From the Ground Up:

IMPROVING COMMUNITY HEALTH, INSPIRING COMMUNITY ACTION

Health outcomes are influenced by many factors including genetics, behavior, use of health care services, and the circumstances under which we live and work. While the pathways by which these factors exert their influence on health status are complex, they are all linked to the fabric of community. Increasing lifespan, improving quality of life, and decreasing mortality, the goals of many health funders, all demand interventions that both engage individuals and are reinforced by the environment, institutions, policies, and practices affecting them. Grantmakers can play a critical role in creating and sustaining the conditions that will lead to improved community health. Doing so requires that grantmakers think deeply about what is meant by community, understand both the potential and limitations of working within communities, develop ways of learning with and from community members, and prepare to take on roles as funders, convenors, leaders, change agents, and servants of community action.

DEFINING COMMUNITY

The term, community, means different things to different people. Princeton University sociologist Suzanne Keller (2003) comments that "community is a chameleon term that is used in many, often contradictory ways." We often use the term to refer to a geographic area: a metropolitan area, a town, or even a neighborhood. But community can also refer to specific populations within those places (such as a particular racial or ethnic population, the disabled, or those affiliated with a particular faith) or groups that coalesce around affinities or mutual interests that transcend geographic areas. Sometimes using the term, community, can be misleading because it suggests that, because members of a community (however defined) share certain values and political or economic interests, they speak with one voice. In fact, communities often speak with multiple voices, with some of these being in direct opposition to each other. Communities also vary in their strengths, needs, values, and priorities. Different strategies may be needed under these varying circumstances to secure improvements in health.

THE CONNECTION BETWEEN COMMUNITY AND HEALTH

Why does community matter? There is a rich research literature documenting how social conditions such as access to health care, the availability of nutritious foods, educational and

In describing a new initiative focused on strengthening resilience of Arizona communities, St. Luke's Health Initiatives describes community as having the following elements:

" • *a sense of place, a real geographical space that can be described and located.*

• *sharing common interests and perspectives (such as values, norms, interests, opinions, skin color, stories, beliefs) that create a sense of familiarity, togetherness, identity, and recognition.*

• *joint action, a source of cohesion and identity.*

• *social ties including family, friends, coworkers, support groups, and others around us.*

• *diversity, defined as the range of interpersonal interactions and roles, as well groups that have overlapping relationships with other communities.*

These elements define the norms of conduct, values and behavior that describe what community ought to be, what holds it together, and how it is experienced."

Source: St. Luke's Health Initiatives 2005.

employment opportunities, housing, and income affect health outcomes. Unemployment, employment in poor working conditions, concentration of poverty, high rates of crime, and inadequate housing all harm health. Education provides a route to better chances in life and therefore better health. Relative material deprivation and social exclusion (associated with racism, discrimination, or stigmatization) prevent people from gaining access to needed services or in engaging in positive civic activities. By contrast, social cohesion, which refers to the quality of relationships plus the existence of trust, mutual obligations, and respect, has protective health effects (Marmot 2006). Speaking at Grantmakers In Health's 1999 annual meeting, Canadian economist Bob Evans put it more bluntly, "whatever is happening at the time that causes people to die – whether it's cancer, tuberculosis, AIDS, etc. If you are at the low end of the income distribution, it will get you first."

Communities are the settings where these dynamics play

out. Changing conditions to promote health can mean ensuring that the neighborhood health center has staff to offer weekend and evening hours, providing training opportunities for neighborhood residents to become employed as lay health workers, or building more affordable housing. It also can mean advocating with local officials to address disparities in the siting of public services, improve response times from emergency medical services, or remove environmental hazards. It can involve connecting with other communities to press for policy changes at the state and federal level.

> "While medical care can prolong survival and improve prognosis after some serious diseases, more important for the health of the population as a whole are the social and economic conditions that make people ill and in need of medical care in the first place."
>
> Source: Wilkinson and Marmot 2003.

HEALTH GRANTMAKING STRATEGIES

For grantmakers with a mission of improving the health and well-being of a particular place, the importance of community is crystal clear. Many health foundations have strong commitments to serving underserved, low-income, vulnerable, and marginalized residents of their communities. Their work is clearly targeted to bring resources and build the power to secure measurable improvements in health status of individuals and specific subpopulations close to home.

Those with the flexibility to fund across geographic areas also have an interest in learning what works at the community level and how to make strategies tested in one environment work in another. They also have the ability to draw the lessons learned from across communities and use them in seeking public and institutional policy changes at the state and federal level.

Prudence Brown and her colleagues at the University of Chicago (2003) point to three challenges in community change work that apply to funders whether their investments are large or small, initially focused on neighborhoods or ultimately targeted to changes in federal policy. These challenges are: the clarity and realism in foundations' goals, expectations, ideas, and strategies; the alignment between the goals and strategies, and foundations' means and modes of practice; and the sufficiency and effectiveness of current methods to inform, assess, and revise foundation thinking and practice.

The articles in this portfolio describe a broad array of strategies health grantmakers are using in their efforts to improve community health. They consider key questions in assessing communities, determining the role of the foundation in the community, engaging communities in dialogue and decision-making, forging partnerships, strengthening community capacity, community organizing, working towards policy change, nurturing community leadership, and learning with and from community members. They describe how funders working at the local, state, and national level are taking concrete steps on critical health issues such as improving access to care, addressing the epidemic of childhood obesity, and advocating for clean air and water. They provide insight on practical issues of getting the work done while also considering more introspective questions about grantmaker-grantee relationships, philanthropic effectiveness, and what works.

Health grantmakers can be forces for change in community health. Doing so requires patience, humility, the ability to listen, and the willingness to let go. Their work is leading to measurable improvements in health outcomes and providing resources and tools for communities to identify the health issues of greatest concern, develop solutions, and secure sustainable changes in health care delivery and other systems affecting individual and population health.

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

Brown, Prudence, Robert J. Chaskin, Ralph Hamilton, and Harold Richman, "Toward Greater Effectiveness in Community Change: Challenges and Responses for Philanthropy," *Practice Matters: The Improving Philanthropy Project* (New York, NY: The Foundation Center, 2003).

Evans, Robert G., "What We Do – and Don't Know – About Social Inequalities in Health," *Social Inequalities in Health: Keynote Addresses from the Annual Meeting on Health Philanthropy* (Washington, DC: Grantmakers In Health, 1999).

Keller, Suzanne, *Community: Pursuing the Dream, Living the Reality* (Princeton, NJ: Princeton University Press, 2003).

Marmot, Michael, "What Are the Social Determinants of Health?" <http://www.who.int/social_determinants/about/w_sdh/en/print.html> accessed January 20, 2006.

St. Luke's Health Initiatives, *Health in a New Key* (Phoenix, AZ: 2005).

Wilkinson, Richard, and Michael Marmot, eds. *Social Determinants of Health: The Solid Facts*, 2nd Edition (Geneva, Switzerland: World Health Organization, 2003).

The Annie E. Casey Foundation, *The Need for Self-Evaluation: Using Data to Guide Policy and Practice* (Baltimore, MD: 2001).

GrantCraft, *Getting the Inside Story: Ethnographic Approaches to Evaluation* (New York, NY: The Ford Foundation, 2004).

McGarvey, Craig, *Learning Together: Collaborative Inquiry Among Grantmakers and Grantees* (New York, NY: The Ford Foundation, 2004).

WORKING TOWARDS POLICY CHANGE

ORGANIZATIONS

Alliance for Justice
Washington, DC
202.822.6070
www.afj.org

The Alliance for Justice is a national association of environmental, civil rights, mental health, women's, children's, and consumer advocacy organizations that works to strengthen the ability to influence public policy and foster the next generation of advocates. The alliance Web site offers information on nonprofit lobbying and advocacy including publications and a technical assistance section specifically geared toward foundations.

Center for Lobbying in the Public Interest (CLPI)
Washington, DC
202.384.5048
www.clpi.org

CLPI helps organizations find their own voice and power through public interest lobbying through several initiatives, including various trainings and outreach programs and a coalition developed to improve lobbying laws for nonprofits. The center's Web site provides training tools and strategies and case studies about effective lobbying.

Northern California Grantmakers' Public Policy Toolkit
San Francisco, CA
415.777.4111
www.ncg.org/toolkit/home.html

The Northern California Grantmakers' Public Policy Committee created a toolkit to help answer questions about how funders can become involved in public policy initiatives. The primary goal of this toolkit is to clarify public policy

grantmaking while building the capacity of funders to engage in public policy initiatives. The Web site provides suggested reading materials, best practices, and a section on capacity building.

PUBLICATIONS

Center for Civic Partnerships, *Community-Based Systems Change: Getting Started* (Sacramento, CA: 2001).

GrantCraft, *Funding Advocacy: The Philanthropy of Changing Minds* (New York, NY: The Ford Foundation, 2005).

Grantmakers In Health, *Strategies for Shaping Public Policy: A Guide for Health Funders* (Washington, DC: 2000).

Grantmakers In Health, *Funding Health Advocacy*, Issue Brief No. 21 (Washington, DC: 2005).

Grantmakers In Health, *The Path to Policy Change*, Issue Brief No. 26 (Washington, DC: 2006).

Holton, Ruth, *Reflections on Public Policy Grantmaking* (Woodland Hills, CA: The California Wellness Foundation, 2002).

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.

Resources

FROM THE GROUND UP:
Improving Community Health, Inspiring Community Action

GENERAL

ORGANIZATIONS

Community Catalyst, Inc.
Boston, MA
617.338.6035
www.communitycatalyst.org

Community Catalyst is a national nonprofit advocacy organization that builds consumer and community participation in the shaping of the U.S. health system to ensure quality, affordable health care for all. It works in numerous states with statewide and local organizations as well as with other national organizations. Programs include the Community Philanthropy Initiative and the Community Health Assets Project. Community Catalyst's Web site explores issues of health care access and coverage, quality, and consumer advocacy.

The Community Giving Resource
Washington, DC
202.833.4690
www.communitygivingresource.org

The Community Giving Resource (CGR) guides family foundations and individual donors through the complexities of giving in struggling neighborhoods and communities. CGR is a project of the Neighborhood Funders Group in cooperation with the Aspen Institute's Nonprofit Sector and Philanthropy Program. CGR offers resources for community giving through its Web site, customized mentoring services, and peer networking.

The Community Toolbox
Lawrence, KS
785.864.0533
www.ctb.ku.edu/index.jsp

The Community Tool Box provides over 6,000 pages of practical information to support work in promoting community health and development. The Web site is maintained by the Work Group on Health Promotion and Community Development at the University of Kansas. The Web site's topic sections include practical guidance for the different tasks necessary to promote community health and development. For instance, there are sections on leadership, strategic planning, community assessment, grant writing, and evaluation. Each section includes a description of the task, guidelines, examples, checklists, and training materials.

PolicyLink
Oakland, CA
510.663.2333
www.policylink.org

PolicyLink is a national nonprofit research, communications, capacity building, and advocacy organization working to advance policies to achieve economic and social equity. PolicyLink collaborates with a broad range of partners to implement strategies to ensure that everyone – including those from low-income communities of color – can contribute to and benefit from economic growth and prosperity. The Web site offers publications and other resources, including an on-line manual, *Advocating for Change,* which provides an in-depth understanding of the advocacy process and provides examples of effective advocacy.

PUBLICATIONS

Brown, Prudence, Robert J. Chaskin, Ralph Hamilton, and Harold Richman, "Toward Greater Effectiveness in Community Change: Challenges and Responses for Philanthropy," *Practice Matters: The Improving Philanthropy Project* (New York, NY: The Foundation Center, 2004).

Center for Civic Partnerships, *Sustainability Toolkit: 10 Steps to Maintaining Your Community Improvements* (Sacramento, CA: 2004).

Johnson, Kathryn, Wynne Grossman, and Anne Cassidy, eds., *Collaborating to Improve Community Health: Workbook and Guide to Best Practices in Creating Healthier Communities and Populations* (San Francisco, CA: Jossey-Bass Publishers, 1996).

