Philanthropy’s Role in Addressing Neighborhood Conditions That Shape Health
How Funders Are Addressing Neighborhood Conditions That Shape Health

**66**
FUNDING PARTNERS RESPONDED

**47%**
FUND AT THE LOCAL LEVEL

**88%**
INVEST IN NEIGHBORHOOD CONDITIONS THAT SHAPE HEALTH

### Key Priority Areas

- **40 Funders**: Built Environment
- **37 Funders**: Housing
- **36 Funders**: Place-Based
- **35 Funders**: Community Development

### Emerging Issues

- Safety and Violence
- Environmental Health
- Trauma and Behavioral Health
- Transportation
- Economic Security
- Community-Based Health Care
**TOP STRATEGIES SUPPORTED**

- **47 Funders** Capacity Building
- **46 Funders** Convening
- **42 Funders** Advocacy
- **41 Funders** Funding and Replicating Evidence-Based Models

**POPULATIONS TARGETED**

- **Low-Income**: 53 Funders
- **Children and Youth**: 45 Funders
- **People of Color**: 41 Funders

**TOP CHALLENGES**

- **Evaluation**: 42 Funders
- **Sustaining or scaling efforts**: 36 Funders
- **Addressing racial, economic, and social inequities**: 39 Funders

**RECOMMENDATIONS FOR FUNDERS**

1. Elevate community voice.
2. Advance policy change.
3. Foster cross-sector collaboration.
4. Bridge housing and health.
5. Expand the conversation.
6. Put equity front and center.
7. Focus on long-term change.
Acknowledgments

Grantmakers In Health (GIH) thanks each of the Funding Partner organizations that participated in our 2016 survey. Sixty-six organizations agreed to have their self-reported survey responses included in this report and five organizations agreed to follow-up interviews.

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Introduction

The health of communities is profoundly shaped by social, economic, and environmental factors such as housing, employment, and education. From sidewalks to toxic stress, evidence shows where people live has a greater impact on health than medical care, behavior, or genetics. Neighborhoods marked by poverty and a history of disinvestment are cut off from opportunities and resources that promote wellness. These communities face unequal health outcomes and widening disparities, especially among low-income residents, people of color, and other vulnerable populations.

Living in areas with few grocery stores, spaces for physical activity, or quality jobs and schools contributes significantly to negative health outcomes like obesity and lower life expectancy (Robert Wood Johnson Foundation). Likewise, poor housing is associated with higher rates of chronic disease, behavioral health problems, and a lack of preventive care (Fukuzawa and Karnas 2015). Neighborhood conditions also affect health in less obvious ways. Residential segregation, gentrification and displacement, transportation, violence, environmental hazards, and even social cohesion are all linked to multiple health outcomes.

A growing number of foundations are addressing these issues as well as other conditions that influence the health of communities. Guiding these efforts is a framework that defines health more broadly and moves beyond a traditional focus on access to clinical care. Funders are increasingly moving upstream and supporting approaches characterized by experimentation, collaboration with partners outside the health sector, and a willingness to confront the root causes of health inequities.

Large-scale initiatives like The California Endowment’s Building Healthy Communities, the Kresge Foundation’s Healthy Futures Fund, and Invest Health from the Robert Wood Johnson Foundation have garnered national attention in recent years. Many additional examples are cropping up around the country as efforts to invest in healthy places pick up steam among funders.

This scan of the field explores how grantmakers are addressing neighborhood factors that shape health. The scan highlights philanthropic activities across key domains including housing, community development, the built environment, and place-based initiatives. In addition to tracking the types of investments funders are making, the scan analyzes how funders are defining these investments and identifies opportunities and gaps for future activities. To help health philanthropy broaden its impact, the report shares promising practices, lessons learned, and recommendations for the field.
The report is based on the results of a survey conducted by Grantmakers In Health (GIH) from September to October 2016. Survey respondents were composed of GIH Funding Partners. Sixty-six foundations responded from a wide range of national, regional, state, and local funders. Nearly half of respondents were from local foundations. While this sample size is not large enough to be statistically representative of all GIH Funding Partners, it does provide a reasonable basis to analyze how foundations are engaging in efforts to address neighborhood conditions.

Types of CDFIs

After reviewing survey data, five respondents were selected for follow-up interviews to capture additional insights about foundation strategies and activities related to improving neighborhood conditions. Semi-structured interviews were conducted from August to September 2017, the results of which can be found in the funder profiles at the end of the report. Interviewees were selected to reflect different regions, types of foundations, funding strategies, and approaches to addressing neighborhood conditions. Interview responses were not independently validated and GIH assumes that respondents provided accurate characterizations of their work.

Results

Figure 1: Number of Surveyed Funders

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>State</td>
<td>24</td>
</tr>
<tr>
<td>Regional</td>
<td>6</td>
</tr>
<tr>
<td>National</td>
<td>5</td>
</tr>
</tbody>
</table>

After reviewing survey data, five respondents were selected for follow-up interviews to capture additional insights about foundation strategies and activities related to improving neighborhood conditions. Semi-structured interviews were conducted from August to September 2017, the results of which can be found in the funder profiles at the end of the report. Interviewees were selected to reflect different regions, types of foundations, funding strategies, and approaches to addressing neighborhood conditions. Interview responses were not independently validated and GIH assumes that respondents provided accurate characterizations of their work.

