

DETERMINING THE ROLE OF THE Foundation IN THE Community

Perhaps more than any other segment of philanthropy, health philanthropy has emerged over the past two decades with a diverse set of foundation operating structures and grantmaking styles. With the advent of health conversions, many new health foundations were in the fortunate position of being able to learn from and even transform, traditional notions of philanthropy. More recently, new ways of thinking about philanthropy – such as venture philanthropy, organizational effectiveness, and organizational learning – have raised new questions about the grantee-grantor relationship. As a result, health funders today have taken on a multitude of roles beyond that of grantmaker – they are now conveners, advocates, fundraisers, capacity builders, technical assistance providers, researchers, information clearinghouses, partners, and collaborators.

As new health foundations emerge and others take time to reassess their impact and effectiveness as they grapple with complex social issues, the question of “What should we be doing?” invariably enters the conversation. Edward Skloot, executive director of the Surdna Foundation, recently stated, “For foundations, my hunch is that money will not be the highest card they can play. Instead, success will be found in the mutual support they give each other...collaborating closely with nonprofit organizations, and constantly focusing on convening, researching, and networking. This is the leverage that foundations and nonprofits bring to the economic and social challenges” (Skloot 2005).

How a foundation determines what role it should take is dependent on many factors, and changes over time. Often, more engaged grantmakers actively seek opportunities to come to the table with others around shared concerns or values. They note whether someone needs to take leadership on an issue, and can leverage their knowledge of the nonprofit community to make connections. Other health funders have concluded that they can be more effective at working toward the foundation’s mission by providing information about health issues to the public, policymakers, the media, providers, and advocates, rather than through direct grantmaking. They shift strategies and begin supporting policy research, reports, and public convenings. Still other health foundations take on new roles as they incorporate creative approaches to dealing with difficult social issues.

OPPORTUNITIES FOR GRANTMAKERS

- *A Journey of Conversion and Learning* – In celebrating its tenth anniversary in 2005, St. Luke’s Health Initiatives

QUESTIONS FOR DETERMINING A FOUNDATION’S ROLE

- What are the community’s health needs and issues?
- Who is involved? Who is setting and driving the agenda?
- What opportunities are there to be involved?
- What other resources can the foundation bring to the table?
- What is the foundation’s style? Is it proactive, responsive, highly visible, or behind the scenes?
- How does the foundation respond to calls for action from many different types of constituents? How does the foundation use strategic communications?
- What type of relationship does the foundation want to have with grantees, applicants, and others?
- Can the foundation quickly respond to new threats and opportunities at the community level?
- Is the foundation’s staff well equipped to take on the roles the foundation wants to perform?
- How can the foundation support and achieve greatest impact?

(SLHI) in Phoenix reflected on the foundation’s history, accomplishments, and lessons learned and stated a new course for its future. The foundation’s leadership said that in its ten years, the organization had been on a journey of conversion and learning: When the foundation first started grantmaking in 1995, it was thought that it should have a responsive community grants program with general guidelines and encourage nonprofits to apply. As the staff and board learned more about community health issues and area nonprofits, they realized they could offer more than general grants – they could become directly involved with the issues and the individuals.

Over the next five years, the foundation became more focused and connected to the Phoenix community and initiated programs. In 2000, the foundation changed its name to further distinguish itself from the St. Luke’s Medical Center. Now known as the St. Luke’s Health Initiatives, the foundation found that the name change transformed the way they worked and thought about the work, “Grants are one means, but not the ends, of our work. Fundamentally, we

aren't in the grantmaking business. We're in the relationship business. Our greatest asset is not our endowment, but our people. We can't always come up with money, but we can come up with connections, ideas, energy, and a willingness to work with almost anyone to improve community health. It turned out that the branding process wasn't about changing the name but about establishing a crystal clear perception of ourselves, what we wanted to do, and how we wanted to convey that perception to others" (SLHI 2005).

