

GIH

HEALTH  
PHILANTHROPY:

*New Players and  
New Approaches*

NOVEMBER 2013

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A SPECIAL  
REPORT FROM  
GRANTMAKERS  
IN HEALTH AND  
ARABELLA ADVISORS

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# INTRODUCTION

The fields of health and health philanthropy have seen dramatic changes in recent years. Policy transformations and demographic shifts are reshaping the U.S. health care system, resulting in vastly greater demands on service providers and nonprofit organizations working to improve the health of Americans. Philanthropy has long had a vital role to play in supporting these organizations, but the new demands being placed on the health system require a more diverse range of approaches to serve additional people and to achieve greater impact. In recent years, a new set of actors has entered the field of health philanthropy. These actors are responding to the changing landscape and have priorities and approaches that are uniquely suited to address the greater needs brought upon by shifts in policy and demography. These new actors simultaneously magnify and challenge the definition of impact for all health philanthropists.

Grantmakers In Health (GIH) and Arabella Advisors have partnered to explore the role that these new actors are playing in the field of health philanthropy, drawing from GIH's expertise as a leader in health philanthropy and on Arabella's experience in helping funders identify, implement, and evaluate philanthropic and impact investment strategies. Arabella conducted research into the state of new actors in the field by interviewing foundation leaders, health philanthropy experts, philanthropic advisors, and practitioners who are pioneering new approaches to investing in the health sector. Appendix A outlines the full list of interviewees.

For the purposes of this inquiry, health philanthropy is divided into two types of funders:

- **Traditional health funders (THFs)** include institutions that make grants to nonprofit entities through a formalized process that includes due diligence by program staff and final approval from a governing board. These are institutions created with a philanthropic or charitable purpose from the outset, and their mission is focused principally or exclusively on making grants to support nonprofit organizations. THFs include national or statewide foundations that have a particular focus on health, as well as community foundations with a similar emphasis on health.
- **Nontraditional actors (NTAs)** also provide capital support to nonprofit entities, but their organizational structures and the methodologies they employ differ from traditional funders. Like THFs, NTAs may make grants, but they may also rely on different approaches to funding such as contests, challenges, or crowdfunding. NTAs may employ a wide range of financial tools, as well, including loans and program-related investments (PRIs). NTAs include corporations and corporate foundations, venture capitalists, development institutions, next-generation donors, on-line giving platforms, and other emerging hybrids of for-profit/nonprofit intermediaries.

This report examines the unique attributes of NTAs and demonstrates how the approaches and priorities that they bring to the field are uniquely suited to address the needs currently facing health philanthropy. On their own, NTAs can have a significant impact. But by learning from their methods, and by exploring opportunities for closer partnership and collaboration, THFs can magnify their impact as well.

# THE SHIFTING LANDSCAPES OF HEALTH AND HEALTH PHILANTHROPY

The shifting landscapes of health and health philanthropy have created profound needs and opportunities that NTAs are particularly well-suited to address. Due to the significant policy changes and demographic inevitabilities of the coming decades, the U.S. health system is poised to add millions of new users over the next 10 years, creating a deep need among service providers to build capacity, refine best practices, and scale proven programs to serve more people. Health philanthropy has been adapting to meet these needs, but even the significant resources of THFs are not adequate to address the anticipated growth in the health care needs of this country.

The changes in the health landscape that are creating these enormous changes are well-known. Among them are:

- ▶ ***The Most Radical Transformation in Federal Health Policy in 50 Years*** – The effects of the Affordable Care Act (ACA), passed in 2010, are already being felt. In the near term, states are focused on establishing the new health insurance exchanges, which are designed to provide lower-cost options for coverage for those without employer-sponsored health insurance or ineligible for Medicaid or Medicare. The Congressional Budget Office (2013) estimates that by 2022, the ACA will provide health insurance to 30 million Americans who otherwise would have remained uninsured. In addition, as the ACA comes into full effect over the next 10 years, the rules and regulations required to implement the law and to manage the health insurance exchanges will largely be new and untested, creating uncertainty that will require hospitals, community health centers, and nonprofits to invest time and resources to become familiar with the new regulations. All of these consequences of the ACA will place greater demands on the capacity of these organizations to serve their communities and will create funding gaps and opportunities that health philanthropy can address.
- ▶ ***Increasing Austerity in Federal, State, and Local Budgets that Requires New Approaches to Resource Development*** – The public sector is the largest funder of many health nonprofits. But budget cuts, sequestration, and the uncertainty surrounding the financial status of public agencies have a severe impact on the ability of many nonprofit providers to predictably and effectively serve their communities, requiring them to continuously seek out new sources of funding.
- ▶ ***Demographic Shifts that Will Place Further Burdens on the Health System*** – As members of the baby boom generation age, the elderly population of the United States is starting to swell. Between 2000 and 2011, the number of people over the age of 65 grew by 18 percent, to 41.4 million (AOA 2013). According to the Centers for Medicare and Medicaid Services, by 2021 that number will be nearly 56 million (CMS 2012). Despite cost-containment provisions in the ACA, the cost of providing health care for this population will continue to grow. Annual health costs for the over-65 population are projected to increase by more than 3 percent each year, compared with a less than half-percent increase projected for younger Americans (CMS 2012). These inevitable demographic realities will place additional strain on the health system.

These changes place greater burdens and uncertainty upon many health nonprofits and service providers. They also have amplified needs that THFs have not typically prioritized, such as the need to invest in physical infrastructure, information technology (IT), and health workforce development. Health philanthropy has already started to respond to these policy and demographic changes in notable ways by:

- ▶ ***Placing Greater Emphasis on Expanding and Sharing Proven Programs, Instead of Creating New Ones*** – Although many funders have tended to invest in the creation of new or innovative programs or approaches, scaling existing programs has become an increasingly important priority. This is driven by what many funders identify as the greatest need in the health system—increasing the ability to serve more people with proven approaches or tools. One example of this is the Robert Wood Johnson Foundation’s

(RWJF) promotion of the strong correlation between nurses and the quality of care. RWJF has dedicated ample resources to increasing the number of nurses in the United States and to enhancing their skills and abilities.

- ▶ ***Recognizing the Need for General Operating Support*** – As a result of policy and demographic changes, nonprofits that provide health services to their communities have a greater need for reliable sources of general operating support. Health philanthropists have recognized this, and they are slowly following the wider trend in philanthropy by filling this need. According to the National Committee for Responsive Philanthropy, the share of total dollars given by U.S. foundations dedicated to general operating support in 2011 was 24 percent—up from an average of 16 percent during the period from 2008 to 2010 (Jagpal and Laskowski 2013).
- ▶ ***Accepting that Health Is a Function of More than Just Health Care, Resulting in More Opportunities for Collaboration to Improve Health Outcomes*** – Health is a function of more than just hospitals, doctors, and medicines. Access to healthy food, housing conditions, environmental factors, and socioeconomic status, to name a few factors, all have a significant bearing on individual and community health. And because health is a function of these multiple factors, improving health outcomes is tied to a whole host of actions taken outside the narrow field of health care. Funders with an interest in economic development, global warming, or education can have an impact on the health of individuals and communities, and health philanthropy is increasingly embracing the opportunities for collaboration that this provides. In the San Francisco Bay Area, for instance, a group of foundations, including The San Francisco Foundation, the Silicon Valley Community Foundation, and the Ford Foundation, and nonprofits dedicated to transit-oriented development have come together to create the Great Communities Collaborative (GCC), which connects Bay Area residents with the tools and resources needed to influence local decisionmaking on mass transit and development. GCC is not intended to be a vehicle for health philanthropy, but it has become one in practice. Although GCC's primary goal is to encourage development that is accessible to mass transit, the effects of such development are healthier, more livable communities that lead to improved individual and population health.

# NONTRADITIONAL ACTORS: KEY CHARACTERISTICS

NTAs as a category possess several common characteristics that make them valuable partners in health philanthropy, and uniquely suited to address the needs facing the future of the field.

