

# BUILDING RELATIONSHIPS IN HEALTH

How Philanthropy  
and Government  
Can Work Together

JANUARY

2003

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# Foreword

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Building bridges between grantmakers and policymakers is part of Grantmakers In Health's core mission, and over the years, we have worked to bring the two sectors together in productive ways around issues of mutual interest. While differences in culture, time frame, and expectations can make building these relationships difficult, there are many successful partnerships that together are greater than the sum of their parts.

This publication presents what we have learned from colleagues in philanthropy and government about the range of options for those interested in collaboration and the lessons learned about building successful partnerships. Meeting transcripts, the published literature, and conversations with health grantmakers and government officials form its basis. Several of the health grantmakers we spoke with had spent time in government and commented on how those experiences shaped how they approached potential public partners. We have distilled their stories and experiences and drawn out the elements that lead to strong collaboration across sectors. While this is just a snapshot of the collaborative activities being undertaken by foundations and government partners, it is our hope that grantmakers will use this information to reflect on their own partnerships and as a springboard for new collaborations at the local, state, and federal levels. Information about additional collaborations is available in GIH's electronic database of health grantmaking; GIH Funding Partners may access this information on-line at [www.gih.org](http://www.gih.org). Others may contact GIH to learn more.

Julia Tillman and Anne Schwartz of GIH's staff wrote this report. We thank those who spent time with us, both talking about their work and reviewing drafts, for their input and insights. Our gratitude extends, as well, to the federal Maternal and Child Health Bureau, Health Resources and Services Administration, which provided funding for the project.

# About GIH

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Grantmakers In Health (GIH) is a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve the nation's health. Its mission is to foster communication and collaboration among grantmakers and others and to help strengthen the grantmaking community's knowledge, skills, and effectiveness. GIH is known today as the professional home for health grantmakers and a resource for grantmakers and others seeking expertise and information on the field of health philanthropy.

GIH generates and disseminates information about health issues and grantmaking strategies that work in health by offering issue-focused forums, workshops, and large annual meetings; publications; continuing education and training; technical assistance; consultation on programmatic and operational issues; and by conducting studies of health philanthropy. Additionally, the organization brokers professional relationships and connects health grantmakers with each other as well as with others whose work has important implications for health. It also develops targeted programs and activities, and provides customized services on request to individual funders. Core programs include:

- **Resource Center on Health Philanthropy.** The Resource Center monitors the activities of health grantmakers and synthesizes lessons learned from their work. At its heart are staff with backgrounds in philanthropy and health whose expertise can help grantmakers get the information they need and an electronic database that assists them in this effort.
- **The Support Center for Health Foundations.** Established in 1997 to respond to the needs of the growing number of foundations formed from conversions of nonprofit hospitals and health plans, the Support Center now provides hands-on training, strategic guidance, and customized programs on foundation operations to organizations at any stage of development.
- **Building Bridges with Policymakers.** GIH helps grantmakers understand the importance of policy to their work and the roles they can play in informing and shaping public policy. It also works to enhance policymakers' understanding of health philanthropy and identifies opportunities for collaboration between philanthropy and government.

GIH is a 501(c)(3) organization, receiving core and program support from more than 200 foundations and corporate giving programs each year.

# Introduction

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Health grantmakers and government decisionmakers both care deeply about developing health systems that deliver high-quality services and promote the health of populations in need. While it is possible for the sectors to work separately, the mismatch between available resources and unmet needs and the complex determinants of health suggest that significant improvements will not be achieved by either the public or private sector working independently. Simply put, the needs are too great and the solutions too complex for either to go it alone. Planning, implementing, and evaluating programs that really make progress and improve health require the capacity of both sectors. While each sector has strengths and limitations, working together in complementary ways can improve the efficacy of both.

Government at the local, state, and federal levels provides support for a broad array of health programs, including publicly-sponsored insurance programs; direct grants for health services delivery, health promotion, and health education; training of professionals; and data collection and research. Yet despite the tremendous public investment in health (45.2 percent of total national health expenditures, or \$587.2 billion annually), government programs do not fully address many of the nation's most persistent health concerns. In addition, legislative, regulatory, and political restrictions often impede government activities from fully reaching their objectives.