Results

Figure 2: Priority Areas for Funders

<table>
<thead>
<tr>
<th>Area</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Built Environment</td>
<td>40</td>
</tr>
<tr>
<td>Housing</td>
<td>37</td>
</tr>
<tr>
<td>Place-based Initiatives</td>
<td>36</td>
</tr>
<tr>
<td>Community Development</td>
<td>35</td>
</tr>
<tr>
<td>Other</td>
<td>28</td>
</tr>
</tbody>
</table>
Funders are addressing a wide range of neighborhood conditions.

Among the funders surveyed, 88 percent currently invest in activities that improve health by addressing neighborhood conditions. These funders are focusing on a broad set of issues and priority areas to improve the health of neighborhoods. Most foundations (n = 40) identified enhancing the built environment as a priority, including addressing issues related to walkability, complete streets, transportation, and land use. Thirty-seven funders reported investing in housing quality, affordability, or stability. Many respondents are also investing in place-based efforts (n = 36) that concentrate resources in targeted areas to support comprehensive community change. Similarly, funders are investing in community development (n = 35), which includes neighborhood revitalization, design, and planning efforts.

A significant number of respondents identified other priority areas that influence the health of communities. This included issues such as public safety, violence, transportation, early childhood education, economic security, civic engagement, and disaster preparedness. Some funders also identified environmental health and justice issues such as toxic exposure and air quality; behavioral health issues such as trauma and substance use disorder; and community-based health care issues such as patient centered health homes.

Figure 3: Strategies Supported by Funders
Funders are investing in diverse strategies to improve neighborhood conditions.

Most respondents are investing in upstream strategies. The most common strategy cited was supporting capacity building, including providing technical assistance and supporting leadership development (n = 47). Funders are also investing heavily in convening grantees and stakeholders (n = 46). A large number of funders are also engaged in advocacy and policy change activities such as coalition building and community organizing (n = 42).

Slightly fewer funders (n = 41) are investing in program innovation to fund or replicate evidence-based models and interventions. Thirty-nine respondents are supporting research and data collection. Few funders cited investing in communication strategies such as designing or supporting media and public education campaigns (n = 18). A small number of foundations self-reported that they are engaged in other strategies such as leveraging organizational assets—like local hiring or purchasing—or providing capital for buildings like facilities for the homeless.

Funders are supporting numerous activities to improve the health of neighborhoods.

Survey respondents shared extensive examples of the types of activities and efforts they are supporting to build healthy places. The following are the most commonly reported areas of activity.

Healthy Eating and Active Living

Funders are primarily investing in initiatives that focus on healthy eating and active living (HEAL). Most respondents funding in this area cited reducing childhood obesity, preventing chronic disease, and eliminating food insecurity as goals. These funders are working to improve access to healthy and affordable foods through community gardens, farmers markets, and grocery stores. Respondents are also investing in spaces for physical activity such as playgrounds, parks, walking trails, and bike paths.

Most HEAL funders shared examples of activities that have a community engagement or advocacy component, including efforts to convene coalitions, advance policy change, and build nonprofit capacity. For example, The Foundation for a Healthy Kentucky launched Investing in Kentucky’s Future, an initiative which supports seven community health coalitions addressing childhood obesity prevention. The initiative has invested in walking paths in schools; basketball, tennis, and volleyball courts in parks; and physical activity and nutrition programs for students. Additionally, the initiative supports local policy initiatives and provides technical assistance to coalitions.

Similarly, Kaiser Permanente Northwest has provided funding for HEAL Cities Oregon, a partnership also led by the Oregon Public Health Institute and League of Oregon Cities. This statewide campaign aims to enact policies and catalyze collective action to increase access to healthy foods and physical activity. The Colorado Health Foundation is also leading efforts to build healthy and active communities through advocacy. Among its many HEAL initiatives, the foundation launched a leadership development fund to support advocates committed to building social, physical, and economic environments that promote health.
**Housing**
Many funders reported investing in activities that link health and housing. These activities include funding transitional housing, rapid rehousing, and permanent supportive housing projects that integrate housing with wraparound services. Some funders also shared that they are exploring ways to leverage Medicaid to reimburse housing providers; building coalitions and partnerships between the health and housing sectors; and targeting populations most vulnerable to housing inequities such as returning citizens, seniors, and veterans.

For example, The HealthSpark Foundation provided initial funding for a public-private partnership to create a unified housing program for homeless individuals and families in Montgomery County, Pennsylvania. The foundation’s Housing Fund continues to support this partnership, which implements recommendations outlined in the county’s Your Way Home plan. The plan seeks to reduce the cost of services, increase the supply of affordable homes, and reduce homelessness in the region.

Other funders investing in this area include The Boston Foundation and Blue Cross Blue Shield Massachusetts, which have partnered to create Health Starts at Home. The initiative brings together housing and health care organizations to support new interventions that stabilize families in their homes and improve children’s health outcomes. Through three-year pilots, grantees are testing innovative models that can be adapted and replicated in other communities.

The Missouri Foundation for Health is also exploring new models for bridging health and housing. The foundation’s Show Me Healthy Housing program strives to improve health by increasing the number of permanent supportive housing units in its service region. In collaboration with the Corporation for Supportive Housing, the Show Me Healthy Housing Loan Fund was launched to provide predevelopment financing to nonprofits building supportive housing. The program also offers capacity building through the Missouri Supportive Housing Institute.

**Population Health**
Several funders also support what can broadly be defined as population health initiatives that seek to make systems level changes in communities. This encompasses place-based efforts aimed at aligning health care delivery systems, public health institutions, and social service agencies. Respondents funding in this area commonly cited efforts that focus on prevention, take a “health in all policies” approach, and foster multisector collaboration.