ASSESSING COMMUNITIES

ORGANIZATIONS

Asset-Based Community Development Institute
Evanston, IL
847.491.8711
www.northwestern.edu/IPR/abcd.html

The ABCD Institute conducts research on community development through extensive and substantial interactions with community builders and produces practical resources and tools for community builders to identify, nurture, and mobilize

neighborhood assets. The ABCD Institute's Web site provides useful resources for conducting asset inventories, including workbooks, manuals, and other publications.

Assessment Initiative
Center for Disease Control and Prevention (CDC)
Atlanta, GA
404.498.6150
www.cdc.gov/epo/dphsi/assessment.htm

The CDC's *Assessment Initiative* is a cooperative program between the CDC and state health departments that supports the development of innovative systems and methods to improve the way data is used to inform public health decisions and policy. Funded states work together with local health jurisdictions and communities to improve access and utilization of public health data to support community health assessment. The Web site provides links to various state health assessments, a model of assessment, and opportunities for training and education.

PUBLICATIONS

Fuller, Tony, Denyse Guy, and Carolyn Pletsch, *Asset Mapping: A Handbook* (Thousand Oaks, CA: Sage, 2002).

GrantCraft, *Scanning the Landscape: Finding Out What's Going on in Your Field* (New York, NY: The Ford Foundation, 2003).

Kretzman, John P. and John L. McKnight, *Discovering Community Power: A Guide to Mobilizing Local Assets and Your Organization's Capacity* (Evanston, IL: Asset-Based Community Development Institute, 2005).

DETERMINING THE ROLE OF THE FOUNDATION IN THE COMMUNITY

PUBLICATIONS

Brousseau, Ruth T., "Experienced Grantmakers at Work: When Creativity Comes Into Play," *Practice Matters: The Improving Philanthropy Project* (New York, NY: The Foundation Center, 2004).

Connor, Joseph A. and Stephanie Kadel-Taras, *Community Visions, Community Solutions: Grantmaking for Comprehensive Impact* (St. Paul, MN: Amherst H. Wilder Foundation and Grantmakers for Effective Organizations, 2003).

Consumers Union, *Building and Maintaining Strong Foundations* (San Francisco, CA: 2004).

Fulton, Katherine and Andrew Blau, *Looking Out for the Future: An Orientation for Twenty-first Century Philanthropists* (Emeryville, CA: Global Business Network, 2005).

Hughes, Robert, "Philanthropies Working Together: Myths and Realities," Practice Matters: The Improving Philanthropy Project (New York, NY: The Foundation Center, 2005).

Rhoten, Diana, *Organizing Change from the Inside Out: Emerging Models of Internal Collaboration in Philanthropy* (San Francisco, CA: The Hybrid Vigor Institute, 2004).

ENGAGING COMMUNITIES IN DIALOGUE AND DECISIONMAKING

ORGANIZATIONS

America*Speaks*
Washington, DC
202.775.3939
www.americaspeaks.org

America*Speaks,* a nonprofit organization, engages citizens in public decisionmaking through town meetings, citizen engagement consulting, and strategic planning. The Web site includes links to resources in citizen participation and civic engagement. America*Speaks* also leads the Deliberative Democracy Consortium (deliberative-democracy.net), a network of researchers and practitioners working to renew democracy through citizen participation and deliberation. The consortium Web site contains links to academic articles, grey literature, and practical guides on citizen participation.

The Saguaro Seminar: Civic Engagement in America
Kennedy School of Government, Harvard University
Cambridge, MA
617.495.1148
www.ksg.harvard.edu/saguaro/index.htm

The Saguaro Seminar develops strategies to increase Americans' connectedness to one another and to community institutions. The seminar's Web site provides a wealth of research on social capital and civic education.

Philanthropy for Active Civic Engagement (PACE)
Berkeley, CA
510.665.6130
www.pacefunders.org/index.html

Philanthropy for Active Civic Engagement (PACE) is a community of grantmakers and donors committed to strengthening democracy by using the power, influence, and resources of philanthropy to open pathways to participation. PACE publications on citizen service, volunteerism, and civic engagement are available for download from the Web site.

PUBLICATIONS

CDC/ATSDR Committee on Community Engagement, *Principles of Community Engagement* (Atlanta, GA: Centers for Disease Control and Prevention, 1997).

Stuhldreher, Anne, "Polishing Up the Diamond: How Did the Jacobs Foundation Help Revitalize a Neighborhood? By Listening to Its Residents," *Stanford Social Innovation Review* 3(1):52-54, Spring 2005.

NURTURING COMMUNITY LEADERSHIP

ORGANIZATIONS

Center for Excellence in Nonprofits
Milpitas, CA
408.945.4500
www.cen.org

Established in 1994, the Center for Excellence in Nonprofits (CEN) provides the nonprofit community with leadership development and continuous improvement programs through its innovative Learning Community model. CEN's Web site includes links to the Learning Community model, executive coaching programs, and publications.

Leader to Leader Institute (formerly the Drucker Foundation)
New York, NY
212.224.1174
www.leadertoleader.org

The Leader to Leader Institute is a nonprofit organization that supports social sector leaders through publications, training workshops, and conferences. Its mission is to strengthen the leadership of the social sector. The institute's Web site includes many articles, books, and resources on leadership, collaboration, and self-assessment.

Pew Partnership for Civic Change
Charlottesville, VA
434.971.2073
www.pew-partnership.org

The Pew Partnership is a civic research organization, funded by The Pew Charitable Trusts, and administered by the University of Richmond. Its LeadershipPlenty leadership training program was designed to prepare citizens to successfully address local problem-solving priorities and leadership challenges.

PUBLICATIONS

The Annie E. Casey Foundation, *Capturing the Power of Leadership Change: Using Executive Transition Management to Strengthen Organizational Capacity* (Baltimore, MD: 2004).

The Annie E. Casey Foundation, *Up Next: Generation Change and the Leadership of Nonprofit Organizations* (Baltimore, MD: 2005).

Community Catalyst, *Community Health Leaders Manual and Curriculum* (Boston, MA: 2005).

GrantCraft, *Leadership Development Programs: Investing in Individuals* (New York, NY: The Ford Foundation, 2003).

Hubbard, Betsy, *Investing in Leadership, Volume 1: A Grantmaker's Framework for Understanding Nonprofit Leadership Development* (Washington, DC: Grantmakers for Effective Organizations, 2005).

W.K. Kellogg Foundation, *Evaluating Outcomes and Impacts: A Scan of 55 Leadership Development Programs* (Battle Creek, MI: 2002).

Kunreuther, Frances, "Movement Is Motion," *The Nonprofit Quarterly* (11)4, Winter 2004.

Marcial, Julio, *Reflections On Leadership – The California Peace Prize* (Woodland Hills, CA: The California Wellness Foundation, 2005).

McNeely, Joseph, Sentwali Aiyetoro, and Prentice Bowsher, *The Paths to Leadership in Community Change: A Review of Leadership Development Models in the Rebuilding Communities Initiative* (Baltimore, MD: The Annie E. Casey Foundation, 1999).

Wolfred, Tim, *Interim Executive Directors: The Power in the Middle* (Baltimore, MD: The Annie E. Casey Foundation, 2005).

LEARNING WITH AND FROM COMMUNITY MEMBERS

PUBLICATIONS

Community-Campus Partnerships for Health (CCPH)
Seattle, WA
206.543.8178
www.depts.washington/edu/ccph/commbas.html

CCPH is a nonprofit organization that promotes health through partnerships between communities and higher educational institutions. These collaborative efforts promote health through service-learning, community-based participatory research (CBPR), broad-based coalitions and other partnership strategies. In particular, CCPH offers resources about CBPR, such as publications, presentations, and reports. The Web site provides links to electronic discussion groups and listervs as well as other organizations devoted to CBPR.

PUBLICATIONS

Agency for Healthcare Research and Quality, *The Role of Community-Based Participatory Research: Creating Partnerships, Improving Health* (Rockville, MD: 2003).

The Association for the Study and Development of Community, *Principles for Evaluating Comprehensive Community Initiatives* (Washington, DC: 2001).

Brousseau, Ruth T., *Reflections on Evaluating Our Grants* (Woodland Hills, CA: The California Wellness Foundation, 2002).

contributing to research, developing programs and products, and building a community of practice that expands the resources available on nonprofit effectiveness. A variety of resources are available on GEO's Web site, including publications and leadership tools.

PUBLICATIONS

Blumenthal, Barbara, *Investing in Capacity Building: A Guide to High-Impact Approaches* (New York, NY: Foundation Center, 2003).

Connolly, Paul, and Carol Lukas, *Strengthening Nonprofit Performance: A Funder's Guide to Capacity Building* (St. Paul, MN: Amherst H. Wilder Foundation, 2002).

Easterling, Doug, Kaia Gallagher, Jodi Drisko, and Tracy Johnson, *Promoting Health by Building Community Capacity: Evidence and Implications for Grantmakers* (Denver, CO: The Colorado Trust, 1998).

Grantmakers for Effective Organizations, *Capacity Building for Impact: The Future of Effectiveness for Nonprofits and Foundations* (Washington, DC: 2002).

Johnston, Michelle, *Foundation Strategies to Enhance and Sustain Local Capacity for Community-Based Public Health* (Oakland, CA: Partnership for the Public's Health/Public Health Institute, 2005).

Light, Paul C., Elizabeth T. Hubbard, and Barbara Kibbe, "The Capacity Building Challenge," *Practice Matters: The Improving Philanthropy Project* (New York, NY: The Foundation Center, 2004).

Third Sector New England, "Funding Infrastructure: An Investment in the Nonprofit Sector's Future," *The Nonprofit Quarterly* 12(4), 2004.

FORGING PARTNERSHIPS

ORGANIZATIONS

Center for the Advancement of Collaborative Strategies in Health
New York, NY
212.822.7250
www.cacsh.org

The Center for the Advancement of Collaborative Strategies in Health helps partnerships, funders, and policymakers realize the full potential of collaboration to solve complex problems related to health or any other area. Working closely with people and organizations involved in collaboration, the center conducts research studies, policy analyses, and joint learning activities to identify and explore key challenges associated with collaborative problem solving. Resources available on the Web site include the Web-based *Partnership Assessment Tool* and links to relevant publications.

Partnership for the Public's Health
Oakland, CA
510.451.8600
www.partnershipph.org

The Partnership for the Public's Health (PPH) is working to bring about long-term, systemic changes in how community health issues are defined, addressed, and evaluated in California. PPH supports partnerships that bring residents, community groups, and health departments together to improve community health. PPH is also committed to identifying and supporting policy and system changes that promote community-based public health. The Web site provides an array of links to relevant resources in categories such as community building and organizing, collaboration and partnership development, and health assessment.

PUBLICATIONS

CDC/ATSDR, *Engaging Faith Communities as Partners in Improving Community Health* (Atlanta, GA: Centers for Disease Control and Prevention, 1999).

GrantCraft, *Working with the Business Sector: Pursuing Public Good with Private Partners* (New York, NY: The Ford Foundation, 2005).

Grantmakers In Health, *Building a Healthier Future: Partnering to Improve Public Health*, Issue Brief No. 22 (Washington, DC: 2005).

Grantmakers In Health, *Building Relationships in Health: How Philanthropy and Government Can Work Together* (Washington, DC: 2003).

Hopkins, Elwood M., *Collaborative Philanthropies: What Groups of Foundations Can Do That Individual Funders Cannot* (Lanham, MD: Rowman & Littlefield, 2005).

La Piana, David, *Real Collaboration: A Guide for Grantmakers* (Emeryville, CA: 2001).

Sierra Health Foundation, *A 10-Year Investment in Community Building to Improve Children's Health: Evaluation of the Community Partnerships for Healthy Children Initiative* (Sacramento, CA: 2004).

Whitley, James R., *Strength in Numbers: A Guide to Building Community Coalitions* (Boston, MA: Community Catalyst, 2003).

Winer, Michael, and Karen Ray, *Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey* (St. Paul, MN: Amherst H. Wilder Foundation, 1994).