In 2000, U.S. grantmaking foundations, one component of the private sector, provided \$4.46 billion for health (Lawrence 2001). Philanthropic funding for health, while marginal in absolute terms compared to the public share, provides critical support to stimulate innovation, fill gaps, and adapt models to specific community needs. Because foundations generally have greater flexibility in their funding, they can strengthen the capacity of government programs, provide start-up funding, offer required matching dollars for government grants, and provide direct grants for specific activities or services that public funding cannot support. In addition, since most foundations do not operate programs, they have time and energy to devote to stimulating innovation and developing or testing model approaches. Partnerships with government agencies, however, are often required to replicate successful innovations and sustain such efforts for the long term. In the past, foundation investments in the development of community hospitals were brought to scale by passage of the Hill-Burton Act in 1946. Earlier efforts by the Rockefeller Foundation, The Commonwealth Fund, and others during the 1920s and 1930s led to the creation and

strengthening of county and state public health departments across the country (Chisman 1996).

This monograph is designed to help those in health philanthropy and government work together. To make the case for collaboration, it begins with a description of barriers that can impede partnerships. It then describes a range of alternatives for those interested in partnering across sectors; these include both formal and informal collaborations. Multiple examples are provided involving foundations, large and small, as well as efforts involving local, state, and federal governments. The monograph concludes by drawing out the lessons learned from these partnerships. The bottom line is that health philanthropies and government agencies can work together to extend the impact of their individual investments. Doing so takes time, patience, commitment, and a willingness to see things from the other's point of view.

## Barriers to Collaboration

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There are many obstacles that can make it difficult for governments and grantmakers to work together, even when they recognize the value of doing so. Philanthropy and government have their own cultures, time frames, and ways of doing business. Building successful partnerships requires that partners first understand these differences, and then work on how to address them. These barriers are not unique to philanthropy and government; they are in the background of almost any collaboration. We elaborate on them here, however, because they are so fundamental.

### Different Time Frames

The length of time needed for government decisionmaking and program implementation is a source of great frustration for many grantmakers who do not have personal experiences in that organizational culture. Regulatory processes are often slow, requiring multiple opportunities for review and comment by various external stakeholders, as well as those within the government hierarchy. Legislative processes can get bogged down in detail or be swept aside when more pressing business diverts attention. On the other hand, sometimes policymakers need to act relatively quickly, for example, if certain information is needed just before the close of a legislative session or near the end of a fiscal year. One grantmaker noted his experience with several “overnight successes that were six years in the making.”

While foundations are generally able to move quickly (both to enter and exit projects of interest), government officials may expect foundations to be able to make decisions and funding commitments faster than they often can. In fact, organized philanthropy may be responsible for this perception because it has promoted the field as nimble, fast moving, and able to seize opportunities when they arrive. And sometimes this is the case. But state or local officials may not be aware of the more typical private grantmaking processes, such as the timetable for making grants, or understanding which grants require board approval and which can be made at the staff's discretion. In a new area of grantmaking, for example, foundation staff often have to spend time building an internal case for commitment of resources.

## Different Calculus for Risk

Foundations often fault government agency officials for being risk averse and unwilling to try new things. While foundations vary considerably in how much risk they consider desirable, government decisionmakers as a group may seem more cautious because they are held accountable for their decisions in such public ways. Legislators, advocates, and the press all carefully watch what government agencies do; administrative discretion and funding are both at risk when things don't go well or if they are not beneficial to particular outspoken or influential interests. As one grantmaker noted, "the media loves to put our state government on the altar and slaughter it once a week."

Foundations, on the other hand, while accountable to boards of directors and required to comply with state and federal laws to maintain their tax-exempt status, experience fewer repercussions when taking risks. Moreover, the rhetoric of the field is to take pride in the ability to be on the cutting edge, testing new ideas, and dangling on the precipice of failure. "Government is afraid to fail," commented one grantmaker with prior experience in county government, while foundations "have the power to fail."

In fact, not all foundations are willing to touch potentially risky projects, and the sector has been strongly criticized for its failure to take on critical social problems (Eisenberg 2002). This is changing somewhat, particularly for foundations formed from the conversion of nonprofit hospitals and health plans to for-profit status. Governmental and community advocates are demanding greater accountability in the use of these foundation assets.

In addition, some foundations are hesitant to work directly with government because they fear that such work will jeopardize their tax status, especially when partisan politics

are at work.<sup>1</sup> Others may be concerned that such efforts will give government officials the impression that the foundation is willing to step in when public funds are tight or when legislators are unwilling to fully fund prior commitments.