The BUILD Health Challenge is accelerating this work through a national model that targets upstream factors such as transportation, housing, and economic development in 37 communities. Each BUILD project requires partnership between community-based organizations, hospitals and health systems, and local health departments. The initiative is funded by a coalition of organizations, including The Advisory Board Company, The Blue Cross Blue Shield of North Carolina Foundation, The Colorado Health Foundation, The de Beaumont Foundation, The Episcopal Health Foundation, Interact for Health, The Kresge Foundation, Mid-Iowa Health Foundation, New Jersey Health Initiatives, The Robert Wood Johnson Foundation, Telligen Community Initiative, and The W.K. Kellogg Foundation.

The Aetna Foundation is also applying a population health lens to improving neighborhood conditions through the Healthiest Cities and Counties Challenge. The foundation launched the competition in partnership with the American Public Health Association and the National Association of Counties to support 50 small and mid-sized cities and counties as well as federally
recognized tribes to develop strategies that promote health equity and strengthen economic vitality. Finalists in each community must address physical, social, and economic factors that shape health such as the built environment, safety, and environmental exposure.

In North Carolina, the Kate B. Reynolds Charitable Trust leads Healthy Places NC. This place-based initiative seeks to improve the health and quality of life of residents in rural counties. The foundation intends to invest $100 million over ten years in 10 to 12 distressed communities. Since 2012, the initiative has led to the creation of new public spaces and parks, cross-sector partnerships such as community gardens at public housing locations, and community-driven data collection efforts.

**Transportation**
A small number of funders support activities that connect health and transportation. For some respondents, this work has taken the form of complete streets initiatives and advocacy to create more walkable and bikeable communities. The Denver Foundation supports Mile High Connects, a public-private partnership dedicated to achieving healthy communities through transit equity. The partnership aims to make public transit more accessible and affordable to connect low-income residents to healthy environments, housing, education, and jobs.

In Alaska, the Mat-Su Health Foundation has worked with multiple human services transit providers and the Department of Transportation to create a more sustainable transit system to serve the area. This has included commissioning research and reports, convening cross-sector partners, and facilitating a merger of the borough's two main transit providers.

**Community Engagement**
Beyond making changes to the physical environment, a number of funders view community engagement as central to their efforts to improve the health of neighborhoods. These funders seek to increase social connectedness and build the capacity of residents to identify their own priorities and solutions. For example, the Episcopal Health Foundation works to strengthen social cohesion by investing in community organizing and supporting 154 congregations in Texas to expand community outreach efforts.

Similarly, the Kansas Health Foundation supports the Community Engagement Initiative. The initiative provides funding to five Kansas communities. Community organizations and coalitions coordinate a resident-led process intended to offer more opportunities for residents to lead healthy lives. Grants provide support for training, advocacy, communication, and cross-sector engagement.

**Community Development**
Only a few funders shared examples of community development initiatives. These initiatives aim to strengthen neighborhoods through investments in real estate, economic security, and resident engagement. The Health Foundation of Central Massachusetts invests in the ReImagine North of Main project, a partnership between local businesses, government, community organizations, residents, and the Federal Reserve Bank of Boston. The project seeks to improve the quality of life in Fitchburg, Massachusetts and transform the area into a “Gateway to Arts and Culture.” In addition to building new live-work housing for artists, the project also supports community involvement, economic development, and advocacy.
Emerging Issues
A number of respondents are pushing this work into new directions. Some funders are taking a broader view of community resilience and investing in behavioral health issues such as toxic stress, trauma, and substance use disorder. For instance, the VNA Foundation provided core funding to start a women veterans health program that offers support with mental health, housing, and employment needs.

Other foundations are addressing the health impacts of environmental conditions in communities. The Health Foundation for Western and Central New York and Marin Community Foundation both support local Green and Healthy Home Initiatives. These initiatives address environmental hazards that contribute to unhealthy housing, such as lead poisoning, and create safe and energy efficient homes.

Addressing the health consequences of violence is another emerging area for funders. The California Wellness Foundation invests in strategies that increase public safety and promote violence prevention through research, public education, community organizing, and advocacy. For example, the foundation funded the Urban Peace Institute to implement public health solutions to reduce violence in Los Angeles.
Funders are mostly targeting marginalized populations.

**Figure 4: Populations Served by Funders**

The majority of foundations (n = 53) surveyed target low-income communities. A significant number of funders are also targeting children (n = 45) and people of color (n = 41). Slightly more funders are investing in urban communities compared to rural areas. Despite the overwhelming focus on vulnerable populations, only a few funders are targeting LGBTQ individuals or veterans. An even smaller number of funders identified other populations of focus including returning citizens, Native Americans, and youth involved in the foster system.
Funders are building partnerships outside of the health sector.

Grantmakers are stepping outside of the health sector to collaborate with a wide array of stakeholders to improve neighborhoods. In addition to working with community-based organizations (n = 56), funders widely reported working with other foundations (n = 42). Forty-one respondents are forging public-private partnerships and working with local government. Slightly fewer funders (n = 40) are engaging with cross-sector coalitions. Fewer funders mentioned partnering with community development organizations or the business sector. Even fewer respondents reported working with other stakeholders such as public health organizations, faith leaders, and academic institutions.

**Figure 5: Types of Partners Engaged by Funders**

**Figure 6: How Funders Define Efforts**
Most funders define this work as part of a population health strategy.
Thirty-five percent of respondents define investments related to improving neighborhood conditions as part of a strategy to improve population health. Nearly two-thirds of all surveyed funders view this work as part of a strategy to address the social determinants of health or reduce health disparities. Despite the numerous HEAL examples shared, less than 10 percent of funders identified efforts related to healthy neighborhood conditions solely as part of a HEAL portfolio. A few foundations defined this work as part of non-health portfolio or under other areas such as improving children’s health.