COMMUNITY ORGANIZING

ORGANIZATIONS

Association of Community Organizations for Reform Now (ACORN)
www.acorn.org

ACORN is the nation's largest community organization of low- and moderate-income families, working together for social justice and stronger communities. Since 1970, ACORN has grown to more than 175,000 member families, organized in 850 neighborhood chapters in 75 cities across the U.S. and in cities in Canada, the Dominican Republic, and Peru. The Web site provides information about its various campaigns, including health care, affordable housing, and environmental justice.

People Improving Communities through Organizing (PICO) National Network
Oakland, CA
510.655.2801
www.piconetwork.org

PICO is a national network of faith-based community organizations working to create innovative solutions to problems facing urban, suburban, and rural communities. Since 1972 PICO has successfully worked to increase access to health care, improve public schools, make neighborhoods safer, build affordable housing, redevelop communities, and revitalize democracy. With more than 1,000 member institutions in 150 cities and 17 states, PICO is one of the largest community-based efforts in the United States. The Web site highlights PICO's *National Healthy Families Campaign* and also provides case studies and other research.

PUBLICATIONS

Allen, Henry, "Organizing Power & Public Policy: One Foundation's Road to Supporting Community Organizing," *Shelterforce*, September/October 1998.

Community Catalyst, "Linking Grassroots Leadership and Legal Advocacy: Partnerships for Health Care Justice," *States of Health* (10)2, Fall 2000.

McKay, Rob, "Foundation Frustration, Why Are Big-Money Philanthropies Afraid of Community Organizers?" *City Limits*, November 2000.

Minkler, Meredith, *Community Organizing and Community Building for Health* (New Brunswick, NJ: Rutgers University Press, 1997).

Parachini, Larry and Sally Covington, *Community Organizing Toolbox: A Funder's Guide to Community Organizing* (Washington, DC: Neighborhood Funders Group, 2001).

Traynor, Bill, *Reflections on Community Organizing and Resident Engagement in the Rebuilding Communities Initiative* (Baltimore, MD: The Annie E. Casey Foundation, 2002).

STRENGTHENING COMMUNITY CAPACITY

ORGANIZATIONS

CompassPoint Nonprofit Services
San Francisco, CA
415.541.9000
www.compasspoint.org

CompassPoint Nonprofit Services is a nonprofit training, consulting, and research organization. Through a broad range of services, CompassPoint provides nonprofits with the management tools, concepts, and strategies necessary to shape change in their communities. Many foundations rely on CompassPoint for developing and implementing their technical assistance initiatives and nonprofit research projects. The Web site provides a variety of resources for nonprofits and includes sections on fundraising, management and planning, and executive leadership.

Alliance for Nonprofit Management
Washington, DC
202.955.8406
www.allianceonline.org

The Alliance for Nonprofit Management is the professional association of individuals and organizations devoted to improving the management and governance capacity of nonprofits. The alliance Web site features a searchable directory of nonprofit consultants, management support organizations, and other nonprofit capacity builders, as well as information on organizations, Web sites, books, newsletters, and other useful resources for nonprofit organizations.

BoardSource
Washington, DC
202.452.6262
www.ncnb.org

BoardSource, formerly the National Center for Nonprofit Boards, offers practical information, tools and best practices, training, and leadership development to the board members of nonprofit organizations worldwide. The BoardSource Web site features a comprehensive array of governance resources, including topic papers, summaries of essential knowledge for nonprofit boards, an extensive question and answer list, and a list of useful links.

Grantmakers for Effective Organizations (GEO)
Washington, DC
202.898.1840
www.geofunders.org

GEO promotes learning and encourages dialogue among funders committed to building strong and effective nonprofit organizations. GEO's mission is to maximize philanthropy's impact by advancing the effectiveness of grantmakers and their grantees. GEO achieves its mission by commissioning and

Assessing Communities

Assessing a community's strengths and needs is a necessary first step in identifying opportunities for health improvement, as well as making and carrying out a plan of action. Health foundations use the results of community needs assessments for informing strategic plans, establishing new grantmaking priorities and initiatives, informing budgets and staffing plans, evaluating current efforts, setting the baseline for future evaluations, and creating data resources that can be used on an ongoing basis.

It can be challenging to gather and interpret information on a community's assets, needs, politics, competing priorities, and leaders. Many funders begin an assessment process by reviewing existing data on community health status, obtained from vital statistics or government surveys. Understanding what the data show, however, is not always straightforward. The limitations of the existing data may prevent drawing conclusions about important subgroups, for example. In some cases, the data simply do not exist.

There are several options for funders to address these obstacles. Funders are engaging communities in the assessment process through focus groups, key informant interviews, and listening sessions. They are collaborating with other stakeholders to spread the costs of data collection and analysis. They are also focusing energy, not just on what a particular community lacks, but on recognition of existing assets that can be deployed to create measurable improvements in health.

There are several benefits for involving community members in the assessment of community health status and the evaluation of health initiatives. First, seeking direct community input can generate rich qualitative data directly from community members most affected by the health concerns the funder hopes to address. Second, it can build trust and create more open communication. Engaging communities in assessment can also be valuable in shaping future actions, for example, the development of solutions that meet specific needs and are culturally acceptable. Communities that feel they are part of defining their own needs and assets are also more likely to take ownership of health issues and commit to changes developed in light of assessment findings.

It is not always easy for funders to get unfiltered information from community representatives. Moreover, if the focus is primarily on identifying deficits, such efforts can backfire. Advocates of asset-based community development, for instance, have noted "if one measure of effective leadership is the ability to attract resources, then local leaders are, in effect, being forced to denigrate their neighbors and their community

PRACTICAL QUESTIONS TO CONSIDER:

- How do we plan to use the results?
- What is the scope of the assessment?
- How long should it take to complete the assessment process?
- Do we need to collect primary data or are existing data sources sufficient?
- Who should conduct the assessment?
- What are the opportunities to seek community input?
- How much will it cost?
- How often should an assessment be repeated?

by highlighting their problems and deficiencies, and by ignoring their capacities and strengths" (Kretzman and McKnight 2005). Adopting a strategy that builds a mutual understanding of community health issues is thus critical to success.

Finally, funders embarking on community assessments need to be clear about their expectations. Will the results of the assessment become recommendations, proposed goals, baseline data for program evaluation, or an action plan? Looking ahead to how assessment information will be used can mean the difference in generating a report that sits on a shelf and one that truly informs the foundation's work.

OPPORTUNITIES FOR FUNDERS

Health foundations are using a variety of techniques to involve communities in the assessment process, collaborate with other stakeholders, incorporate assets in their exploration of community health, and create data resources that are available to communities to track health indicators over time.

➤ *Involving Communities in the Assessment Process* –
Many foundations formed as a result of the conversion of a nonprofit hospital or health plan have made community engagement an integral part of their assessment process, complementing quantitative data gathered from other sources. The Foundation for Seacoast Health, for example, conducted 40 focus groups within the foundation's catchment area, which spans the states of Maine and New Hampshire. The meetings helped ascertain public opinion about the populations most at risk and underserved, and the

perceived gaps in services. These focus groups were held at the same time that a local university was conducting a survey of unmet health needs.

Similarly, when the Foundation for a Healthy Kentucky began developing its focus areas, it convened 11 community planning workshops around the state, involving over 1,300 people. A consistent format and process was used to gather information that was then prioritized into recommendations for focus areas. Healthcare Georgia Foundation, Inc. conducted a statewide listening tour in 2002 to both foster open communication and get specific ideas on how the foundation could best serve the state's residents. The tour included 10 meetings in 9 communities, and included individuals and representatives from providers, community foundations, and other nonprofit organizations. This process resulted in a prioritized list of Georgia's top health concerns.

➤ *Collaborating with Other Stakeholders* – Local hospitals, the public health department, government agencies, the United Way, and others may share grantmakers' interest in community assessment. Conducting a collaborative needs and strengths assessment can be efficient and lead to more coordinated strategies to address identified needs. For example, the Orange County Health Needs Assessment is a community-based, nonprofit effort to collect and make available accurate and useful health data for Orange County, California. In 1997 it began when the Hospital Association of Southern California and the Orange County Health Care Agency agreed to jointly fund a countywide health needs assessment project that would meet the mutual needs of their members. This effort has since expanded to include 7 foundations, 27 hospitals, and 29 community clinics. The Collaborative Orange County Health Needs Assessment is thought to have facilitated greater community cooperation by generating a common understanding of priority health issues. In addition to collecting data, the collaborative helps its partners apply assessment findings. Activities include training for community nonprofits on how to use data; assistance with program design and evaluation, and consulting services such as grantwriting, marketing, and communications.

➤ *Assessing Community Assets* – Beginning in the early 1990s, a movement has been building based on the belief that nonprofit organizations are much more powerful when they are not exclusively focused on needs, problems, and deficiencies but are effectively connected to the resources or assets of the local community (Kretzman and McKnight 2005). Known as asset mapping or asset-based community development, this approach involves the community in making an inventory of assets and capacity, building relationships, developing a vision of the future, and leveraging internal and external resources to support the plan.

St. Luke's Health Initiatives (SLHI) in Phoenix, Arizona is operationalizing this approach through its new initiative *Health in a New Key*. Over the next ten years SLHI 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" (St. Luke's Health Initiatives 2005).

In the near term, SLHI is committing up to $1 million in Community Partnership Grants to four to six communities that demonstrate the principles and techniques of strength-based development and resilience in addressing significant health issues. Smaller Explorer Partnership Grants ($5,000-$15,000) will be invested in eight to ten emerging community-based efforts to build community capacity and resilience to address significant health issues. Over the next five years, up to $4 million will be invested to apply the principles and techniques of strength-based development and resilience in Arizona communities.

➤ *Using Assessments to Develop Community Indicators and Assure Accountability* – Some foundations are using the assessment process as the starting point in development of a set of community indicators that can be used to measure progress and foster accountability over time. *The Boston Indicators Project*, for example, has been working since 1997 to develop data and track progress in 10 key sectors: civic health, cultural life and the arts, economy, education, environment, housing, public health, public safety, technology, and transportation. A diverse group of 300 Bostonians worked for two years to develop a shared vision of a better city and recommend ways to measure progress.

The project draws upon data generated by the region's academic and civic institutions, public agencies, think tanks and community-based organizations. These are compiled in a biennial report with regular supplemental updates. The project also has an award-winning, interactive Web site (www.tbf.org/indicatorsproject) which provides even more detailed data than is included in the reports, and offers links to comprehensive data and research about the city, state, and region. The foundation has committed to supporting this work through the year 2030, Boston's 400th anniversary. The foundation has used data from the indicators project to inform *What's Next?* a seminar series that brings leaders together to craft long-term and short-term civic agendas as well as foster a diverse, active, intergenerational network of leaders to lay the groundwork for sustained action.

SOURCES

Kretzman, John P. and John L. McKnight, *Discovering Community Power: A Guide to Mobilizing Local Assets and Your Organization's Capacity (*Evanston, IL: Asset-Based Community Development Institute, 2005).

St. Luke's Health Initiatives, *Health in a New Key: A Pocket Guide to Developing Healthy, Resilient Communities* (Phoenix, AZ: 2005).

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

Skloot, Edward, "Charting a New Course for Philanthropy," keynote address to the annual meeting of the Maine Philanthropy Center, Portland, ME, June 13, 2005.

St. Luke's Health Initiatives, *Conversion: A Ten-Year Journey of Learning* (Phoenix, AZ: 2005).

GRANT MAKERS IN HEALTH

Engaging Communities

IN DIALOGUE AND DECISIONMAKING

Improving health and health care requires a combination of fresh ideas, community priority setting, and public support. Community engagement is an effective tool for bringing about the social, political, and behavioral changes that will improve the health of a community and its members (CDC/ATSDR 1997). Grantmakers are experimenting with a range of techniques to involve communities in outlining goals and values, and developing potential solutions and policy recommendations. While acknowledging that they are still refining these processes, some foundations and corporate giving programs have begun to identify a few key lessons about how best to engage communities in dialogue and decisionmaking.