## Differences in Culture

Government and philanthropy have different processes for getting things done that are not well understood by those on the outside. Organizational culture determines who is empowered to make what types of decisions, how those decisions are carried out, and when funds may be disbursed. One grantmaker related the story of how exasperated she was that a local government official could not make a quick purchase of supplies in an emergency, only to find that while the foundation kept petty cash, the government agency had completely different mechanisms for making even small purchases. What initially appeared to her as lack of willingness to take action later became clear as a true inability to exercise fiscal power at a given moment. The two are now working to see if the foundation can be a resource in those circumstances. Savvy collaborators learn each other's language and how to bridge these differences.

## Common Misperceptions

Several grantmakers pointed out that it can take time to get past stereotypes. Some in philanthropy assume that bureaucrats are obstacles to progress, although as one observer commented, "There are a lot of clever people in the bureaucracy, and when they want to get something done, they get it done." Those in government may view foundation staff primarily as check writers and not recognize that foundations also have strategic interests. Others commented that state officials are sometimes concerned that foundation staff will treat them as one grantmaker commented, "like bumpkins," or act like prima donnas. Many who have devoted their lives to public service by working in agencies of government take deep affront when those in philanthropy criticize the public sector. Foundations can help put misconceptions to rest by being the first to reach out.

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<sup>1</sup>*Strategies for Shaping Public Policy: A Guide for Health Funders*, published by Grantmakers In Health in 2000, provides information on the types of policy-related activities that are permissible and addresses several long-standing misconceptions about the rules governing lobbying by nonprofit organizations.



# Opportunities for Collaboration

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Foundations and agencies of government that have overcome these barriers have found a variety of opportunities to work together to extend the reach and improve the effectiveness of both public- and private-sector grantmaking. The approaches that foundations have taken in working with government include creating forums for joint learning and channels for information sharing; supporting policy analysis, data collection, and project development; directly funding government agencies or developing collaborative funding projects; building the capacity of government agencies and extending the reach of their programming; and monitoring the effects of public programs and policies, identifying gaps, and advocating for change. The best approach in any state or community is obviously influenced by the players, their capacities and limitations, and their shared objectives.

## Creating Forums for Communication and Joint Learning

Grantmakers at the regional, state, and local levels throughout the country have worked with government officials to create forums for grantmakers and government leaders to begin forming relationships by learning together about health issues that are important to both sectors. Such forums have provided opportunities to share data, programming interests, and results; to increase understanding of each other's priorities and the way each sector works; and to create a network of contacts for ongoing communication.

Grantmakers In Health, for example, worked with a group of local health grantmakers in New York City over several years to convene issue-focused briefings as part of its project, Partnerships for Maternal, Child, and Adolescent Health, funded by the federal Maternal and Child Health Bureau of the Health Resources and Services Administration. The group held briefings on such topics of local interest as women and HIV, racial and ethnic disparities, and immigrant health. In addition to foundation staff, the briefings included state and local government leaders and staff from the regional office of the U.S. Department of Health and Human Services. Participants in the briefings continually commented that the briefings were an important mechanism for foundations and governments to get to know each other while learning about topics of mutual interest and that they were an important step to developing future partnerships.

Texas Grantmakers in Health and Human Services has taken a similar approach. This state-based group of foundations hosts several workshops annually that provide forums for grantmakers to meet with state and local government leaders to discuss emerging health issues.

Most recently, the organization sponsored a conference on the current status of two of the largest public programs in the state: the State Children’s Health Insurance Program and the Personal Responsibility and Work Opportunity Act. The conference provided an opportunity for foundations to talk with state and local government leaders about pending changes in the programs and the challenges and opportunities ahead for philanthropy in the state.

A final example is a project of the New York Regional Association of Grantmakers. Launched in 1991, City Connect works to help funders and city agencies learn from each other, explore issues of common concern, develop and evaluate programs, and find ways to make resources and expertise go farther. Its Funders Registry links public officials and funders when program ideas are under development. It also provides a vehicle for funders to find the right official in city government when in need of information and assistance. Under Rudolph Giuliani, the city centralized its participation in City Connect through the mayor’s office of grants administration, creating a liaison to foundations working in the city with an individual who reports directly to the deputy mayor overseeing all city agencies.

## Supporting Policy Analysis and Data Collection

Foundations have played an important role in supporting the work of government at both the front and back end. When foundations are seen as neutral with respect to various policy alternatives, foundation-funded studies can give public officials the information they need to make sound and politically-viable decisions. One grantmaker related the story of a state that had large numbers of mentally-ill individuals residing in a state hospital. With the state workers’ unions and community opposed to deinstitutionalization, the state mental health director could make little headway in redesigning a system to provide services in a less restrictive environment. A relatively small amount of foundation funding, spent on both a study of services and community convenings, was able to shift the opinion of key stakeholders so the agency director “had the comfort to move ahead.”