This seems to reflect the fact that funders have found multiple entry points into building healthy communities. This also illustrates the changing priorities of grantmakers as they move away from a singular focus on health care access. While funders vary greatly in how they frame these efforts, respondents see health equity as an important value that guides their grantmaking. Most funders (67 percent) surveyed identify health equity as a strategic priority. Less than a quarter (21 percent) do not identify health equity as a strategic priority.

Figure 7: Funders That Address Health Equity

<table>
<thead>
<tr>
<th>Health equity is a core value</th>
<th>Health equity is not a core value</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>67%</td>
<td>21%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Figure 8: Measuring Impact

<table>
<thead>
<tr>
<th>Funders that do not evaluate efforts</th>
<th>Funders that evaluate efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Most funders are evaluating their efforts, but only some report proven positive impact.

More than half of respondents (60 percent) conduct evaluations to measure the impact of activities related to improving neighborhood conditions. However, there is wide variation in their ability to document the effectiveness of their efforts. Less than 10 percent rated their investments as very effective. One-third of respondents rated their grantmaking activities as somewhat effective. Over half of all funders surveyed were not sure or gave no response about the effectiveness of their efforts to improve neighborhood conditions. Only 2 percent reported their efforts were not effective. This may point to the difficulty of measuring the health impacts of investments in the social determinants of health and the challenge of making significant progress on complex issues like housing, transportation, and violence.

Challenges

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**Figure 9: Effectiveness of Funder Strategies**

<table>
<thead>
<tr>
<th>Somewhat Effective</th>
<th>No Response</th>
<th>Not Sure</th>
<th>Very Effective</th>
<th>Not Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>33%</td>
<td>30%</td>
<td>26%</td>
<td>9%</td>
<td>2%</td>
</tr>
</tbody>
</table>

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**Figure 10: Challenges Identified by Funders**

- Evaluating and Measuring Health Outcomes: 42
- Addressing Underlying Racial, Economic, and Social Inequities: 39
- Sustaining or Scaling Efforts in Communities: 36
- Collaborating with Community Members, Leaders, and Partners: 18
- Securing Public Sector Support or Interest: 16
- Other: 8
Funders are deeply committed to building healthy communities and many see this work expanding in the future. Most respondents indicated funding for efforts related to improving neighborhood conditions had increased significantly in the last five years. Additionally, half of all funders surveyed reported that they anticipated funding for these issues would increase over the next two years.

Despite the strong interest and increasing investment in this work, funders have encountered a host of challenges in their efforts to improve neighborhood conditions. The main challenge funders reported was evaluating and measuring health outcomes (n = 42). Thirty-nine foundations grapple with addressing underlying racial, economic, and social inequities in their work to improve neighborhood conditions. Funders also found sustaining or scaling efforts in communities challenging (n = 36).

A number of respondents indicated that collaborating with communities (n = 18) and securing public sector support (n = 16) can be difficult. Other funders identified challenges related to the patience needed for investing in long-term community-driven efforts and moving from process to action. One funder identified “old philanthropy culture” as a major challenge, pointing to inequities within the field connected to race and power.
Recommendations for the Field

As funders look to deepen investments in neighborhood conditions, new opportunities and areas of interest are emerging. Funders want to discover innovative strategies that target neighborhood conditions, and also find new ways to scale, replicate, and evaluate these efforts. Funders identified several issues to explore in the future and made the following recommendations to maximize investments in healthy neighborhoods.

**Elevate community voice.** Meaningfully engaging residents is a key concern for many funders. Respondents mentioned the need to bring more community members to the table to identify problems, inform grantmaking strategies, and play a role in program design and evaluation. As one funder described, “Neighborhood residents must be at the core of this work driving the agenda.”

**Build capacity and power.** Several funders want to take community engagement a step further and build the leadership of residents to implement their own solutions. There is interest not only in increasing technical assistance for organizations, but also in supporting movement building so that communities can mobilize for change. One funder shared: “How can we create and sustain healthy neighborhood conditions? We can start by opening space for people who are disproportionately affected by unhealthy neighborhood conditions to have a meaningful voice in decisionmaking spaces. That requires a shift in knowledge, skills, and attitudes of those who have historically been marginalized as well as, and more importantly, a shift in knowledge, skills, and attitudes of those who have attained and retained power.”

**Advance policy change.** Funders view public policy as an essential tool for improving neighborhood conditions. Many respondents would like to see funders take a greater role in advocacy efforts such as supporting coalitions, building political will, and “institutionalizing health in all policies as an expectation in local policy and planning.”

**Foster cross-sector collaboration.** For many respondents, making real progress means forging partnerships outside of philanthropy and the health sector. This includes educating stakeholders such as service providers, government agencies, and business leaders about how neighborhood conditions affect health. As one funder noted, “It literally takes a village for this work to be successful.” Funders also zeroed in on the need for more coordinated funding across sectors to align investments.

**Bridge housing and health.** One of the most pressing issues for funders is the growing affordable housing crisis. There is considerable interest in creating safe and stable housing, combating gentrification and displacement, and ending homelessness. As one funder described, “I feel that more grantmakers investing in supportive housing, which combines affordable housing with supportive and health services, would really improve health equity and have a long-lasting, positive impact on health.”
**Move beyond built environment.** While investing in parks, trails, and walkable communities remains a top priority for many funders, others would like to increase support for emerging areas such as transportation and community development. Some funders also want to expand the conversation about what makes a community healthy and propose addressing behavioral health issues such as trauma and access to drug rehabilitation facilities. Others recommend bringing more attention to criminal justice, violence, and “building the social fabric and connectedness across communities.”

