

Collaborating Where Health Happens

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At the Robert Wood Johnson Foundation (RWJF), our mission is to improve health and health care for all Americans. But improving health for the most vulnerable requires acknowledging that factors such as poverty, violence, inadequate housing, and education contribute to poor health. No one knows this better than the grantmakers and nonprofit organizations working within the heart of their own communities. The field of philanthropy has embarked on many local collaborative efforts surrounding these issues.

Following is the story of Local Funding Partnerships (LFP), a national program of RWJF. For two decades, most of that under the inspired leadership of Pauline Seitz, LFP has achieved collaboration among multiple funders to support ambitious community-driven initiatives. These projects address some of our most daunting health problems by providing matching grants to local nonprofits so that innovative solutions can take root in communities across America.

Twenty years of being part of community collaborations has helped us reinforce our strategy to reach out and address the barriers that stand in the way of good health, and open up new pathways for improving the health of America's most vulnerable.

This article will describe how the original concept of partnerships between local funders and a national foundation has evolved in a way that continues to support local innovation and advance strategy.

BUILDING COLLABORATION AND PARTNERSHIPS

In 1987 former RWJF staff member and trailblazer Terry Keenan recognized the need for a model of grantmaking that originated with local funders invested in their own communities. His field experience helped shape a responsive program built on the understanding that change to improve health at the local level must be led by funders and organizations within the community for it to be both pertinent and lasting. He developed LFP as a way to identify innovative local programs and provide technical guidance, training, and metrics to root these programs in their communities with the goal of develop-

ing sustainable projects. Keenan's model was built on the importance of partnerships, learning, and continuous feedback from the communities in which the program worked.

The field of philanthropy – particularly at the local level – has changed dramatically since the inception of this program, both in terms of its structures and its interests. While the initial funding partners were mostly established independent and family foundations, the openness of LFP's funding partnership model readily accommodated the growth of conversion foundations, community foundations, and donor advised funds, and accommodated an increasing trend away from direct charity and toward lasting solutions.

EVOLVING WITH CHANGING COMMUNITY NEEDS

The constancy of LFP comes not only from evolving to accommodate new kinds of funders, but also from drawing funding priorities from the issues brought forth by local funders and organizations. The program areas funded by LFP have changed on an ongoing basis for 20 years. Each annual application cycle is a microcosm of how community interests and needs influence the priorities of local grantmakers. For 20 years, LFP has isolated and identified trends within the sector, working hand-in-hand with communities to advance efforts that address the most pressing issues of the day and help them fund the innovative solutions they identify. While the grantee mix is different every year, it is always creative, cross sector, and system changing with strong partner engagement.

In the program's early years, local funders and LFP supported grants that manifested the program's commitment to innovative thinking, supporting AIDS programming, efforts focused on addressing the needs of high-risk youth, and

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bolstering safety net programs in community health centers. Examples of early awards include the Village Nursing Home, the first full-service case management and daycare program for people with AIDS in New York City. This project

was funded in 1988 in partnership with The New York Community Trust and the United Hospital Fund and is now a well-accepted best practice. Another example is Voices of Love and Freedom, a K-12 multicultural literature curriculum that addressed drug use, violence, diversity, and character development. This was funded in 1994 with matching grants from The Boston Foundation, The Bank of Boston, and the Hyams Foundation. Over time this program grew from a single neighborhood to national replication in 14 states. By the end of the 1990s, clusters of LFP grants emerged that integrated mental health and primary care, found new and

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effective ways to expand access to oral health, and established communitywide models to promote healthy behaviors. For example, the Bridge program in New York's Chinatown, nominated by the Pfizer Foundation, colocated a bilingual mental health team in a primary care clinic to provide vulnerable Asian Americans with counseling for depression, and behavioral health training for primary care providers.

By 2001 violence emerged as a crosscutting issue in funders' LFP nominations. CeaseFire, nominated by The John D. and Catherine T. MacArthur Foundation and joined by funding partners, including the Michael Reese Health Trust, The Chicago Community Trust, The Field Foundation of Illinois, and the Smart Family Foundation, began as a strategic effort to reduce gun violence in Chicago. Today, CeaseFire is a nationally replicated program that is successfully reducing street violence.

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LFP TODAY

LFP is currently housed within the RWJF Vulnerable Populations portfolio, which discovers new pathways to health by recognizing the critical relationship between our health and where we live, work, learn, and play. LFP brings this philosophy to the community level, leveraging the power of partnerships to address local health needs by confronting the obvious connection between social factors and health outcomes.

While LFP grantees differ in their pathways to improving health, we have come to realize that all of the projects have historically shared three distinctive characteristics: they go to where health happens in **Common Places** across America's small towns and big cities; on street corners and town squares; in homes, schools, and prisons. In these common

places, LFP recognizes that social factors have an enormous impact on health, and LFP connects tailored solutions to each community's health challenges. LFP funding partners rally around **Common Causes**, leveraging local resources to find common solutions. They are distinguished by forging **Uncommon Connections** across multiple sectors to connect those who have complementary interests in education, employment, and housing with broader community health issues.

LFP has recently been reauthorized for \$27 million over the next three years. With foundation endowments and giving to nonprofits shrinking during these economic times and the burden on service providers increasing exponentially, LFP, and partnerships in general, can be a source of matching funds to drive new solutions. LFP's annual grantmaking program is administered by a yearly call for

proposals that is open to innovative new projects regarding a wide range of community concerns. This program forges relationships between RWJF and local grantmakers to fund promising, original projects that can significantly improve the health of vulnerable people in their communities. This program awards matching grants of \$200,000 to \$500,000.

As LFP continues to change with the needs brought forth by local funders, we have a new opportunity to partner with community-based diversity-focused funds that are specifically defined by race, ethnicity, tribe, gender, sexual identity, or frontier location. In response, RWJF has developed a new LFP special solicitation that will provide matching grants of \$50,000 to \$200,000 to accommodate smaller scale projects in these communities and in partnership with these funds. The first of these special solicitations will focus on promoting safe community environments and reducing exposure to community violence and will be awarded in 2009.

As the momentum of the program advances in the 21st century, we will continue to forge uncommon connections and evolve to develop new models of philanthropy to address the changing shape and scope of the sector. LFP will always be a work in progress, with an ear to the ground for new pathways to address community health needs, optimizing existing programs to best tackle the changing landscape that relies on local funders as our guides. Because as much as the program evolves, the bedrock principle that innovation comes from the funders who work at community level has not and will never change.

To learn more about LFP, visit the program's Web site at www.localfundingpartnerships.org.

VIEWS FROM THE FIELD is offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Faith Mitchell at 202.452.8331 or fmitchell@gih.org.