Sound data often form the basis of sound policies. To help build the case for better state policymaking on violence prevention, The California Wellness Foundation helped establish and sustain the Firearms Injury Surveillance Project (FISP) within the California Department of Human Services. FISP initially collected data on the relationship between firearms and violent injury and subsequently expanded its surveillance to encompass data on all violent injuries in California. FISP provides valuable information to legislators and advocacy groups who use the data to promote policies aimed primarily at firearms-related injury prevention. For example, the data have been used to calculate the economic impact of firearms injuries in terms of lives lost, hospitalization, other medical costs, lost produc-

tivity, and police services. More recently, FISP has focused on putting its data to work, relying mainly on the Internet to make its findings readily available to policymakers, law enforcement, health professionals, community advocates, and the general public engaged in violence prevention policy work.

Working with the Rhode Island Department of Human Services (DHS), The Rhode Island Foundation launched an effort in 1999 to do something about the 50,000 workers in the state lacking health insurance coverage. With cofunding through The Robert Wood Johnson Foundation's Community Health in Focus program, the foundation and the health department surveyed more than 3,000 Rhode Island businesses about health insurance coverage for employees. With this as a starting point, the foundation embarked on a series of efforts to address the needs of the state's underserved, including:

- providing technical assistance to DHS to determine the feasibility of using RIte Care (the state's Medicaid managed-care program) as the vehicle for a new public insurance initiative;
- supporting technical staff to develop, implement, and evaluate a RIte Care expansion program;
- cosponsoring nine community forums with chambers of commerce, health care provider groups, and advocates to discuss the idea of a RIte Care expansion;
- creating and broadcasting a series on the states' public radio station to inform Rhode Islanders about the changing health care sector; and
- providing a \$2 million program-related investment to maintain operations of Neighborhood Health Plan of Rhode Island (NHPRI), the state's primary insurer and health care provider for RIte Care families.

## Getting the Ball Rolling: Providing Support for Project Development

An often important role for foundations is to help create the momentum and provide the start-up funding for large-scale projects that ultimately will be sustained primarily by government resources. This includes ideas generated by the foundation, those generated from within government, and those that are the result of joint planning. The Benedum Foundation in Pittsburgh, Pennsylvania, for example, provided a three-year grant to launch a school-based health center network for the state. The West Virginia Bureau for Public Health provided matching support for the foundation's contribution.

### **Building Stronger Families for TANF Recipients**

The Sisters of Charity Foundation of South Carolina is testing the waters for a different form of collaboration with state government: acting as a pass-through for federal funds to the state under the Temporary Assistance to Needy Families (TANF) program. This new arrangement came about as the confluence of two forces: the foundation's desire to provide sustainability to fatherhood programs it had funded in 13 of South Carolina's 46 counties and the state's need to follow through on using federal TANF funds to provide assistance for the formation and maintenance of two-parent families.

Foundation officials first went to the state offering expertise in providing technical assistance, grants management, evaluation, and capacity building. State officials countered, asking the foundation to take on the job of administering several million dollars for community projects.

"Our board liked the idea at first because of the implications for leverage and sustainability," commented Pat Littlejohn, senior program officer at the foundation. "But once they got deeper into it, they realized that this was going to be hard and potentially risky." The board's response was not to shy away but to be careful about its due diligence. A separate 501(c)(3) is being created to receive the funds, and the foundation is also contracting with an outside group to build financial management capacity, ensure compliance with federal regulations, and ensure that monitoring systems are in place.

Each center in the network is operated by a larger health organization (for example, a health system or hospital), and primary and preventive health services are delivered in the local schools. Today, the network includes 33 centers and provides services to more than 11,000 students annually. Approximately half of each center's budget comes directly from the Bureau of Public Health, and the balance comes from insurance payments and other grant support.

While the foundation does not provide operating support to individual centers, it continues to support the technical assistance and evaluation components. The technical assistance team supported by the foundation trains school-based health center staff on using a common management information system, collects and compiles data, and monitors the system to assure data integrity. The foundation also supports operational technical assistance to centers and quarterly continuing education workshops for center staff.