Communities are multifaceted, and in a near constant state of change. A community is far more than a geographic locale; it consists of relationships among a group of people whose lives are inextricably linked and who, for all of their differences, have many aspirations and values in common (The Boston Foundation 2005). But communities are almost always made up of groups competing for authority and control (CDC/ATSDR 1997). Some institutions that are *in* the community are not widely considered to be *of* the community. Some people who are viewed as leaders and spokespeople by outsiders do not represent the opinions and desires of other community members. So who should funders involve in dialogue?

Just who is invited to participate in an engagement effort depends upon the issue being discussed and the engagement technique being used. Some grantmakers have found success reaching out to a broad range of formal and informal leaders and organizations. Their goal is to work with all groups, include a wide diversity of opinions, and steer clear of being identified with any particular faction. Others find that singling out key stakeholders is the best approach. Their goal is to develop deeper relationships with a more manageable number of community members (CDC/ATSDR 1997). Regardless of which path a funder chooses, any engagement effort should attempt to reach out, beyond the usual suspects, to individuals and organizations that may not be members of traditional power structures.

Funders interested in cultivating ongoing working relationships with community members have also learned that it is wise to be open and specific about whether they are seeking facts and advice to help set priorities and design initiatives; or are planning to partner and share control with others (CDC/ATSDR 1997). For some funders, this has meant conducting difficult internal conversations about how best to work with

FACTORS CONTRIBUTING TO THE SUCCESS OF COMMUNITY ENGAGEMENT EFFORTS

- History of collaboration or cooperation in the community
- Favorable political and social climate
- Mutual respect, understanding, and trust
- Appropriate cross-section of participants
- Benefits of engagement outweigh costs
- Ability to compromise
- Participants share stake in both process and outcome
- Broad participation in decisionmaking
- Flexibility
- Clarity of roles and guidelines
- Ability to sustain relationships in midst of changing conditions
- Open and frequent interaction, information, and, discussion through both informal and formal channels of communication
- Goals clear and realistic to all partners
- Shared vision
- Sufficient funds
- Skilled convener

Source: CDC/ATSDR 1997.

communities on projects that often require a great deal of flexibility and compromise (Brown et al. 2003).

OPPORTUNITIES FOR GRANTMAKERS

Positive change is more likely to occur when community members are an integral part of defining problems and identifying solutions. Health grantmakers are experimenting with new ways to engage communities by facilitating strategic conversations, using scenarios as planning tools, and measuring progress toward mutual goals.

➤ *Facilitating Strategic Conversations* – In 2004, the Consumer Health Foundation (CHF) hosted a community

speakout as part of its 9th Annual Meeting. The event was designed as a town-hall gathering in an effort to bring together consumers, advocates, providers, and policymakers to discuss solutions to the health care crisis facing metropolitan Washington, DC. Moderated by the host of a local radio talk show on regional politics, the conversation began with the presentation of two scenarios of health care consumers who faced the all-too common barriers associated with being uninsured or lacking access to care. Audience members were then asked to comment on the scenarios and offer suggestions for how the DC health care system could have served each person more successfully. The result was a passionate and wide-ranging discussion that yielded various ideas for remedying DC's health care crisis. Since then, the foundation has held a series of speakouts, focus groups, and interviews across the region to hear solutions to the problems facing the metropolitan Washington, DC area offered by hundreds of people of all ages and backgrounds. The foundation will now compile the conversations, comments, and suggestions from these events into a call-to-action white paper that CHF will release to the community, advocacy groups, and local policymakers.

➤ *Using Scenarios as Planning Tools* – Together, Foundation for the Carolinas and the John S. and James L. Knight Foundation are supporting *Crossroads Charlotte*, a two-year civic engagement project that aims to shape the future of Charlotte, NC. Throughout 2004 and 2005, organizations heard and responded to four different stories depicting plausible futures for the community in the year 2015, and are collectively deciding in which direction they would like to steer. The ultimate goal of this communitywide project is to collaboratively choose and pursue a future for Charlotte, NC, based on intentional choices and creative foresight. A group of 21 prominent community members developed the four scenarios: one in which the city becomes gripped by racial division and fear, and the economy falters; a second in which Charlotte emerges as a truly world-class city and offers a quality of life second to none, but with the persistence of old patterns of racial, ethnic, and social divisions; a third in which the status quo continues; and a fourth in which Charlotte has found new ways to govern itself, and has succeeded in making collective decisions and is creating a city where diversity is the rule, not the exception. In the first phase of the project, members from Charlotte's corporate, nonprofit, and community networks used the scenarios to role play and develop possible organizational responses. In the next phase of the project, each organization worked to determine what they could do to guide the community, during the next 10 years, toward a positive future. Consultants worked closely with each organization's staff to develop a realistic strategic plan; a goal for the group that was within their normal scope of work. The project is currently in its final grassroots phase. The *Crossroads Charlotte* scenarios are being unveiled to the public in a traveling dialogue series, stopping at local venues around the area such as libraries, museums, and churches.

➤ *Supporting Public Deliberation and Decisionmaking* – As part of DirigoHealth, a broad strategy to improve Maine's health care system, the state government committed to generating public input into the draft state health plan. With the support of the Maine Health Access Foundation, the governor's office of health policy and finance held *Tough Choices in Health Care*, a large-scale public engagement process in which Maine residents deliberated and made decisions about how best to pursue health care reform. More than 300 individuals, randomly selected to reflect state demographics, attended two simultaneous all-day meetings designed and facilitated by America*Speaks*. Prior to the meetings, each participant received a detailed background guide that outlined Maine's current health and health care situation. Once at the meeting, participants first identified values that should guide Maine's health reform policy decisions, and then began discussing options to improve health status, reduce health care costs, improve quality, and increase access to health insurance coverage. Throughout the day, the ideas generated in small table discussions were collected through networked computers stationed at each table. An off-site team simultaneously reviewed comments from both sites, and reported back the emerging opinions and recommendations. Periodic polls were conducted through the use of keypads given to each participant, which gave the groups the ability to prioritize options. At the end of the day, participants were asked to review all of the choices they had made and explore whether they would work well together, which called for systemwide reform, and which were incremental strategies. A majority of meeting participants reported that they learned something new during the session, and over half indicated that their opinions had evolved during the day. For the grantmakers and policymakers who observed the process, *Tough Choices* was valuable as both an education and engagement tool, and demonstrated that people outside of the health care field are willing and able to participate in meaningful discussions about complex policy issues.

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

The Boston Foundation, "Mission Statement,"<http://www.tbf.org/About/about-L2.asp?id=2> accessed November 18, 2005.

Brown, Prudence, Robert J. Chaskin, Ralph Hamilton, and Harold Richman, "Toward Greater Effectiveness in Community Change: Challenges and Responses for Philanthropy," *Practice Matters: The Improving Philanthropy Project* (New York, NY: The Foundation Center, 2003).

CDC/ATSDR Committee on Community Engagement, *Principles of Community Engagement* (Atlanta, GA: Centers for Disease Control and Prevention, 1997).

GRANT MAKERS IN HEALTH

Community Organizing

"A process by which community groups are helped to identify common problems or goals, mobilize resources, and in other ways develop and implement strategies for reaching goals they have set."

Source: Minkler 1990.

Community organizing is a tool for creating self-sufficient, engaged communities. In particular, it is a means of building the power base of those without a voice – typically low-income individuals left out of decision-making – and challenging institutions and power structures, subsequently changing public policies to address their concerns and views. Foundations of all sizes can add community organizing to their list of strategies to create long-lasting change in their communities.

Community organizing can take various forms. For instance, faith-based organizing works to build a network of organizations within a particular denomination. Neighborhood-based organizing focuses on building an organization of concerned individuals and grassroots groups at the local level. Consumer issues organizing focuses on issues that directly affect personal economics, such as health care costs or utility rates. Finally, identity organizing connects groups on the basis of race, gender, sexual orientation, or some other group identity (Traynor 2002).

Community organizing is challenging work. Although organizers often rally community members around the idea of building collective power to effect change, finding common ground among members can be difficult. Community groups, with their corresponding missions, will find the most success when they work together to identify a common cause. Finally, and perhaps most importantly, the funding infrastructure for community organizing activities is often weak. Many funders are hesitant to get involved because of the perceived difficulty of measuring the success of organizing efforts and because it may not seem relevant to their overall mission. Those that have made community organizing a funding priority see it as fundamental to community engagement and revitalization. Individual foundations will differ in their approach to organizing depending on their objectives and mission, but all such efforts require long-term commitment to assure long-term change (Parachini and Covington 2001).

How can funders ensure that community organizing efforts succeed? Above all, it is important to engage strong, committed community leaders to help get the effort off the ground and sustain it in the long term. By encouraging a strong framework and infrastructure for the effort, funders can play a supportive role to community organizing efforts. Funders may struggle in their relationships with organizing grantees, particularly in determining the proper balance between assisting a struggling group and allowing groups to figure out challenges on their own. Finally, it is important to create specific evaluation measures for community organizing efforts. Since the success of community organizing is best measured in the long term, the criteria used to evaluate the project may need to differ slightly from other projects. A strong evalution, however, may improve future strategies. Over time, funders will begin to discover which criteria are common among successful community organizing efforts, helping to guide future grantmaking.

OPPORTUNITIES FOR GRANTMAKERS

The following lessons from the field can guide effective community organizing work by foundations. Community organizing efforts are built on relationships and networks but cannot succeed without a clear agenda. Funders can encourage organizers to combine social capital with an agenda focused on change. Funders can also invest in organizational capacity to achieve results. Providing operating support to a community group will allow organizers to pay more attention to initiatives rather than be distracted by fundraising and other operational activities. Funders can also offer valuable technical assistance to grantees. Finally, it is important to recognize that community organizing is not an easy task and can be a frustrating process. Measuring incremental successes as well as long-term outcomes will encourage organizers and provide direction to the effort. (Traynor 2002; Sierra Health Foundation 2004).

To truly inspire change through community organizing, grantmakers can fund organizations that address health as one

STEPS TO A SUCCESSFUL COMMUNITY ORGANIZING EFFORT

- Build grassroots infrastructure.
- Shift power into the hands of the people.
- Identify issues to create an agenda.
- Develop skills of community residents.
- Affect public policy.

Source: Parachini and Covington 2001.

part of a community agenda that addresses other issues, such as housing, employment, and education. For example, the Nathan Cummings Foundation supported La Union Del Pueblo Entero (LUPE), founded by Cesar Chavez, for an initiative aimed at improving the health and well-being of over 400,000 farm workers in California. The project organized community action committees in 40 rural communities that addressed issues such as health care benefits, living wage, and protection from pesticides and other contamination. In its ongoing work, LUPE empowers members by providing leadership training and by building neighborhood alliances that follow a strategic, systematic method of prioritizing community issues. LUPE also conducts policy research and advocacy and joins forces with other California-based organizations with similar missions.

As a statewide community foundation, the Rhode Island Foundation also works across several sectors of the community. For several years, the foundation has provided financial support to the local chapter of the Gray Panthers, an organization of intergenerational activists dedicated to social and economic justice. In 2000, the Rhode Island Gray Panthers focused its efforts on a statewide community organizing campaign on behalf of low-income elders, collaborating with other senior citizen groups to address issues of voter participation, access to health care, and affordable housing. This process included the recruitment of over 30 community leaders to manage the campaign and later testify before legislative committees on a variety of important health issues, such as extending prescription drug coverage for low-income elderly residents, improving the nursing home workforce, and preventing cuts to Rhode Island's elderly transportation program.

Because successful community organizing requires solid leadership, funders may opt to support leadership development programs. The Tides Foundation provides funding to YouthAction, a national organization devoted to actively engaging young people in community organizing efforts related to social, environmental, and economic justice. YouthAction provides trainings, technical assistance, and networking opportunities to strengthen youth organizing and create change for local communities. YouthAction integrates several components into its organizing efforts, including campaign work, direct action, and leadership development. Campaign work allows young people to be involved directly with setting an agenda and identifying strategies to achieve organizing goals. Direct action includes activities such as sit-ins, walkouts, and lobbying that allow organizers to inform the public about their mission or to influence policymakers. YouthAction uses leadership development as the core of its training programs. Since youth organizing seeks to build the skills of young people as leaders, a commitment to training and providing opportunities for young people is crucial, especially with the support and encouragement of peers and mentors.

