in education, economic participation, and health. While much remains to be addressed, leaders engaged in this effort will find ample opportunities to change the course of the South and build opportunities for all of the region's residents.

REFERENCES

- Carnes, Jim, Alabama Arise, remarks at Grantmakers In Health's Strategy Session *Investing in Opportunities and Assets: Lessons from the South for the Nation*, September 2012.
- Centers for Disease Control and Prevention (CDC), *State Indicator Report on Physical Activity, 2010* (Atlanta, GA: U.S. Department of Health and Human Services, 2011).
- Joseph, J., "Philanthropy and Pluralism: Diversity that Does Not Divide," <http://foundationforlouisiana.org/docs/news_reports/Amb_Joseph_Diversity_doesnt_Divide.pdf>, 2011.
- MDC, Inc., *The State of the South 2011: Looking Ahead: Leadership for Hard Times*, <<http://www.mdcinc.org/sites/default/files/resources/sos2011-report.pdf>>, 2011.
- National Center for Health Statistics (NCHS), *Health, United States, 2011: With Special Feature on Socioeconomic Status and Health* (Hyattsville, MD: 2012).
- U.S. Census Bureau, *Census Regions and Divisions of the United States* (Washington, DC: 2012).
- Zeldin, Cindy, Georgians for a Healthy Future, remarks at Grantmakers In Health's Strategy Session *Investing in Opportunities and Assets: Lessons from the South for the Nation*, September 2012.

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