## Pooling Government and Foundation Resources

The Bingham Program, a small private foundation in Augusta, Maine that is administered by the New England Medical Center, has developed a collaborative funding project with the Maine Department of Behavioral and Developmental Services to improve mental health and reduce mental disorders among Maine citizens. The mental health funding collaborative is providing grants to eight programs that address advocacy, early intervention, coordination with primary care, and nonhospital management.

While mental health had not been a priority area for the Bingham Program, foundation staff saw the growing need and commissioned a study of the state's mental health system to determine where philanthropic funding could make the greatest difference. By convening a meeting of stakeholders — including clinicians, advocates, community mental health professionals, and policymakers — the foundation was able to identify some specific areas where a small foundation could make a difference. To really address the big picture, however, they knew that they had to collaborate with other foundations, and most importantly, with the state government.

The Bingham Program approached the Maine Department of Behavioral and Developmental Services, the state's Medicaid program, and several other foundations to build support for a funding initiative that would address priority mental health issues in the state. By pooling their resources with the state, the Bingham Program, the Betterment Fund, and the Jane B. Cook 1992 Charitable Trust were able to commit more than \$600,000 over a three-year period to support a small grant program to fund research, advocacy, and practice in the area of mental health.

The most important government contribution came through the state's Medicaid program. After a somewhat lengthy period of negotiations, the state agreed to draw down federal Medicaid matching funds, where possible, on projects approved through the collaborative. This nearly doubled the total dollars available to the collaborative, allowing the foundation to leverage \$360,000 of its own funds to provide approximately \$1.3 million in total grant money to the programs supported by this project.

Collaborative partners each brought different funding priorities to the initiative. The state agency's primary interests were in service evaluation issues. The foundation's interests were in the areas of advocacy and developing model programs for prevention and early intervention. The Medicaid program's primary interest was improving the coordination between primary care and mental health resources. By working together, however, they were able to select a group of eight grantees that represent diverse approaches to addressing the priority mental health issues in the state.

For the Quantum Foundation in West Palm Beach, Florida, its work entails funding local government planning processes and start-up costs and then working to ensure that local government is able to sustain these efforts. Otherwise, as the foundation noted, the perception is, “We throw the parties, but the county always gets stuck with the check.” By involving government leaders from the outset, the foundation ensures that these efforts have a future.

Through a grant to the Palm Beach County Health Care District, for example, the foundation established a school health information system to help school nurses track student health records, evaluate individual providers, and bill for reimbursable services. The foundation funded a planning process with the schools and the one-time investments in the system, but the health district took over with funding for its implementation. The health district also maintains the system and provides training and technical support.

## Providing Direct Support for Services or Demonstrations

Many health foundations provide direct grants to government agencies, particularly local units of government, for direct delivery of services.<sup>2</sup> For example, the Kate B. Reynolds Charitable Trust has a long tradition of funding local public health agencies throughout the state of North Carolina. Recent efforts to improve access to dental services include grants to clinics and mobile units operated by rural public health authorities. The Health Foundation of Greater Cincinnati, which counts school-based child health interventions as one of its four focus areas, funds multiple school-based health centers in the 20-county region it serves. In the 1990s, the Colorado Trust’s E911 initiative made both interest-free loans and grants to rural communities to purchase and install enhanced emergency telephone response systems. During the life of the initiative, lifesaving E911 systems were brought to people in 31 Colorado counties; additional funding was subsequently provided to counties concerned about Y2K compliance.

Foundations that fund direct service projects face the difficult question of where government responsibility ends and foundation opportunity begins. On the one hand, government agencies have infrastructure and systems for service delivery, even if they are not sufficiently funded to serve all those in need. On the other hand, there is always the concern that the availability of private funding takes decisionmakers, particularly legislators, off the hook. When a foundation steps in, the danger is that the government will step back, sometimes permanently. Moreover, foundations cannot possibly meet direct service need to the

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<sup>2</sup>Funds for direct services can be granted to government agencies or to third parties on their behalf. (Many foundations require that grantees have a 501(c)(3) tax status.)

## Partnering to Improve Oral Health

In partnership with the Arizona Department of Economic Security (DES) and the Maricopa County Department of Public Health (MCDPH), St. Luke's Health Initiatives has developed a dental program for low-income adults in the county. The program was developed in response to a community oral health profile published by the Department of Health Services, Office of Oral Health. The profile itself was viewed by the foundation as an important government role in helping the foundation to do its work. By framing the issues and providing a context for each community's place in the larger picture, the profile helped the foundation identify the role it could play in working with the state to improve adult dental coverage.