**Put equity front and center.** Improving neighborhood conditions requires tackling tough issues like economic inequality and structural racism. While these problems are far too big for funders to solve alone, respondents overwhelmingly see incorporating health equity into grantmaking as a crucial step. For some funders, taking a health equity approach means investing in employment and education to help lift communities out of poverty. Others suggest turning inward and finding ways to integrate health equity into foundation policies and practices.

One funder recommended “changing the practice of philanthropy to be much less power centric…and even racist in practices that exclude and keep out people most impacted.” Another wrote: “If we stop at built environment and some of the relatively easier to address issues, we won’t see the results we desire. Those are just the tip of the iceberg. It is scarier to look below the surface to—much less attempt to address—the systemic inequities, institutionalized racism, effects of capitalism and poverty, failures of public education, lack of community resiliency and the resources for that.”

**Focus on long-term change.** Funders recognize that building healthy communities will not happen overnight. As one respondent wrote, “Change in long underresourced neighborhoods takes time; funders are not always the most patient bunch.” Many recommended prioritizing flexible funding, providing multiyear grants, and exploring new strategies for sustainably funding systems change, including a “broader analysis of the use of total assets of our organizations beyond grantmaking and PRI/MRI strategies.”

**Conclusion**

As communities face new threats and rising inequality, there is tremendous opportunity and greater urgency for philanthropy to invest in neighborhood conditions that shape health. To address the complex factors that affect the well-being of communities, foundations are making investments in housing, community development, transportation, the built environment, and place-based initiatives. Some funders are also addressing issues such as trauma and community resilience, environmental health, economic security, and violence.

Grantmakers vary in the approaches and tactics used to invest in healthy communities. Yet, most respondents are supporting activities related to advocacy, convening, and capacity building. Funders are also working with a range of partners to implement this work, many of whom are outside of health. While this work presents numerous challenges, funders expressed a strong appetite for increasing investments in healthy neighborhood conditions. As this work evolves, health philanthropy can continue to play a vital role in helping to build healthy, safe, and thriving neighborhoods.
Funder Profiles

Bringing an Equity Lens to Community Health
Cone Health Foundation

Background
The Cone Health Foundation seeks to measurably improve health in Greensboro, North Carolina. As a public charity connected to the Cone Health network, the foundation has a strong emphasis on expanding access to health care for the uninsured. The foundation’s other priority areas include adolescent pregnancy prevention, HIV, and substance use and mental health.

In recent years, the foundation has begun incorporating health equity into its grantmaking practices and targeting the social determinants of health. As Vice President and Senior Program Officer Antonia Richburg explains, this shift aligns with the foundation’s goal of “addressing the needs of those who are our most vulnerable populations in our community—the immigrants and refugees, homeless population, as well as people of color that lack access to care.”

The foundation works to embed equity, diversity, and inclusion at every level of its work, while maintaining a focus on its most marginalized community members. “We really see equity as a cross-cutting factor across our four priority areas,” says Richburg. This includes assembling a diverse board and staff, as well as building the capacity of the foundation and its grantees to address equity.

For example, board members and grantees have participated in racial equity trainings. For foundation President Susan Shumaker, “being intentional about educating ourselves, our grantees” has been key to advancing equity. The foundation has also contributed to equity efforts in Cone Health network and the network’s Chief Inclusion Officer serves on the foundation’s board.

Taking a Broad View of Community Health
As part of its commitment to equity and addressing root causes of health disparities, the foundation supports a range of efforts to improve the health of neighborhoods. Using health care access as an entry point, the foundation has been able to address the clinical and nonclinical factors that influence health. For example, the foundation works to expand community-based health care by investing in community health workers that connect immigrant, refugee, and homeless communities to integrated health care services, including oral care.

In addition, the foundation supports a program in which social work students are paired with registered nurses to provide behavioral health screenings and interventions for uninsured people. The foundation also supports a nursing program that works with local faith-based communities to provide health screenings and referrals for people having difficulty accessing care.
The foundation also supports efforts to expand education and employment opportunities in the region. Funding has been provided for cradle-to-career initiatives including Get Ready Guilford and Say Yes to Education, which helps to create pathways to postsecondary education and connect families to needed resources.

**Designing a Healthier Community**

The foundation also collaborated with other foundations to establish Building Stronger Neighborhoods, an initiative that aims to improve health and the quality of life in the region. Residents are “empowered to advocate for the needs they have in their communities,” which has led to community-driven efforts to address safety, infrastructure issues such as sidewalks, and access to fresh foods. The foundation has also supported a grocery co-op in a food desert, along with matching Supplemental Nutrition Assistance Program grants at area farmers markets.

In addition, the foundation supports the Downtown Greenway, an urban trail that winds through the city’s downtown and connects other trails, greenways, businesses, and universities. “It is a four-mile loop around our downtown that touches a number of different neighborhoods,” adds Shumaker. In 2007, the foundation invested in a bicycling-pedestrian plan for Greensboro that was the genesis of the greenway. That led to what is now a public-private partnership that includes support from multiple funders.

Sections of the greenway have been completed and there is a strong community engagement component to the project, which goes through wealthy neighborhoods as well as historic African American neighborhoods. While the project is expected to be finished by 2020, it has already generated community development in the area.

**Recommendations for Funders**

Richburg and Shumaker believe that supporting best practices is essential to improving the health of communities. “We are seeing early success from the evidence-based strategies employed in our four priority areas,” says Shumaker. But they realize that what works for one foundation might not work in another community.