Funders can also support national or regional organizing networks. Several funders, including The David and Lucile Packard Foundation, The California Wellness Foundation, and The California Endowment support People Improving Communities through Organizing (PICO), which provides

assistance to community-based groups to help expedite the community organizing process. PICO has been working on community organizing efforts since 1972, focusing on health care access, education reform, neighborhood safety, and housing. A faith-based organization, PICO promotes leadership among community members and congregations and encourages residents to translate their faith into action. In California, PICO's National Healthy Families campaign works to improve health care access for children and families and, in September 2005, published a report about the effect of increased enrollment fees on children's utilization of health services. Through its campaign effort, PICO has been successful in securing funds in California to improve the primary care health clinic infrastructure. In Alameda County, California, PICO also helped lead community organizations to win passage of a sales tax increase, the benefits of which generate $1.35 billion in funding for health care.

The Universal Health Care Foundation of Connecticut is making major investments in community organizing as one of its key strategies for achieving its mission: to create a concrete proposal for universal health care in Connecticut by 2007. Understanding that an organized constituency is a highly successful method of effecting change, the foundation recently developed a request for proposals calling for groups that are committed to promoting universal health care in the state. The foundation hopes that the grantees will speak for the experience of health care consumers throughout the state and represent a diverse population. Through its funding, the foundation also seeks to cultivate and develop leaders for change in health care. The request for proposals emphasizes three elements the grantees must implement into their community organizing programs – outreach, education, and mobilization – as well as a policy advocacy component.

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

Keddy, Jim and Rebecca Stark, *Making Families Healthy: A Training Manual on Health Care Organizing* (Sacramento, CA: PICO California Project, 2005).

Minkler, Meredith, "Improving Health Through Community Organization," in Karen Glanz, Frances Marcus Lewis, and Barbara K. Rimer, eds., *Health Behavior and Health Education: Theory, Research, and Practice* (San Francisco, CA: Jossey-Bass, 1990).

Parachini, Larry and Sally Covington, *Community Organizing Toolbox* (Washington, DC: Neighborhood Funders Group, 2001).

Sierra Health Foundation, *A Ten-Year Investment in Community Building to Improve Children's Health: Evaluation of the Community Partnerships for Healthy Children Initiative* (Sacramento, CA: 2004).

Traynor, Bill, *Reflections on Community Organizing and Resident Engagement in the Rebuilding Communities Initiative* (Baltimore, MD: The Annie E. Casey Foundation, 2002).

STRENGTHENING
Community Capacity

A growing body of research shows a link between a community's strength and the health of its residents. Mortality rates are lower in states with higher levels of civic engagement and social trust, for example. The chances of a woman bearing a low-birthweight child tend to be lower in environments with more cooperative social networks. And neighborhoods in which residents trust and protect one another have lower levels of violence. In light of these and similar findings, many health funders are exploring whether and how these powerful, protective elements of community can be encouraged and enhanced (Easterling et al. 1998).

One way to invest in a community's strength is to devote philanthropic funds to bolstering crucial nonprofit organizations. Most nonprofit organizations have trouble finding infrastructure support and have staffs with a strong commitment to mission but little, if any, management training. For this reason, several health foundations – including Community Memorial Foundation, Deaconess Foundation, and Sunflower Foundation – have established grants programs with a specific focus on organizational effectiveness. Others – like The California Wellness Foundation – encourage grants for core operating support in order to allow grantees the flexibility to meet a variety of organizational needs (David 2000).

In addition to designing initiatives to improve the performance of nonprofit organizations by strengthening their management or administration, some foundations are working to strengthen the skills and knowledge, leadership, sense of efficacy, trusting relationships, and learning opportunities in the broader community (Light et al. 2004; Easterling et al. 1998). Grantmakers use many strategies to promote community capacity: hosting neutral stakeholder convenings, prompting community-based planning efforts, training local leaders, coaching nonprofit staff and trustees, and bringing grantees together for networking and peer learning (Easterling et al. 1998).

Building nonprofit capacity and building community capacity present similar challenges. Both call for funders to work closely with a wide range of stakeholders and decisionmakers to ensure that communities have access to the resources they need to thrive (GEO 2002). Foundation staff and trustees have identified two key lessons from this work. First, capacity building projects should allow for a true exchange of expertise, so that foundations and contractors also learn from grantees, and community groups are less reliant on outside assistance in the future (Johnston 2005). Second, foundation support should

evolve as community members become more proficient. As individuals advance, organizations mature, and communities become stronger, their expectations and needs change and a good grantmaker's funding strategy should as well (Easterling et al. 1998).

> *For a foundation to remain relevant in the capacity-building business, it must listen to and learn from its grantees. In other words, as communities develop more and more capacity, the foundation must do the same, or risk becoming irrelevant.*
>
> Source: Easterling, Gallagher, Drisko, and Johnson 1998.

OPPORTUNITIES FOR GRANTMAKERS

The following examples highlight how funders can – and do – build organizational and community capacity by helping community residents help themselves, encouraging team-based learning among nonprofit organizations, and developing comprehensive capacity-building strategies.

➤ *Helping Community Residents Help Themselves* – One of the most successful community development projects in the nation began when the trustees of the Boston-based Mabel Louise Riley Foundation partnered with the directors of a few key nonprofit organizations to develop a plan to revitalize the Dudley Street neighborhood. When their newly-formed *Dudley Street Neighborhood Initiative (DSNI)* presented its plan, neighborhood residents balked, upset that they had not been consulted during the development phase and demanding to know how many of the foundation and nonprofit leaders lived in, and could therefore speak for, the community. To the foundation's credit, its trustees discarded their original idea and began again, involving residents in every phase of the rebuilding plan. *DSNI* set up a new governing structure that gave residents a majority on the board and the redevelopment process began, with a $50,000 grant from the Riley Foundation. One of *DSNI's* first successful community health projects was the *Don't Dump on Us* campaign. Recognizing the disproportionate impact pollution and trash has on poor communities, residents had the U.S. Environmental Protection Agency test neighborhood soil samples where refuse was being illegally dumped and succeeded in getting the city to haul away trash and abandoned cars throughout the area. They also succeeded in getting two

illegal trash transfer sites closed. That process and the redevelopment work that has followed required residents and community leaders to develop skills in organizing, policy development, fundraising, strategic planning, and coalition building. The neighborhood also needed links to legal, financial, and political expertise. The foundation came to see itself as a resource for the community, not a leader of the initiative, and has since contributed more than $10 million to projects in the neighborhood.

➤ *Encouraging Team-Based Learning Among Nonprofit Organizations* – St. Luke's Health Initiatives' *Technical Assistance Partnership (TAP)* strives to create and support coalitions of small and midsize nonprofit agencies in Arizona in order to increase organizational and community capacity to address health and social issues. Teams of organizations that commit to working together for five to six months receive a technical assistance grant and are matched with consultants who help them design a plan and serve as coaches, mentors, and troubleshooters. The eight year old *TAP* has been nationally recognized as a model collaborative capacity-building program, and has served 421 organizations to date. Among the *TAP* alumni are a team of 18 small community-based nonprofits who learned how to create, maintain, and enhance a Web site; 7 domestic violence shelters that developed a common database with reporting functions that allow them to monitor bed availability throughout the system; and 6 organizations with an interest in promoting organ donation for health and research that designed a plan for an electronic statewide donor intent registry. *TAP's* success has led the foundation to develop the *Executive Director Roundtable*, which is specifically designed for executives of community-based organizations to provide one another peer learning and support. Team members receive leadership and consultation from an expert in organizational development with topics and a curriculum that are selected by consensus of the group during the course of the *TAP* session.

➤ *Developing Comprehensive Capacity-Building Strategies* – Critics have asserted that though many foundations fund pieces of a capacity-building agenda, they are not thinking systematically about how best to do this work (Brown et al. 2003). The Washington, DC-based Consumer Health Foundation (CHF) has addressed this challenge head on by explicitly seeking to simultaneously improve the financial, social, technical, and knowledge capital of the communities in which it works. The foundation builds financial capital by engaging in community-focused grantmaking, both through its strategic initiatives and unsolicited grants. CHF has also made two program-related investments in the last five years: one to the Local Initiatives Support Corporation in 2000 and the other to the Nonprofit Finance Fund in 2005. The foundation utilizes its role as convener to build social capital in the community. CHF played an important role in establishing the Regional Primary Care Conversation, a regional collaboration of primary care associations, coali-

tions, and funders. In the coming year, CHF plans to convene its advocacy grantees to explore their interest in building a more broad-based coalition around health in the region; to convene a cross-sectoral dialogue on health disparities, bringing together stakeholders from housing, education, workforce development, and health to talk about building regional equity; and to work with other funders in the region exploring cross-boundary leadership development. CHF works to build technical capital with its grantees and with other nonprofits in the region by engaging in capacity building projects in program design and evaluation, communications, technology, and finance. The foundation employs a variety of strategies in its capacity-building programs, including mini-grants, individual consulting, workshops, and individual analyses. Finally, CHF attempts to build knowledge capital by funding small research projects and supporting forums, conferences, workshops, and meetings on health in the region. CHF has supported three regional policy analyses on the proposed conversion of the regional Blues plan, CareFirst; HIV/AIDS; and lead in drinking water. CHF is also building knowledge capital through the *Learning Collaborative*, a program design and evaluation program that brings together grantees working in similar areas to exchange ideas and learn from one another.

SOURCES

Brown, Prudence, Robert J. Chaskin, Ralph Hamilton, and Harold Richman, "Toward Greater Effectiveness in Community Change: Challenges and Responses for Philanthropy," *Practice Matters: The Improving Philanthropy Project* (New York, NY: The Foundation Center, 2003).

David, Tom, *Reflections on Strategic Grantmaking* (Woodland Hills, CA: The California Wellness Foundation, 2000).

Easterling, Doug, Kaia Gallagher, Jodi Drisko, and Tracy Johnson, *Promoting Health by Building Community Capacity: Evidence and Implications for Grantmakers* (Denver, CO: The Colorado Trust, 1998).

Grantmakers for Effective Organizations, *Capacity Building for Impact: The Future of Effectiveness for Nonprofits and Foundations* (Washington, DC: 2002).

Johnston, Michelle, *Foundation Strategies to Enhance and Sustain Local Capacity for Community-Based Public Health* (Oakland, CA: Partnership for the Public's Health/Public Health Institute, 2005).

Light, Paul C., Elizabeth T. Hubbard, and Barbara Kibbe, "The Capacity Building Challenge," *Practice Matters: The Improving Philanthropy Project* (New York, NY: The Foundation Center, 2004).

spectrum of stakeholders and includes members from local nonprofit organizations; hospitals; human service agencies; and local departments of education, public health, and juvenile justice. To date, the alliance's most significant accomplishment is the publication of a study that examined the status of preteens in Santa Clara and San Mateo counties. The study found that, although preteens in the two counties were faring better than teens across the state, there were great disparities among Latino and African American preteens. The study also indicated that data about emotional and behavioral health were inadequate and left many questions unanswered. Recommendations from the study include promoting public recognition of preteens as a distinct and important group and supporting the collection and dissemination of local preteen data (The Lucile Packard Foundation for Children's Health 2005). As a result of these recommendations, the alliance will continue efforts to increase awareness among the public about the need to focus on and support the positive development of preteens. Future efforts also will include exploring policy opportunities and community activities to further promote the welfare of preteens and to fill gaps in the existing body of knowledge.

Funding can be a critical barrier to sustaining a partnership, especially because of the fragmented funding streams typical of the health care sector. Finding new and creative approaches to using funds for integrated purposes can be challenging, but can pay off in the long run. To battle the growing crystal methamphetamine (meth) epidemic on the island of Hawai'i, the Hawai'i Community Foundation partnered with Hawai'i County's Office of the Mayor. A three-pronged strategy involved funding for community awareness and education programs to prevent the use of drugs and to encourage users to seek treatment. Funding was also awarded to a variety of community-based treatment organizations and to law enforcement initiatives that focus on drug trafficking organizations. This approach was specifically designed to use foundation grants to enhance, not supplant, state funding for law enforcement programs, as well as government and other third party reimbursement for addiction treatment services.