## WHO ARE NONTRADITIONAL ACTORS?

NTAs in health philanthropy include a wide variety of organizations and institutions:

Many **corporations** have their own in-house charitable giving programs. Although much of their support may be in the form of grants, corporations often have different priorities and preferred approaches than traditional grantmaking foundations.

Established by the U.S. Treasury Department in 1994, **community development financial institutions (CDFIs)** are financial institutions that provide credit and financial services to underserved markets and populations. In the United States, the Treasury Department certifies CDFIs and provides them with funds through a variety of financial programs.

**Venture philanthropists** seek to make long-term, high-engagement investments in community-based organizations, in much the same way that venture capitalists provide valuable seed funding to for-profit entities.

A variety of **high-tech start-ups** have emerged to explore and expand new ways to identify worthy philanthropic investments and direct resources accordingly.

On an individual level, many younger **next-generation donors** possess different priorities and risk tolerances than earlier generations of individual donors.

- ▶ **Characteristic 1: NTAs prioritize results and impact over method.** NTAs are generally not wedded to specific methods or organizations. Instead, they are more concerned about achieving results, regardless of how they are achieved or who achieves them. Thus, they are not exclusively focused on traditional health care agencies or organizations, non-profits, or public health agencies. An idea that is gaining increasing traction among funders focused on economic development, for example, is linking community health centers with economic rejuvenation in struggling cities. More and more, health services and amenities are being used to anchor real estate investments while improving the health infrastructure of communities. In a similar fashion, hospitals and medical centers are being seen as drivers of economic development and job creation. Cities such as Pittsburgh, Cleveland, and Detroit target the areas around hospitals as areas for economic development, bringing in lenders and investors who might not have a prior focus on health.

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*In the last three or four years, we have been on a quest to get more private investment into the health space ... investments more in the real estate than in the medical services provider.*

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– Interviewee

Furthermore, NTAs have fully adapted to the idea that grants alone do not always achieve the results they seek, and thus may make extensive use of other investment vehicles, such as PRIs (discussed below) and impact investments, to fund needs that might otherwise be supported by grants. Doing so allows donors to focus their limited grant dollars on those nonprofits and programs that can only be supported by grants. This means that more resources are available to serve more health-focused organizations.

- **Characteristic 2: NTAs build capacity in the health sector.** Capacity building—especially in the form of support for facility construction or improvement, IT systems development, personnel training, and business planning—is often not the central focus of THFs, who tend to emphasize funding for specific programs, projects, or services instead. As noted above, investment in developing and strengthening institutional capacity to meet the oncoming needs wrought by changing policy and demographics is necessary now more than ever.

NTAs address this crucial capacity gap in several ways. Financial intermediaries, including community development financial institutions (CDFIs), nonprofits, development institutions, and fund managers,

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*Bricks and mortar don't fit within a traditional programmatic lens.*

– Interviewee

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provide loans to community health centers and clinics to build new facilities or to renovate deteriorating structures.

Corporate foundations are also capacity-minded since their priorities are driven by the priorities of their

corporate parents, which in many cases emphasize the tenets of strong management, business planning, and technical expertise. The winners of Vodafone Americas Foundation's Wireless Innovation Project, for example, receive business planning and development support, opportunities for research and design collaboration, and access to Vodafone's professional networks to assist with leadership and marketing efforts (Sugiyama 2013). This has proven to be a successful way to engage winning project teams, ensuring that the projects have a plan to grow and develop, even after the grants end.

## CASE STUDIES: INTEGRATING CAPACITY BUILDING WITH FUNDING

### Business Planning as a Precondition for Funding –

Venture Philanthropy Partners (VPP) is a philanthropic investment firm that supports nonprofits serving youth and children in Washington, DC. VPP's strategy revolves around multiyear investments directed toward developing grantees' organizational capacity and leadership. Before committing to the investment, VPP engages in an extensive business planning process with the grantee. This process ensures that the grantee has a clear strategic direction, as well as the capacity to implement its plans. This capacity building service is a vital and deeply integrated component of VPP's grantmaking approach; grantees cannot receive funding without participating in the process.