Deciding how to incorporate health equity into grantmaking is a must-have conversation for foundations. As awareness of the social determinants of health increases, Richburg notes that health funders will need to develop strategies that address upstream factors as well as clinical care.

Shumaker and Richburg encourage funders to think more broadly about health and invest in the capacity of staff, leadership, and grantees to address health equity. They encourage funders to leverage their grantmaking by using their voice and influence to advocate for systems change to improve the health of communities.
Fostering Healing and Resilience in Communities
George Family Foundation

Background
The George Family Foundation has a long history of investing in integrative health and healing. The Minnesota-based foundation invests in leadership development and programs that foster wholeness in mind, body, spirit, and community. In 2014, the foundation launched the Catalyst Initiative to build the capacity of communities to support well-being through culturally informed mind-body practices.

The three-year $1 million initiative began with an 8-month planning period to better understand the needs of those most affected by trauma. “It was grounded in the voice of community,” explains Catalyst Initiative Director Suzanne Koepplinger. “We asked people what does integrative health and healing mean to you? Is it resilience? Is it stress management? Is it self care? Is it mind-body-spirit healing? Is it cultural healing? What does it mean? What are the practices that you use and who are your healers?”

Confronting Trauma through Healing-Based Practices
Following the planning period, it became clear there was a need to address trauma holistically, especially among people of color, indigenous, immigrant, and LGBTQ communities. These communities face tremendous levels of trauma, including multigenerational trauma rooted in slavery, genocide, and war. “Historic trauma is a very real part of people’s life today,” reflects Koepplinger.

The planning period also revealed that while many community members were exposed to trauma, there were significant barriers to seeking support. For immigrants and refugees, especially, addressing trauma is complicated by a lack of health insurance and difficulty navigating the U.S. health care system. Others struggle with cultural taboos associated with mental health or have a fear and distrust of western medicine.

Removing these barriers required a “bold and innovative experiment” that reached people disconnected from clinical care and shared approaches that support wellness in culturally meaningful ways. “People that we’re working with are actually longing to connect with their traditional ways, their healing practices. We know these are preventive tactics. We know that connection with culture is a strong preventive and protective factor.” These practices have included everything from African drumming and Somali energy healers to yoga, meditation, and Native American healing traditions.

Building and Healing Leaders
In addition to a series of Healing from Trauma convenings, the initiative has included trainings, technical assistance, and one-time seed grants to local organizations. One of the outgrowths of this work is a community coaching model. Youth of color who completed training and received a seed grant now train other youth as well law enforcement and schools on mind-body healing practices.

“We are aligning the grants in a way that creates a larger sense of community and a larger network of people that are actually starting to carry the energy out with very little further investment from us,” says Koepplinger. The initiative intends to train more community leaders—including barbers,
teachers, faith leaders, community organizers, and artists—so they can “be the go-to people when stuff is really getting tough.” In 2018, the initiative continued this work under the auspices of the Minneapolis Foundation.

**Impact and Lessons Learned**
Measuring the impact of an initiative like this one has required a developmental evaluation lens that emphasizes real-time learning and an iterative process focused on innovation. Instead of looking at traditional benchmarks or health metrics, the foundation hopes to capture the story of how networks are emerging and how change occurs at the individual, community, organizational, and systems level. This includes asking questions such as:

- Are people changing personal practices of self-care?
- Are they teaching their children how to calm anxiety through nonclinical methods?
- Are they feeling more connected to people in their community?
- How do organizations recognize self-care as a core competency?
- How do they change human resources protocols or onboarding?

**Recommendations for Funders**
Koepplinger believes that flexibility is essential for developing initiatives that address trauma, healing, and community resilience. She explains, “There is a hunger for this work, but there is often not a readiness.” Seed grants offer funders the ability to be nimble and restructure grants when encountering unexpected roadblocks or emerging needs. This type of funding also requires a deep level of engagement. Koepplinger cautions funders not to treat these type of seed grants as a transactional process, but as a “transformational process that actually requires me to be in relationship with grantees.”

Funders are also encouraged to break down silos and find intersections between this work and other issues. Funders can support research and data gathering to help develop a more robust understanding of the relationship between health, toxic stress, and trauma-informed responses. There is also a need for greater co-investment to bring promising practices to scale.

Most importantly, these efforts are successful when communities are involved in an authentic way. “I think we just need to listen more closely to what community is telling us that they need,” says Koepplinger. “And what they are telling us they need are acceptable, culturally relevant ways to heal from their trauma.”
Making Transportation a Vehicle for Healthy Communities
Houston Endowment

Background
The Houston Endowment is a regional foundation working toward a vision of a vibrant and equitable Greater Houston. In addition to a health portfolio that addresses access to care, a focus on well-being is woven into multiple priority areas throughout the foundation. “We believe that the issues facing our community today are complex, and require a set of strategies and initiatives to address them that are interconnected in nature,” explains Senior Program Officer Elizabeth Love.

The foundation takes a comprehensive approach to place-based change and cultivating conditions that contribute to healthy and safe neighborhoods. Love explains, “We know that a strong, resilient, and thriving community requires robust civic participation, a high-quality educational system, access to health care, access to greenspace and clean air and water. It also requires that certain barriers be removed so that folks can move forward and access opportunity.”

Making the Case for Transportation
One of the ways the foundation works to strengthen neighborhoods is by investing in transportation. This work has been fueled by increasing awareness that transportation is deeply tied to health outcomes as well as access to education, jobs, and economic well-being. “Over the years we have heard from many of our partners on the ground that transportation is a barrier to accessing opportunity in Houston,” says Love.