SUSTAINING PARTNERSHIPS

Partnerships can be challenging to sustain. To be successful, they need to achieve consensus, identify and exploit resources, and establish needed infrastructure. Maintaining the engagement of the community is also important and may require technical assistance; acknowledgment of progress and success; and continuous identification, training, and mentoring of new leaders. Sustaining collaborations also requires partners to be committed to sharing resources, credit, and power, and they must be willing to work toward policy and systems changes that support community health improvement.

Health philanthropy is uniquely positioned to foster the partnerships needed to strengthen the nation's health, and

to reach out and include collaborators from outside the health sector. Funders can act as neutral conveners, providing matching grants or start-up funding, coordinating collaborators, and encouraging community engagement. Through partnerships, foundations can educate and inform the public about a wealth of issues, such as chronic conditions, healthy lifestyles, or environmental health. They can impress upon policymakers the value and benefits of good health, and can influence policies and the allocation of resources necessary to improve system capacity.

Successful partnerships take time to develop and grow. They are based on trust and an understanding of the assets each partner brings to the table. Once established, they can create and sustain the changes needed to build a health system fully capable of realizing its vision.

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

The Bingham Program, *BPnews: A Bi-Annual Report from The Bingham Program* (Augusta, ME: Spring/Summer 2005).

Florin, Paul, Robert E. Mitchell, and John F. Stevenson, "Identifying Training and Technical Assistance Needs in Community Coalitions: A Developmental Approach," *Health Education Research,* 8(3): 1993.

Lasker, Roz D., Elisa A. Weiss, and Rebecca Miller, "Partnership Synergy: A Practical Framework for Studying and Strengthening the Collaborative Advantage," *The Milbank Quarterly*, 79(2): 179-204, 2001.

The Lucile Packard Foundation for Children's Health, *A Portrait of Preteens in Santa Clara and San Mateo Counties: What We Know About 9- to 13-Year-Olds* (Palo Alto, CA: 2005).

Weiss, Elisa S., Rebecca M. Anderson, and Roz D. Lasker, "Making the Most of Collaboration: Exploring the Relationship Between Partnership Synergy and Partnership Functioning," *Health Education and Behavior*, 29(6): 683-698, December 2002.

Whitley, James R., "Strength in Numbers: A Guide to Building Community Coalitions," *Community Catalyst*, August 2003.

Winer, Michael, and Karen Ray, *Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey* (St. Paul, MN: Amherst H. Wilder Foundation, 1994).

GRANT MAKERS IN HEALTH

Forging Partnerships

When it comes to improving health and health care, grantmakers are becoming increasingly aware of the benefits of partnership. They are sharing information, leveraging resources, and engaging a variety of community stakeholders to generate lasting results. Such partnerships encompass "all types of collaboration that bring people and organizations together to improve health" (Weiss et al. 2002). While our partnerships have unique qualities, all are based on the notion that most health objectives cannot be achieved by any single person, organization, or sector working alone (Lasker et al. 2001). Partners can also achieve economies of scale by pooling resources.

Partnerships involve a range of players. Government, advocates, the health care delivery system, and philanthropy, for example, can all be engaged in collaborative efforts. Since multiple determinants influence the health of individuals and communities, partnerships may also go beyond medical care and public health systems to include the media, schools, law enforcement, businesses, and others. Developing cross-sectoral partnerships can bring new insights and experiences as well as create new pathways to reach out to key audiences.

Partnerships can take many forms and vary in their intensity. Lower intensity partnerships can be as simple as organizations and individuals coming together to share information. Community-based dialogues or town hall meetings, for example, can provide opportunities to make connections and share information. Such forums can also help build trust and strengthen relationships – essential ingredients for successful partnerships. Similarly, interested groups and individuals can come together to form coalitions to address specific health issues. Coalitions can address short- or long-term goals and vary in their mission and scope. A more formal level of partnership is cofunding. In this scenario, funding entities may jointly seek out a strong individual or organization to bring together a package of funds aimed at addressing a specific health issue. Cofunding arrangements require established channels of communication between funders, joint planning, and frequent meetings among partners and grantees. The most intense form of partnership assumes a commitment to shared goals; shared responsibility; mutual authority and accountability; and sharing resources, risks, and rewards. It requires that all parties understand and agree to the purpose of the partnership, the degree of commitment required, and the expectations of those involved.

Partnerships, however, can be difficult. They are time consuming and resource intensive, in large part because they require individuals and organizations to act differently than they do on their own. Partnerships also face the potential for conflict among members. Each participating organization has its own mission that it seeks to advance. To build trust and credibility, a new partnership must clearly define its mission and participants must use decisionmaking processes that emphasize negotiation and collaboration. Finally, before initiating a partnership, it is critical to examine whether the investment is warranted. In other words, the question of *why* the partnership is being formed must be asked and answered. This question must be asked from the perspective of the funders involved, the community, and other partners.

PARTNERSHIP CONTINUUM

Cooperation	Coordination	Collaboration
Lower Intensity ➜ ➜ ➜ ➜ *Higher Intensity*		
Shorter-term, informal relationships	Longer-term effort around specific project or task	More durable and pervasive relationships
Shared information	Some planning and division of roles	New structure with a commitment to common goals
Separate goals, resources, and structures	Some shared resources, rewards, and risks	All partners contribute resources and share rewards, leadership, and risks

Source: Winer and Ray 1994.

OPPORTUNITIES FOR GRANTMAKERS TO BUILD PARTNERSHIPS

Communities are the physical and cultural settings in which many actions take place to promote health and health care. Foundations can support and guide partnerships that embrace a variety of stakeholders and draw on the unique strengths and talents of each. Such strategic partnerships are essential to creating the conditions under which people can make appropriate health choices and live healthy lives.

➤ *Forming Coalitions* – Coalition building is one form of effective partnership. A community coalition can be defined as an alliance of organizations, groups, and agencies that come together to work towards a common goal (Florin et al. 1993). The goal can be as general as sharing information between organizations or as specific as advocating for a major health policy change. There is evidence, however, that coalitions are most effective when working on a specific, temporary issue.

Why build a coalition? Joining a coalition can create an opportunity for an organization to get involved in a broader issue. A coalition of organizations, assuming it reaches a wider constituency, wields greater credibility and legitimacy than a single organization. Coalitions can also foster cooperation between grassroots organizations by building trust within the community.

One significant component of a successful coalition is the commitment of a strong leader who understands the delicate art of negotiation. Because larger and more diverse coalitions tend to have a stronger voice, the leader must also be capable of managing a sizable group. Coalitions must be based on a clear understanding of each party's interest, intentional relationship building, and a shared vision for change. To achieve its mission, a coalition must agree on a set of issues to address. Yet, it is not realistic to expect organizations to abandon their own missions when participating in a coalition. Strength lies in the variety of perspectives, particularly if the coalition membership is reflective of the community it serves.

For all the potential benefits a coalition offers, building one is not an easy task. One of the most significant challenges a coalition may face is keeping its members informed. A solid communication policy, whether it be weekly meetings or e-mail correspondence, should be set at the outset so that all members are updated on the coalition's activity and processes. A solid organizational foundation and clear goals can help new coalitions overcome obstacles (Whitley 2003).

An example of successful coalition development comes from The Bingham Program, an independent foundation in Maine, that focuses its funding on start-up coalitions. The Bingham Program has supported the Healthy Community Coalition movement since 1992. The Healthy Community Coalition is a national model of rural coalition development. Over 20 coalitions have formed throughout the state

and work on a variety of issues such as elder housing, access to health care, and substance abuse prevention. The groups gather citizens, determine their vision of health, assess the needs of the particular community, and develop action plans.

Although it is often difficult to evaluate the effect of a community group's efforts on a particular issue, The Bingham Program measured tangible outcomes such as additional fundraising and recognition of the coalitions by government groups. These findings also reinforced the need for general operating support and implementation assistance that The Bingham Program provides to the coalitions. The most significant success of the movement is that most of the members have secured additional public funding for community development, proving that foundation funding was a critical component of building the local community health infrastructure.

➤ *Cofunding Partnerships* – Grantmakers have the opportunity to exercise the power of partnerships to advance issues in the community and reap the rewards of pooling funds and resources. In July 2000, Northern California Grantmakers, a regional association of grantmakers (RAG), established AIDS Partnership California (APC) to specifically address the continuing crisis of HIV/AIDS in communities of color throughout the state of California. APC is a statewide public and private collaboration, with diverse funding from foundations, corporate philanthropy and the state office of AIDS. In addition, APC is working to increase HIV/AIDS grantmaking by providing information and technical assistance to California's private foundations and corporate funders. RAGs across the country have joined forces to build similar HIV/AIDS coalitions in their specific regions. With this partnership in place, during the first week of the Hurricane Katrina crisis, APC was able to identify and successfully provide services to over 50 individuals with HIV/AIDS in the Gulf Coast region. The APC's network and its association with its grantees and the National AIDS Fund made such quick action possible.

To achieve better outcomes in mental health, The Health Foundation of Greater Cincinnati and other local

foundations launched the *Youth Behavioral Initiative*, a funders collaborative that was created on the premise that pooling resources would be an excellent way to achieve better outcomes in the area of youth mental illness and substance abuse. The idea stemmed from conversations with over 350 community leaders about the region's greatest needs. The goals of the initiative include increasing youth access to behavioral health care and improving coordination and collaboration among service providers. The initiative addressed issues within the foster care system by working with a local service provider to implement a therapeutic, evidence-based model to assist foster families with caring for at-risk youth. Without the combined effort of local foundations and giving programs, the initiative would not have been successful.

➤ ***Building Cross-Sectoral Partnerships*** – Many factors contribute to health, including education, income, and environment. Developing cross-sectoral health partnerships can be a successful strategy to improve the health of individuals and communities. Lessons can be gleaned from ongoing and completed partnerships and be broadly translated to help assure the success of new collaborations.

Balancing the power of many partners is a key element of success. Partners bring different strengths to the collaboration, making it difficult to ensure that each partner's skills and resources are best used. Establishing a balance of power is made easier when each partner understands and appreciates the assets of the others. For example, local public health agencies and community groups participating in *Partnerships for the Public's Health*, a five-year $37 million initiative of The California Endowment, learned that community residents needed to appreciate their public health department's broad responsibilities while public health departments needed to recognize the knowledge, skills, connections, and influence of community residents. As a result, memoranda of understanding were established to formalize each partner's roles and responsibilities. Attendance of senior managers of community groups and health departments at meetings helped to keep key decisionmakers at the table. Responsibility for conducting and hosting partnership meetings alternated between the health departments and community groups. Balancing power enabled *Partnership for the Public's Health* participants to build trust, equalize relationships, and work together more effectively.

Involving the media in partnerships can help convey public health messages to a wide audience. Whether educating the public about disease prevention or informing them of what to do in the event of an emergency, television, radio, print, and Web-based messages can help assure the public's health and safety. The Henry J. Kaiser Family Foundation has a longstanding tradition of working collaboratively with media to get health messages out to the public. Recognizing the importance of entertainment media in shaping people's awareness of health issues, the foundation established its

Program on the Entertainment Media & Public Health in 1996. The program works with media writers, producers, and executives to help them convey health messages to the public. Health messages crafted by the initiative have appeared in many prime time shows including NBC's *ER* and UPN's *Girl Friends* addressing issues such as HIV/AIDS and sexually transmitted diseases. The foundation has also successfully collaborated with national television networks. Through a partnership with Black Entertainment Television (BET), the foundation produced a sexual health public education campaign aimed at young people. The campaign consisted of full-length news specials on sexual health, public service announcements, a toll-free telephone number for viewers to call for additional information, and a free booklet on sexual health. A similar partnership with Univision Network, the nation's premier Spanish-language network, resulted in a campaign to raise awareness of sexual health issues, including HIV and other sexually transmitted disease.