### Crowdfunding that Provides More than Just Financial Backing –

MedStartr is an on-line crowdfunding platform that allows doctors, patients, or other interested investors to support innovative health care projects. These projects can come from corporations or from individual doctors or patients who have an idea about how to improve the provision of health services. MedStartr is more than just a Web site that allows individuals to solicit funding for their project, however. The platform acts as an incubator for health start-ups, providing mentoring and business design assistance to its projects.



- **Characteristic 3: NTAs possess a greater capacity to take risks.** NTAs often possess a greater capacity to make riskier investments than traditional funders, due to their experience in other fields that are more accustomed to risk, organizational structures that allow them to act nimbly and responsively, and/or their accountability to internal and external stakeholders who prioritize riskier investments in order to achieve greater returns.

The greater capacity of NTAs to take risks manifests itself in several ways. The mission and structure of CDFIs, for example, enable them to invest in projects that would be unable to secure financing from



more traditional lending institutions because the risk is too great or because of programmatic constraints. In this way, CDFIs fill a crucial funding gap.

### CASE STUDY: COMFORT WITH RISK TAKING

#### **Low Income Investment Fund: Leveraging Capital from Public, Private, and Philanthropic Sources to Distribute Risk**

– In 2009 a collaborative of community nonprofits, advocacy organizations, and philanthropic funders in the San Francisco Bay Area produced a needs assessment that highlighted the limited number of potential development sites near mass transit. Investment in such sites was unlikely to come from any single source, however, due to high levels of risk. In response, the Low Income Investment Fund (LIIF) leveraged a \$10 million investment from the Metropolitan Transit Commission to gain contributions from public, private, and philanthropic sources to create a \$50 million Transit Oriented Affordable Housing Fund. This allowed each investor to contribute in such a way that met their mission and investment criteria, while distributing the risk among the fund's investors. From this fund, LIIF invested in transit-oriented residential developments, grocery stores in underserved communities, and senior living and dental care facilities.



- ***Characteristic 4: NTAs are motivated by cost savings and creating efficiencies, in addition to impact.*** NTAs often may apply double- or triple-bottom line approaches in their philanthropic investments, which benefit their business goals, as well as their goals for social impact. For example, since 1990, Dignity Health—one of the largest hospital operators in the United States—has donated \$47 million in grants and invested \$133 million in loans to nonprofit organizations that address unmet health needs and increase access to primary care. In the process of doing so, it has reduced the burden on its emergency rooms as a provider of primary care along with its own operating costs, while also improving the health care of its community.
- ***Characteristic 5: NTAs have an interest in working more closely with traditional funders.*** NTAs are not necessarily expert or well connected in the health field. Recognizing that THFs may possess the expertise that they lack, NTAs are often open (if not outright eager) to learn from and collaborate with other funders. They are interested in gaining more substantive knowledge about health issues from traditional funders, as well as being introduced to people and institutions in their networks. They are keen to learn about how best to measure their own impact, and they are also interested in opportunities to co-design philanthropic programs or strategies that leverage the assets of both kinds of actors to work toward common objectives.

## WHAT DO THE ACTIVITIES OF NONTRADITIONAL ACTORS MEAN FOR TRADITIONAL HEALTH FUNDERS?

The priorities and approaches of NTAs are uniquely suited to address the changing needs of health care and health philanthropy. But much like THFs themselves, NTAs cannot address all of these needs on their own. Fortunately, the growing role of NTAs in the field of health philanthropy presents numerous opportunities for THFs to enhance their own impact. By learning about the approaches employed by NTAs, and by strategically applying those that are most relevant to their missions, THFs can make their own limited resources go further. And by exploring deeper collaboration with NTAs, THFs can identify opportunities to leverage their own strengths to have an even greater impact on the field.

Interviewees for this inquiry identified several opportunities for THFs to work more closely with NTAs and to learn from their experience. These included:

- **Opportunity 1: Learn from one another.** A great opportunity exists for THFs to learn from NTAs, and vice-versa. NTAs often possess expertise from fields beyond philanthropy, including from the technology sector and from finance. THFs can learn about techniques and approaches that might be commonplace in those and other sectors but have thus far been unexplored or underutilized among philanthropists, such as the use of mobile technology and crowdfunding platforms to include more people in the philanthropic process.