This is especially true in a sprawling, car-centric city like Houston that lacks strong public transit. While cars are essential for getting around the region, close to 20 percent of low-income residents lack access to one. And despite the city’s low cost of living, car-related costs account for nearly 20 percent of household income in Houston. “It is a burden on many families and their economic security and well-being.”

In addition to these disparities, the foundation found that local transportation decisions were in the hands of only a few people. “There was not a lot of resident engagement with transportation policymaking or funding decisions.” The foundation recognized the importance of including community members’ voices in transportation decisions. “We wondered if a role for Houston Endowment might be to build that kind of capacity locally.”

Expanding Transportation Advocacy and Equity
The foundation began by investing in BikeHouston to help transform what had been a recreational organization into a bike advocacy leader. “We invested in the professionalization of this group,” Love explains, including bringing on an executive director and developing the board. The organization would go on to spur the city to create its first master bike plan and to invest more in bike infrastructure and bike safety. “They became a very strategic and effective organization.”

Following Bike Houston’s early wins, the foundation began to think about expanding the focus of transportation beyond biking to include pedestrian safety and transit. “There seemed to be a real appetite and urgency for this type of advocacy effort.” In 2016, the foundation provided planning dollars for Houston LISC to be the fiscal sponsor for a community-driven effort to develop the vision for a new transportation advocacy organization.
Stakeholders including local parks and air quality advocates, community organizers, elected leaders, public health officials, and foundation staff were involved in the planning process. Focus groups were held in communities where transportation is a challenge and surveys were conducted on the light rail to find out people's experiences.

The result was the launch of LINK Houston, a transportation equity advocacy organization designed to align transportation policy, funding streams, and infrastructure to better serve underresourced communities. In 2017, the foundation awarded $2.9 million over three years to support the organization, which will also focus on improving neighborhood-level, city, and regional mobility.

Impact and Lessons Learned
Community engagement has been a key component of the foundation’s efforts to improve transportation. To measure its effectiveness, the foundation looks at how engaged residents are, how they share their perspectives, and how they provide meaningful input and ideas. “That is when we will know that there is potential for needles to move,” says Love.

The foundation also considers how stakeholders are engaged, especially decisionmakers and people who can influence change. This level of community engagement has required a deep level of involvement and relationship building for the foundation. “This type of work is resource intensive, and by that, I mean staff intensive.”

Recommendations for Funders
According to Love, transportation is still largely an overlooked and underfunded area within philanthropy. “There are very few funders investing in advancing transportation as a means to advance access to opportunity right now,” she says. Connecting the dots between transportation and healthy neighborhood conditions is critical to increasing investment in this area.

One of the barriers to addressing transportation is that it can be a very technical topic. “Transportation policy is quite complex and often foreign to someone who has a health background, like me.” Funders can play an important role in translating these issues and educating decisionmakers and other stakeholders about the links between transportation and health.

Love points out that there is a strong interest among urban planning and community development leaders to bring a health lens to transportation issues and foster more cross-sector collaboration. “I would encourage funders to reach out to these stakeholders. Even though the topic may seem technically daunting, the end result can be so aligned with what we as health funders are looking to achieve — ensuring that folks have access to resources and opportunities that positively influence their health.”
Building Partnerships for Healthy Communities
Rhode Island Foundation

Background
The Rhode Island Foundation is one of the nation's oldest and largest community foundations. It is also the largest funder of the state’s nonprofit sector. The foundation’s Healthy Lives strategic initiative aims to improve health outcomes, provide better care, and lower costs for Rhode Islanders. The initiative supports strategies to increase access to quality health care; expand alternative care models and collaborations to address the social determinants of health; and promote health care systems reform.

With an eye toward achieving health equity, the foundation recognizes how its various priorities intersect and play a role in affecting the health of communities. “Because we are a community foundation, I think one of the benefits of not being solely either a health funder or housing funder is we have funds within our resources which allow us to make investments in multiple sectors,” explains Strategic Initiative Officer Larry Warner. “In addition to health, we have elevated education and economic security as our areas of strategic work and investments. Additionally, in response to community-identified needs, we support work in housing, children and families, arts, the environment, and other areas, so we are making investments in multiple sectors that either directly or indirectly benefit the health of the community.”

Incubating Cross-Sector Collaboration
Working across sectors has been fundamental to the foundation’s efforts to build healthy communities. The foundation has invested in and partnered with the Working Cities Challenge, an initiative of the Federal Reserve Bank of Boston that promotes cross-sector collaboration to strengthen neighborhoods and drive economic growth in New England. The initiative included a competition to provide small design grants to improve conditions in low-income communities.

In addition to providing funding, the foundation has leveraged its technical expertise, influence, and relationships to help advise the initiative. Foundation staff have also been part of the selection and steering committee. “We are working in parallel with what they are trying to accomplish,” says Warner.

Three Rhode Island cities—Cranston, Newport, and Providence—were selected to receive funding to implement strategies to revitalize their communities. Teams will address poverty, employment, economic development, and social cohesion. “I think a strength that a few of these cities brought to the competition is that they were already having place-based discussions about what it takes to promote health in the community.”

The foundation recently announced a multiyear funding opportunity through its Fund for a Healthy Rhode Island, which will support place-based collaborations that address health disparities and improve population health. Grants will be awarded to projects that bring together clinical organizations, community-based agencies, and community members to implement a shared vision and action plan to address the social determinants of health.
Health Equity Zones
The foundation has also been involved in work that has emerged from Health Equity Zones
(HEZ), a four-year initiative which aims to eliminate health disparities using innovative place-
based strategies to promote healthy communities. The initiative is funded by the Centers for
Disease Control through the Rhode Island Department of Health.