Aligning incentives among participants is another important element to successful collaboration, especially when communicating with policymakers, business leaders, and the community at large. After the events of September 11th, the Horizon Foundation in Howard County, Maryland spearheaded an effort to develop a communitywide disaster response plan. The foundation, county government agencies, and key community groups, including the public school system, the local community college, public libraries, neighborhood associations, and many others have joined the Community Emergency Response Network (CERN). CERN supports disaster planning through the coordination of emergency plans and resources of participating members. The group's functions include planning, inter-agency coordination, the development of tabletop exercises, disaster plan review, shelter planning, and communications enhancement. CERN members also work collaboratively to educate and inform Howard County residents about what to do in the event of an emergency, where to get information, and how to protect themselves and their families. Building this partnership required forging relationships between groups that did not typically interact. Yet, as trust among the partners grew, the groups were able to effectively delegate program responsibilities and resources to serve their community.

Partnership between the public and private sectors is an effective means of spotlighting issues within a community. After former Surgeon General David Satcher spoke at a conference about preteens in 2003, The Lucile Packard Foundation for Children's Health formed the Preteen Alliance. The objective of the alliance is to promote the health and well-being of the important – but often forgotten – age group of children ages 9-13. The alliance is a cross-county collaboration on issues related to preteens and involves the Santa Clara and San Mateo counties in California. The steering committee represents a wide

NURTURING
Community Leadership

Health grantmakers are increasingly looking to build healthier, more effective communities through leadership development. Community leaders and activists can help bring about positive change in health outcomes. But knowing that many don't have the training, tools, and support they need to be most effective in their jobs, funders are learning how best to use foundation resources to help nurture and build community leadership. In reflecting on what had been learned from supporting the Family Community Leadership Program since 1981 in Oregon, the W.K. Kellogg Foundation stated, "Community leadership is most effective at the grassroots level, with broad demographic involvement. Individuals are looking for ways to be engaged in the community, to learn, to contribute, to connect…[They] become gifts to the community as the leadership development changes their lives, while enriching the communities they serve. Individuals become confident in their abilities – and they go out and change things" (Kellogg 2005).

For many of the health funders that have incorporated capacity building as a grantmaking strategy, this work has brought insights into the precarious state of leadership in grantee organizations. All too often, a nonprofit's strength and effectiveness is shaped by and dependent upon its leader – an individual who may be experiencing burnout, preparing to transition to a different career, or approaching retirement. A 2004 survey of more than 2,200 nonprofit organizations sponsored by The Annie E. Casey Foundation found that 65 percent of organizations expected to go through a leadership transition by 2009, while just 57 percent had experienced a transition during the past 10 years. Fifty-five percent of current executive directors surveyed were 50 years old or older. And in the many communities where there is a great need for services and care, there is often a shortage of talented and committed young professionals who might be drawn to the challenges of the nonprofit sector (AECF 2004). In 2004, the Forbes Fund in Pittsburgh, Pennsylvania commissioned a research project to explore the recruitment and retention of young professionals to the nonprofit sector. The study found that while many recent college graduates are initially attracted to careers in the non-profit sector, noncompetitive salaries often present a barrier to retaining the best and brightest (Cryer 2004).

OPPORTUNITIES FOR GRANTMAKERS

As grantmakers gain a better understanding of the linkages between leadership and meeting mission, many have made

TIPS FOR NURTURING COMMUNITY LEADERSHIP

Encourage Individual Leadership Development

- Support varied styles of training such as formal training, peer-to-peer networking, and coaching in the context of the individual's particular circumstances.
- Conduct human capacity building in conjunction with organizational capacity building efforts.
- Look for opportunities to build skills among second-tier management or entry-level employees.

Find Opportunities in Transition

- Make it viable for executive directors to imagine and pursue a transition.
- Take time to clarify how the transition can benefit the organization.
- Help the organization assess its health, needs, and resources and sharpen its mission, vision, and goals.

Identify and Support Emerging Leaders

- Value new ideas.
- Revisit organizational structures and expectations that may need to be updated to retain younger staff and provide opportunities for new leadership.
- Promote a healthier balance between work and personal/family life.

strengthening and sustaining leaders of community-based programs a funding priority.

➤ **Supporting Leadership Development** – With funding from The UPS Foundation, the Walter & Elise Haas Fund, and the Missouri Foundation for Health (MFFH), CompassPoint Nonprofit Services has launched *The Leadership Development Program for Women Executives in Underserved Communities* in the San Francisco Bay area and rural Missouri. In Missouri, the year-long pilot program will provide management and leadership skills development for 12 women executives who are leading nonprofit health organizations and are current MFFH grantees. Program activities will include a one-day forum for executive directors to meet and network with other women executives and community

and political leaders to discuss the challenges and effective strategies related to being a woman executive director. Participants will then attend quarterly, one-day workshops that will provide skills-building opportunities and foster a learning community as well as seven executive leadership circle sessions. The women will also receive an award of up to $1,500 in professional development funds to pursue additional leadership or professional development activities and be recognized at a closing celebration.

➤ **Preparing for Leadership Transitions in Community Organizations** – The United Methodist Health Ministry Fund, in conjunction with TransitionGuides, has been focusing on the issue of leadership transitions both within the fund and among grantee organizations. TransitionGuides, an Annie E. Casey Foundation grantee, is a collaboration of consultants with extensive track records in working with nonprofit organizations and leadership transitions. Tom Adams, president of TransitionGuides states, "Properly managed, a leadership transition provides a pivotal moment, enabling an organization to change direction, maintain momentum, and strengthen its capacity" (AECF 2004). In July and November 2005, the United Methodist Health Ministry Fund sponsored workshops for long-term executives and board chairs from grantee organizations and other social service providers in Kansas. The goal of the workshops was to provide nonprofits with resources and opportunities to discuss and develop strategies for emergency and planned leadership transitions. Kim Moore, president of the fund, reflected, "We need healthy, well-led organizations to do our job. We fund some great organizations with executive directors with outstanding track records. Our board saw this program – the workshops, the follow-on executive coaching for participants, and building our succession and transition management consulting capacity – as an important and wise investment for our community" (TransitionLeader 2005).

➤ **Addressing Leadership Issues such as Turnover, Llow Salaries, and Burnout in Nonprofits** – Health grantmakers across the country are utilizing special recognition and awards programs to identify and acknowledge tireless leaders and unsung heroes. These programs are often an important complement to established grantmaking strategies in that the programs highlight individuals, affirm their commitment, encourage them to continue their work, and raise the leaders up as role models for others engaged in the issues. In reflecting on its grant with the W. K. Kellogg Foundation, the Academy for Educational Development stated, "Leaders do not always know they are leaders; they may view themselves as someone who works hard when given a job to do. Recognition of leadership builds confidence and challenges them to do more. Awards for effective leadership can bolster confidence and courage in a leader who must continue the work in the face of enormous despair" (Kellogg 2005). One of the The California Wellness Foundation's (TCWF) four grantmaking goals is to recognize and encourage leaders who are working to improve health and wellness in their communities. The foundation has four different leadership awards, including the *TCWF California Peace Prize* which honors individuals whose outstanding efforts have helped prevent violent deaths and injuries in communities across California. Many of the leaders recognized by this award have worked countless hours to prevent violence in their communities. Each honoree receives a cash award of $25,000 and the foundation dedicates a portion of nongrantmaking resources to publicizing the work of the honorees. For the foundation, the overall objective of the *Peace Prize* program is twofold: to reinforce the message that violence is a preventable public health problem and to call attention to the accomplishments of the honorees (TCWF 2005).

➤ **Engaging Emerging Leaders** – In order to advance important social issues and sustain and build community organizations, grantmakers are identifying and nurturing more leaders of color and encouraging younger leaders. The Sierra Health Foundation is partnering with the Sacramento Region Community Foundation to increase opportunities for young people in the region to develop leadership and other skills. The foundations' youth engagement strategy is designed to engage youth through two distinct but related opportunities – a grant advisory board and youth-led grant projects. Members of the grant advisory board are selected through a competitive process by the community foundation and serve a one-year term. The youth members receive training on philanthropy, needs assessments, meeting facilitation, and group decisionmaking skills. During their term, they review youth-led project applications and make funding recommendations. Grants of $2,500 are available for youth-led projects which must have significant youth involvement in all stages, including planning the project, completing the grant application, and implementing the project. The Sierra Health Foundation anticipates that youth involved in these activities will experience a higher level of confidence, develop a greater sense of their value to their communities, establish a valuable relationship with a caring adult, and learn to work collaboratively.

SOURCES

The Annie E. Casey Foundation, *Casey Connects*, Fall 2004.

Cryer, Shelly, *Recruiting and Retaining The Next Generation of Nonprofit Sector Leadership* (New York, NY: The Initiative for Nonprofit Sector Careers, 2004).

W. K. Kellogg Foundation, *Featured Projects – Insights*, <http://75.wkkf.org/ProjectInsights.aspx?ProjectID=5> accessed November 5, 2005.

The California Wellness Foundation, *Reflections On Leadership – The California Peace Prize* (Woodland Hills, CA: 2005).

"United Methodist Health Ministry Fund Pioneers Succession Planning Workshop for Grantees," *TransitionLeader* (2)4, Fall 2005.

GRANT
MAKERS
IN
HEALTH

Learning WITH AND FROM Community Members

Being an effective grantmaker requires getting honest information and feedback from grantees and the communities they serve. Much has been written about the uneven power dynamic between funders and grantees, and how it inhibits honest dialogue. Even under the best circumstances, leadership changes, shifting priorities, and pressure to show results can strain relationships and inhibit open communication.

There are clear steps funders can take to increase the odds that their interactions with grantees and potential grantees are forthright and productive. Grantee satisfaction is highest when the quality of interactions with foundation staff is marked by fairness, responsiveness, and approachability; when there is clear and consistent articulation of a foundation's goals and strategy; and when funders are knowledgeable of the field in which they work, and are able to advance knowledge and change public policy (Bolduc et al. 2004).

Efforts to learn with and from community members can help funders assess the results of particular grants, gain insight into the organization's effectiveness, and build a culture of learning and exchange among grantees and other community partners. As funders pursue these goals, they need to consider how they will apply what they learn, and how this will be communicated back to the community. Community representatives and grantees are much more likely to provide honest feedback if they know the funder will sincerely consider their views and regularly shares how they apply what they learn through mechanisms such as Web sites and periodic meetings of grantees.

OPPORTUNITES FOR GRANTMAKERS

Over the past decade, health funders have engaged communities in learning through a variety of techniques, such as supporting collaborative inquiry or learning networks, establishing community advisory committees (CACs); and supporting community-based participatory research (CBPR).

➤ *Working With a Community Advisory Committee* – Historically, foundations have sometimes convened community leaders to serve as ad hoc advisors. More recently, in the wake of the many hospital and health plan conversions that resulted in the creation of health foundations, community advisory committees have been created by state regulators as a part of the formal governance documents (often at the insistence of community advocates) to ensure that the foundation's assets are used consistent with the conversion

agreement. The three main functions of community advisory committees are to act as ongoing liaisons with the community, particularly with respect to identifying community needs and priorities; to assess and make recommendations regarding the foundation's interaction with the communities it serves; and to serve as an outside nominating committee to fill seats on the foundation board (Consumers Union and Community Catalyst 2005). CAC structures allow community members to provide input on foundation operations without fear of jeopardizing their position as applicants or grantees.

Foundations that have created successful working relationships with their CAC point to the importance of clearly articulating the expectations and advisory role of CACs, in contrast to the work of the foundation's board. For example, the Missouri Foundation for Health's CAC is comprised of 13 individuals, selected by the Missouri Attorney General to represent different regions of the state, thereby ensuring the foundation's statewide grantmaking programs are responsive to each region. Members are responsible for nominating candidates to the foundation's board. Additionally, committee members conduct public forums across the state to obtain direct input on unmet community health needs. Foundation staff view these forums as opportunities for Missourians to learn more about its programs and consider the CAC as particularly valuable in linking the foundation to the communities it serves.