The foundation went on to create *Arizona Health Futures* – SLHI's health policy and public education arm – and earmark a significant portion of its resources for health policy research and analysis, public education and advocacy activities, and an agenda for translating research into action through targeted community initiatives directed at health system improvement. The foundation is now poised for its newest role, *Health in a New Key*, an initiative that will consciously adopt, model, and promote the principles and techniques of resilience – the remarkable capacity of individuals and communities to bounce back from adversity and even thrive in a world of turmoil and change.

"In the first phase of converting from the St. Luke's Health System to St. Luke's Charitable Health Trust, we learned about community grantmaking and the value of being grounded in practice and partnerships. In the second phase of converting from St. Luke's Charitable Health Trust to SLHI, we created Arizona Health Futures and learned how to better respond to a growing need for public education and advocacy to address critical health issues. In the third phase of converting from a focus on needs and deficiencies to a strength-based model of assets and resilience, we are beginning to learn how to more effectively promote the development of healthy communities in a new key."

Source: St. Luke's Health Initiatives 2005.

- **Building Strategic Alliances** – The Winter Park Health Foundation, located in central Florida, has been operating as a private foundation since 2000. Originally named the Winter Park Memorial Hospital Association, the organization built and successfully managed the Winter Park Memorial Hospital, which opened in 1955. The association operated the hospital until 1994, when it forged a partnership with Columbia/HCA Healthcare Corporation. Throughout the association's history, it addressed the health and wellness needs of area residents by operating community outreach services and facilities, including the Elinor & T. William Miller, Jr. Center for Older Adult Services, the Peggy & Philip B. Crosby Wellness Center, and the Center for Health & Wellness. Today, the foundation continues the association's history of collaborating with nonprofit organizations and identifying key community health issues. In all that it does, the foundation seeks out best practices and evidence-based

strategies to address the needs it identifies. Then, the foundation builds strategic alliances with other area nonprofit organizations to develop programs and provide services.

Because it is a trusted leader on health care issues in the community, the foundation has also become a catalyst for information gathering, research, and collaboration. The foundation commissions research on access, children and youth, and older adults, which it uses to inform its grantmaking and to educate consumers, stakeholders, and policymakers on key issues such as Medicaid reform. In addition, the foundation produces three newsletters a year highlighting school health programs and other timely health issues which are sent home with each student in the Winter Park Consortium of Schools. The foundation's trustees serve on work groups to plan the foundation's work within each grantmaking focus area and community members work with the board and staff to determine specific, measurable goals for each area.

- **Creative Communications Partnership** – The Foundation for a Healthy Kentucky was established in May 2001 to address the unmet health care needs of Kentucky by developing and influencing health policy, improving access to care, reducing health risks and disparities, and promoting health equity. In its efforts to increase knowledge about health care needs in the state, the foundation and Kentucky Educational Television (KET) joined forces through a grant from *Sound Partners for Community Health*, a program of the Benton Foundation, and with support from The Robert Wood Johnson Foundation, to create a community-media collaboration. The foundation and KET identified 13 model programs successfully working at the community level to address unmet health care needs in Kentucky through health promotion, health education, enhanced access to health care, and health policy development. KET then produced a 13-part television series, *The CommonHealth of Kentucky*, that presents some unpleasant truths about health in the state and profiles inspiring nonprofit leaders who are working to turn things around, in hopes that others will follow their lead. The overall purpose of the television series is to spotlight what's working in Kentucky to address unmet health care needs in order to develop interest in having these programs replicated in other communities. Material from the series will be repurposed to create a Healthy Lifestyle Outreach Toolkit containing video modules and training resources to enable replication of model programs.

This article is part of GIH's portfolio, From the Ground Up: Improving Community Health, Inspiring Community Action. Each article focuses on an approach grantmakers are using to improve health in communities. The entire portfolio is available at the GIH Web site, www.gih.org.

SOURCES

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