Understanding that they often share common objectives, THFs could benefit from sharing their experience and expertise with NTAs as well. Many NTAs express a strong desire to gain deeper substantive knowledge about health issues and to be introduced to experts and other funders in the field. Beyond the substantive aspects of health philanthropy, NTAs also can learn from THFs' experience using nonfinancial tools to achieve impact, such as donor convenings and grantee trainings, along with best practices on evaluation to accurately measure the impact of their philanthropic investments.

- **Opportunity 2: Make use of PRIs.** Grants are the primary tool that THFs use to support organizations working to achieve their goals. But THFs may be able to achieve greater impact through the use of different financing vehicles. A wide range of financing vehicles beyond grants are emerging and are beyond the scope of this inquiry.<sup>1</sup> It was noted, however, that the most widely used one outside health philanthropy is PRIs.

PRI activity peaked in 2004 when 137 of the more than 66,000 foundations in the United States made use of PRIs. Between 2000 and 2010, only 6.65 percent of all PRIs—representing only 7.82 percent of the total value of all PRIs—were made to charitable organizations whose primary focus was health (Lilly Family School of Philanthropy 2013).

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*Grants are the gold standard of health philanthropy—don't use gold when silver will suffice.*

— Interviewee

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PRIs could yield several benefits for the charitable organizations that THFs intend to support. PRIs can strengthen the capacity of the recipient organization by helping it establish a credit history, which can in turn help it secure additional sources of funding. The process of securing and managing PRIs can help nonprofits strengthen their own financial management capacity. In addition, PRIs themselves are well-

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<sup>1</sup> For further reading, see GIH's *Guide to Impact Investing* (2011), which offers a framework to help funders think about investment strategies that can enhance achievement of their missions. The guide provides an overview of the spectrum of various impact investment types, and presents case studies of foundation investments.

suitable for the kind of capacity building efforts that are in greatest need in the health sector, including infrastructure development and IT capacity.

PRIs can also be of great benefit to THFs themselves. They allow funders to preserve their own resources, through repayment of the PRIs. In some cases, PRIs can supplant grant funding, freeing up that money to be used for purposes that can be financed in no other way. THFs can also use PRIs to leverage additional resources for health-focused organizations. They can provide additional risk capital to CDFIs, that can then leverage that support to attract additional resources from public and private sources. This allows CDFIs to make the riskier investments in the health of low-income and underserved communities than traditional funders are able to do alone.

### WHERE TO ENGAGE NONTRADITIONAL ACTORS

NTAs in health philanthropy convene in a variety of settings to learn from and support each other. Some of the most important venues include:

The **Global Impact Investing Network (GIIN)** was conceived in 2007 to address the needs of the emergent impact investing industry. Today it is a leading resource for impact investors in all fields, providing support and guidance to help increase the scale and effectiveness of impact investments. GIIN holds an annual convening, in addition to smaller events throughout the year.

**SOCAP (Social Capital Markets)** is an annual event held each fall in San Francisco that connects leading global innovators—including investors, foundations, institutions, and social entrepreneurs—to build the market of actors working at the intersection of market forces and social impact. The 2013 SOCAP conference included a specific track focused on health, which included representatives from the San Francisco Federal Reserve, the Robert Wood Johnson Foundation, and the W.K. Kellogg Foundation.

**Mission Investors Exchange** (formerly PRI Makers) was launched in 2012 as a venue for philanthropic innovators to exchange ideas, tools, and experiences to increase the impact of their capital. Its membership includes more than 200 foundations and mission investing organizations. Mission Investors Exchange offers a biennial national conference, in addition to a variety of workshops, webinars, and networking events that are specifically tailored for traditional foundations that want to engage more deeply with nontraditional approaches to achieving impact.

**Opportunity Finance Network (OFN)** is a national network of CDFIs investing in opportunities that benefit low-income, low-wealth, and other disadvantaged communities across America. OFN holds workshops and webinars to build the capacity of opportunity finance practitioners and also offers the Citi Leadership Program for Opportunity Finance, which works with three levels of CDFI leaders—emerging, mid-career, and executive.