➤ *Supporting Community-Based Participatory Research* – Another way to learn with and from communities is to involve community members in the design and implementation of research on community health issues. Community-based participatory research is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. It begins with a research topic of importance to the community, has the aim of combining knowledge with action, and attempts to achieve social change to improve health outcomes and eliminate health disparities. According to an assessment conducted for the federal Agency for Healthcare Research and Quality, "done properly, CBPR benefits community participants, health care practitioners, and researchers alike…[and] the ultimate benefit to emerge from such collaborations is a deeper understanding of a community's unique circumstances, and a more accurate

framework for testing and adapting best practices to the community's needs" (Viswanathan et al. 2004).

Funders can use CBPR to evaluate their own work or to explore broader issues. In either case, challenges include definition of the funders' role in the research, the capacity of community organizations or intermediaries to conduct the research, the amount and duration of resource needs, and assessing both the intermediate and long term outcomes of CBPR (Minkler et al. 2003).

The Louisiana Bucket Brigade is an example of CBPR in action. With support from the Jessie Smith Noyes Foundation, Rockefeller Family Fund, Jenifer Altman Foundation, Public Welfare Foundation and others, the Bucket Brigade works with communities neighboring oil refineries and chemical plants, providing community members with an EPA-approved bucket for taking air samples. It also trains community members to monitor and expose industrial pollution, and to push for policy changes such as relocation, reduced pollution, or a moratorium on facility expansions. Recently, in the aftermath of Hurricane Katrina, the Bucket Brigade and its partners took soil samples at various locations. Their initial analysis found arsenic, cadmium, and various benzene compounds at levels exceeding EPA and state standards. They are now using these results to educate community residents and advocate for their right to return to safe environments.

In addition to supporting the direct costs of CBPR, funders can also build community capacity to conduct such research. The Northwest Health Foundation, for example, sponsored conferences in 2004 and 2005 to help community members, representatives of community-based organizations, university faculty, public health officials, and policymakers learn about CBPR. These conferences focused on the processes, challenges, and successes of building research partnerships with diverse communities; effective CBPR methods and models; funding opportunities and project planning strategies; and ethical and other challenges. The foundation also published a directory of CBPR funding sources.

➤ *Supporting Collaborative Learning* – Some foundations are supporting collaborative inquiry or learning circles to create learning partnerships among grantmakers, grantees, and evaluators or consultant researchers. Collaborative inquiries have the potential to build new relationships, incorporate front-line practice, and generate new knowledge for the field. In practical terms, this is accomplished by funders, grantees, and community members meeting in learning groups, agreeing on key questions, receiving training and expert assistance, making site visits to see other's work, conducting research and data analysis, studying the capacity of organizations, and sharing their findings. A learning circle is a less formalized structure; these are essentially groups of individuals with common interests who meet regularly to learn from each other about a self-identified topic in a format the group has decided upon. Learning circles are flexible, peer-directed learning experiences intended to lead to action and change.

Collaborative inquiry and learning circles can be useful when trying to develop a model or innovative approach; they are probably not as useful when the practices in a field are already long established, there is broad agreement on what methods work best, and the purpose of monitoring or evaluation is to assure quality control (McGarvey 2004).

The California HealthCare Foundation has provided major support to the California Primary Care Association to create a collaborative among the state's community health centers to improve the quality of diabetes and asthma care for low-income residents. The *California Quality Improvement Collaborative* (CAQIC) is modeled after the federal Bureau of Primary Health Care's Health Disparities Collaborative but targets centers ineligible for the federal collaborative because they do not receive federal funding. Under the collaborative, teams of key clinical and administrative staff attend six two-day learning sessions over two years. In between, they receive individualized coaching and technical assistance from CAQIC staff through monthly group conference calls, site visits, phone calls with individual center teams, feedback on monthly reports, and listservs. Each center sets improvement goals, implements changes in practice, and reports on progress.

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

Bolduc, Kevin, Phil Buchanan, and Judy Huang, *Listening to Grantees: What Nonprofits Value in their Foundation Funders* (Cambridge, MA: The Center for Effective Philanthropy, 2004).

Consumers Union and Community Catalyst, *Community Advisory Committees,* fact sheet (Washington, DC, 2005).

McGarvey, Craig, *Learning Together: Collaborative Inquiry Among Grantmakers and Grantees* (New York, NY: The Ford Foundation, 2004).

Minkler, Meredith, Angela Glover Blackwell, Mildred Thompson, and Heather Tamir, "Community-Based Participatory Research: Implications for Public Health Funding." *American Journal of Public Health* 93:1210-1213, August 2003.

Viswanathan, Meera, Alice Ammerman, Eugenia Eng, et al., *Community-Based Participatory Research: Assessing the Evidence.* Summary Evidence Report/Technology Assessment: Number 99 (Rockville, MD: Agency for Healthcare Research and Quality, 2004).

WORKING TOWARD
Policy Change

Public policy directly affects the design, delivery, and allocation of health care services and resources. In the health sector, public policy determines who is eligible for public insurance programs; how much funding is available for public health programs; which health care services are provided (such as immunizations, language services, or prenatal care); and other fundamental choices. Sound public policies depend on several factors including the availability of reliable information and objective analysis, the input of those directly affected by these policies, and informed decisionmakers.

Many health foundations are funding health policy activities. According to a 2004 study by the Foundation Center, total grant dollars targeting health policy activities more than tripled from 1995 to 2002, from just under $100 million to nearly $360 million. A number of factors have pushed foundations in this direction, including shrinking public budgets and resulting cuts to public programs, and the belief that investing in health policy can contribute to more sustainable public funding streams. Grantmakers with a longtime interest in improving health are also using policy activities to complement grants for direct services, realizing the potential for influencing systemic change and benefiting a greater number of people.

OPPORTUNITIES FOR GRANTMAKERS

Philanthropic work in the public policy arena can promote positive health outcomes, maximize limited resources, and foster health system transformation. There are a number of ways health foundations can influence public policy. Analysis of polices and data, as well as bringing stakeholders together to discuss issues and proposed solutions, are all ways to engage in health policy activities. Supporting advocacy is another successful tool. Advocacy focuses on giving voice to diverse viewpoints when making decisions that shape the health care system. Strengthening and including the voices of vulnerable populations in the political process, and ultimately producing better informed policy decisions, are the goals of advocacy.

➤ *Funding and Disseminating Policy Analysis* – Foundations can be influential in determining what information is available to policymakers, opinion leaders, and the public on health issues. The Blue Cross Blue Shield of Massachusetts Foundation's *Roadmap to Coverage* initiative, for example, is designed to provide comprehensive, nonpartisan research to inform the debate about how to best provide health coverage for the state's uninsured residents. Research and policy

THE LEGAL FRAMEWORK

Foundations have a great deal of leeway to engage in policy-related activities. Restrictions apply only to lobbying and attempts to influence specific legislation that has already been introduced in a legislative body or a specific legislative proposal that the organization either supports or opposes.

The law applies differently depending on the grantmaking organization's tax status. The rules governing lobbying apply primarily to private foundations. Public foundations (including most community foundations) and public charities are not subject to the same restrictions.

For additional information, see GIH's report, *Strategies for Shaping Public Policy: A Guide for Health Funders* (2000).

analysis is being conducted by the Urban Institute, a non-profit, nonpartisan policy research organization; and a series of reports have been issued. The first report, issued in 2004, analyzed the cost of medical care for the uninsured; it was released at a summit featuring a luncheon address by the president of the Massachusetts Senate. The report included data on what is currently spent on care for the uninsured, who pays for it, and what full coverage would add to medical spending. For the release of a report examining options for expanding coverage in 2005, the foundation convened Governor Mitt Romney of Massachusetts, Governor John Baldacci of Maine, and health care leaders from other states to review and discuss the choices and tradeoffs associated with different coverage expansion options. The final report, a practical roadmap for extending health coverage to most, if not all, residents of the state, was released in 2005.

Supporting organizations that serve as information resources to policymakers and others is another strategy grantmakers can use to raise awareness of key health care issues. The Healthcare Georgia Foundation, Inc., for example, has provided significant funding to the Women's Policy Education Fund in Atlanta to create a centralized source of Web-based and printed material tracking health policy in Georgia and encourage its use by consumer-focused organizations and other key stakeholders. The foundation has also provided funding to help establish the Institute for Health Policy at Morehouse School of Medicine's National Center

for Primary Care. The grant is funding research on primary care, prevention, and mental health services for minority and underserved communities in Georgia. The institute will focus state and federal policies that would encourage health professionals to practice primary care in underserved communities and promote long-term retention; ways that Georgia could develop a cohesive and comprehensive primary care safety net that assures access to high-quality care for all Georgians; and the impact of existing health laws, as well as policies and proposed legislation on clinical outcomes.

➤ *Arming Policymakers and Advocates with Data and Stories* – Some grantmakers fund efforts to provide specific information to help advocates and policymakers make better informed health policy decisions. Both data and personal stories can effectively convey the health issues faced by individuals and communities. For example, The California Endowment, The California Wellness Foundation, Kaiser Permanente, and The Robert Wood Johnson Foundation have funded the California Center for Public Health Advocacy to develop policy briefs that present data on the health status of individuals by state legislative district (rather than by city or county), along with detailed information and recommendations for addressing these issues through specific state and local policy reforms. The first series of briefs focused on childhood fitness, obesity, and diabetes, and were influential in the passage of a landmark bill that established nutrition standards for food and beverages sold in California elementary schools.

The Connecticut Health Foundation publishes policy briefs addressing health concerns for the state of Connecticut. The briefs provide an overview of a key issue, present data, and pose questions policymakers need to consider when addressing the issue. They are disseminated to state legislators, their staff, and the public. In 2005, the foundation funded a series of three policy briefs examining the new Medicare prescription drug benefit. The recommendations included in the brief on transitioning Medicare beneficiaries who receive drug coverage through Medicaid (known as dual eligibles) to the new Medicare drug benefit, were included in a bill introduced in the state legislature.

To compliment the Missouri Foundation for Health's grantmaking and to address health issues from a systemic perspective, the foundation established the Missouri Foundation for Health policy group in 2002. The policy group works to support the work of the foundation board, staff, community members, and the state legislators by providing timely research on health-related issues of significance to Missouri. As part of its agenda, the policy group publishes the *Show Me* series. These papers focus on external audiences both within the foundation's service area and beyond, addressing topics derived from the foundation's policy agenda. The foundation distributes the papers to a broad audience in Missouri and across the country.

➤ *Facilitating Public Dialogue* – Many funders are in the advantageous position of having the ear of diverse members of the community, such as business leaders, policymakers, and advocates. Convening these stakeholders provides an opportunity for them to discuss public policy issues and inform public debate. To reach its goal of improving the oral health of New Hampshire residents, the Endowment for Health has awarded grants for the development and dissemination of analyses on oral health in the state, as well as supported the creation and implementation of a statewide oral health agenda. To reach a consensus on the oral health needs of New Hampshire's residents and to assess the capacity of the state's oral health system, the foundation supported community-based stakeholder meetings throughout the state. For example, in 2004, the New Hampshire Minority Health Coalition received a grant to convene stakeholders to discuss the oral health needs of Latinos living in the Manchester area. Meeting participants came together to assess the area's need for improved oral health services, identify ways they can work together, discuss oral health improvement models for Latino communities, and develop a strategy to fund the implementation of a pilot oral health access project. The foundation has also strategically awarded smaller grants to help cover, for example, the costs of meeting speakers and travel expenses for individuals to attend the statewide Forum for Public Health Dentistry in 2005.

In 2003, the Maine Health Access Foundation, in partnership with The Robert Wood Johnson Foundation, the Bingham Program, and a number of community partners, held a day-long conference, *Caring for Maine's Underserved: Community-Based Strategies in an Era of State Health Reform*, to discuss the role of uncompensated care programs in Maine and their future in the state's Dirigo Health program. The conference took an in-depth look at innovative community-based programs that care for Maine's uninsured and underserved, and allowed participants to talk about successes and failures, and to learn how to both support each other and promote better care for Maine's residents.