Ten communities were selected throughout the state to form multisector collaborations to
identify what resources each community needed to improve health. “The department of health
created this initiative to listen to what individual community residents were saying and what
locally situated organizations knew through their ties,” says Warner. Each HEZ completed a needs
assessment to examine health outcomes, gaps in care, and environmental conditions. Teams then
developed action plans to implement with backbone agencies.

Action plans are rooted in community-driven solutions that target factors that shape health such
as healthy foods, safety, and transportation. The zones are seen “as both a way of looking upstream
at the social determinants of health and empowering communities to be their own advocate and
voice.” Throughout the initiatives, there has been “synergy between Health Equity Zones and the
work the foundation is doing,” including providing funding to programs that have resulted from
the HEZ planning process. Foundation staff also participate in a Community Health Assessment
Group — a partnership between the department of health and community stakeholders — which
is developing a list of statewide health equity indicators to track progress in reducing disparities in
key determinants of health.

Recommendations for Funders
Warner notes that as the health sector moves upstream, there is a greater need for innovative
funding strategies that go beyond clinical models. Finding new cross-sector allies and exploring
public-private partnerships is crucial to sustaining these efforts. He explains, “There is a lot of
interest in the context of federal and private funding sources to support work that addresses the
social determinants of health. I think that it takes a combination of creative thinking on the part
of community-based organizations, willing partners in government, and in the clinical and payer
side of the house.”

Making progress on health equity also means supporting communities to articulate their needs
and identify interventions. “Let the local community drive the conversation,” advises Warner.
To foster more community engagement, funders can invest more heavily in capacity building.
“Beyond just programmatic support, long-term sustainability of programs is dependent upon
organizational capacity, as well as the capacity of communities or sectors to sustain momentum
that is being built.”
Advancing Environmental Health and Justice
The Heinz Endowments

Background
The Heinz Endowments is dedicated to helping Pittsburgh, Pennsylvania thrive. Among the foundation's priority areas is a focus on sustainability and building a just and equitable region. This includes working to restore and protect Pittsburgh's environment and enhancing public health. “We are concerned with how well the region's environmental systems are working and functioning. That includes, for example, air and water, as well as ecosystems,” says Program Director Philip Johnson.

As a city with a long industrial past, Pittsburgh faces significant environmental threats and challenges. The city is one of the most polluted airsheds in the country and ranks in the top 10 percent of American cities when it comes to fine particulate matter. Pennsylvania overall is one of the largest greenhouse contributing areas in the country.

This has led to poor health outcomes and stark disparities, especially for underresourced communities. “When you look at outcomes in asthma for example, we see that communities in the area that are near industrial facilities have twice as much asthma than communities that are far away,” points out Johnson. “Our poor populations and African American populations are especially impacted.”

Building the Field and Advancing Advocacy
To address these challenges, the foundation invests in strategies that reduce pollution, encourage socially responsible use of natural resources, deepen community engagement and leadership, and advance research to foster healthy environments. “We do a lot of grantmaking to try and address these disparities and pull in scientific and public health and community awareness to help grapple with these challenges,” says Johnson.

Advocacy, field building, and community organizing drive the foundation’s environmental health and justice strategies. The foundation invests in empirical quantitative analysis as well as public education and outreach. “A mixture of grassroots advocacy and scientific research helps us work on our objectives.”

For example, funding has been provided for green schools initiatives and for organizations to address the health impacts of mold, lead, and radon on children. The foundation also funded a team at Carnegie Mellon University to develop the Smell PGH app, which crowdsources people's reports about air pollution they experience in the city.
Impact and Lessons Learned
Leading this work has come with its own set of challenges. Taking on especially fraught environmental issues and building will among local leaders has been difficult. Without “civic champions” to help push for systems change, Johnson notes the foundation has had to consider, “What kinds of assets can we rely on and allies can we develop?”

Despite these challenges, the foundation sees evidence of its efforts to build a field of local environmental health and justice advocates. The foundation evaluates its impact by measuring how organizations are developing capacity over time to become more sustainable and solve problems. “We are thinking about the big picture in terms of what is the capacity of a region to address a hard topic?” says Johnson.

The foundation also looks at how organizations are working to become more diverse and equitable, develop communications and media strategies, and train and equip leaders to address complex issues. “Over time, have we developed the capacity to tackle some of our hardest problems? Because they are not just technical problems, they are often intertwined with social and political realities that are unique to our region.”

Recommendations for Funders
Johnson believes understanding the relationship between environmental conditions and other factors that contribute to poor health outcomes is critical for funders investing in healthy neighborhoods. Communities overburdened by environmental hazards and toxic exposure are also more likely to face inequities like structural racism and poverty. “These systems are all interconnected and it is important to figure out strategies that accord a level of respect for all these intersecting issues,” says Johnson.

Asthma and lead exposure, for example, not only have far-reaching effects on physical health but are also linked to children’s education, parents’ employment, and families’ mental health. “The science is clear that exposure to lead and air toxics and particulate matter is impacting—in a significant way—the child and the family’s ability to live well.”

While these problems are daunting, they are preventable. Health funders can help improve the well-being of communities by targeting environmental conditions. “In terms of air pollution or lead abatement, we know exactly what to do and we can do it tomorrow. And the minute you flip that switch you are seeing less strokes, less heart attacks, less asthma, less neuro-developmental [problems], less low birth weight—all these chronic conditions that are sapping our communities, in particular, our poorer communities.”
Sources


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