- **Opportunity 3: Explore closer collaboration and partnership with NTAs.** Closer collaboration between THFs and NTAs would allow both to support a more complete spectrum of health-related needs, from capacity building to direct programmatic support. Doing so would allow THFs to leverage their own financial resources by bringing capital from NTAs to bear on their health-related priorities. In practice, such collaboration might entail THFs proactively identifying and engaging NTAs to join them in employing a comprehensive, integrated approach to solve community challenges—one that recognizes that a healthy community depends on many factors beyond health alone.

In a more mechanical sense, THFs can also more closely integrate their existing giving approaches with those of NTAs, finding ways to leverage the unique strengths of each. For example, the crowdfunding

model exemplified by MedStartr offers a way for THFs to assess a project before making a significant investment of their own. MedStartr provides health-related innovations not just with a way to raise capital, but also with a way to assess their popularity among actual potential users. Innovative medical devices or tools, for example, receive an implicit vote of confidence when they receive substantial crowdfunding support from doctors or other medical practitioners. This can indicate whether a real market exists for a new or untested product, giving developers crucial insight into whether they should develop their products further. Winners of “popularity contests” on MedStartr can be said to have demonstrated a certain level of widespread appeal, making them eligible for prizes or “top-off” funding from traditional funders. Tools like MedStartr provide THFs with an opportunity to crowdfund before they invest—to gauge the popularity of an innovative concept or product with potential users much faster and more efficiently than they could ever do on their own.

- ***Opportunity 4: Look to NTAs as a potential source for human capital.*** Many THFs are poised for generational shifts in their leadership and staff, creating a great need for talented and experienced personnel to assume key positions. NTAs can serve as a resource for THFs seeking to replenish their human capital. Such individuals, especially from the technology and finance sectors, bring skills and experiences that may be in short supply among THFs. NTAs may serve as a recruiting and development resource for the field, introducing health and health philanthropy to new people and introducing traditional funders to a pool of expert practitioners who can serve as advisors, guides, or potential staff.

## CONCLUSION

The pioneering approaches of NTAs in health philanthropy present opportunities for traditional funders—and for the field as a whole—to make the most of the enormous potential of the changes that face the U.S. health system. Millions of Americans who otherwise would not have received health services will soon be able to benefit from increased access to preventive care, healthier foods, or more livable communities. Through collaboration and mutual learning among all facets of the philanthropic community, these dramatic changes can result in longer, happier, and healthier lives for many Americans.

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## APPENDIX A: LIST OF INTERVIEWEES

### **Nancy Andrews**

President and CEO  
Low Income Investment Fund

### **Mary Backley**

Vice President for Finance and Administration  
Grantmakers In Health

### **Ben Bynum**

Healthcare Development Financial Institution

### **Alex Fair**

Cofounder and CEO  
Medstarttr

### **David Fukuzawa**

Program Director  
The Kresge Foundation

### **Sharna Goldseker**

Managing Director  
21/64

### **Tessie Guillermo**

CEO  
ZeroDivide

### **Anu Gupta**

Director of Corporate Contributions  
Johnson & Johnson

### **Peter Long**

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### **ABOUT GRANTMAKERS IN HEALTH**

Grantmakers In Health (GIH) is a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve the health of all people. Working with hundreds of organizations, large and small, both locally focused and national in scope, GIH seeks to build the knowledge and skills of health funders, strengthen their organizational effectiveness, and connect them with potential partners. Formally launched in 1982, GIH is known today as the professional home for health grantmakers and as a resource for funders and others seeking expertise and information on the field of health philanthropy. For more information, visit [www.gih.org](http://www.gih.org).

### **ABOUT ARABELLA ADVISORS**

Arabella Advisors, a leading national philanthropy services firm, helps philanthropists and impact investors find innovative ways to maximize the impact of their resources. The firm provides research, strategy, and management services to clients to help them make a difference in the issues that matter most to them. For more information, visit [www.ArabellaAdvisors.com](http://www.ArabellaAdvisors.com).