Through the program, DES, MCDPH, a private insurer, and the foundation are collaborating to offer a subsidized dental insurance program to adults. The program takes advantage of each partner's position and strengths. DES, which is responsible for establishing eligibility for child care subsidies, promotes the program and conducts eligibility screenings. The MCDPH Office of Oral Health administers the program. A private dental insurance company put together a benefits package. The foundation picks up the costs of the program premiums. While DES and the foundation have a letter of agreement, no money has changed hands. Rather, the two recognized that they each had something different to offer and that they could improve oral health coverage if they worked together to implement this program.

The foundation initially approached the Arizona Department of Health Services and offered that agency a small grant to administer the program. Concerned that it would be expected to continue supporting the program once the foundation moved on, however, the agency declined to participate. Fortunately, the Maricopa County Department of Public Health was interested and excited to be a part of this project. Thanks to commitment of both local and state government, the program is now running smoothly.

The foundation notes that there are both structural and attitudinal barriers to working with government. The structural include issues of confidentiality, procurement code requirements, and contract approval processes. The attitudinal barriers include getting a government agency to see the potential of working outside of its normal way of doing business.

extent that government can. “Even if every health foundation spent all of its assets on direct services,” commented one grantmaker, “they would only be able to buy insurance for half of the nation’s uninsured for one year.” The best opportunities are those that allow philanthropy to fill a gap that government is poorly positioned to fill.

## Building the Capacity of Public Agencies

Sometimes, foundation funding provides the spark for efforts to energize and build the ability of government agencies to take on new tasks, or to better manage existing mandates. Data systems, professional training, and technical assistance are in high demand by government agencies, but public funding for these activities is often in short supply. The Kansas Health Foundation provided funding to the state department of health to develop and install a comprehensive public health information system designed to enhance the quality of public health practice. What began as a system to help county health departments get accurate data about health issues in their communities was eventually connected to the federal Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System. Now, not only do counties have access to extensive data on community health needs, but individuals’ health information can be located in one site that is accessible to multiple providers. More than 50 percent of Kansas’ county health departments are now involved with or actively running the system. The foundation provided the funding to implement the program in communities throughout the state, and the Department of Health provided additional funding and in-kind contributions. The system has made the state eligible to receive support from a number of federal grant programs. It has been widely recognized as a model for public health information, and, in the end, the state has received two dollars for every dollar invested by the foundation.

To prepare officials in state and local public health departments to address major challenges by strengthening management skills within their departments, the CDC Foundation has developed a management academy for public officials at the University of North Carolina. The 10-month course includes finance, accounting, human resources, and other management topics essential for making health departments run better. The 2001 academy was attended by more than 200 workers from state and local health departments in Georgia, North Carolina, South Carolina, and Virginia. Teams of officials who have completed the academy have used the skills they learned to develop a business plan to attack a chosen public health problem. This project is jointly funded by The Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, the federal Health Resources and Services Administration, and the Centers for Disease Control and Prevention.



### **Building Infrastructure Pays Off for Uninsured Kids**

When the Colorado General Assembly acted in the late 1990s to expand insurance coverage for low-income children, it made clear its desire that the new Child Health Plan Plus program be privatized. The only problem was that there was no existing entity capable of or willing to take on administration of the program. Working with state administrators, the Rose Community Foundation (RCF) stepped in and proposed to establish a new, independent organization for this purpose. Investing significant staff time and a limited amount of money for organizational development costs, RCF created Child Health Advocates (CHA). In November 1998, CHA began work under contract to the state to find and enroll eligible children under the Child Health Plan Plus program.

By 2002, CHA had succeeded in enrolling 35,000 previously uninsured children, and with this accomplishment came interest from others in the private sector. In April 2002, Policy Studies, Inc., a Denver-based company specializing in government outsourcing, consulting, and public policy research, purchased CHA from RCF for \$700,000 plus about \$1.2 million in cash earned as profit by CHA. RCF used the sales proceeds to create a new supporting organization at the foundation: the Colorado Child Health Foundation. This new fund will continue to support the broader mission of improving the health and well-being of Colorado's children.

## **Extending the Reach of Public Programs**

By funding activities that support government programs, foundations are often able to extend the reach of those programs. Many health foundations have taken this approach by funding outreach and enrollment efforts for public health insurance programs. The Robert Wood Johnson Foundation's Covering Kids initiative (which has evolved into the Covering the Kids and Families initiative) has worked closely with the federal government and with states to increase the number of eligible children and adults who are benefitting from federal and state health care coverage programs. The program complements government efforts to design and conduct outreach programs that identify and enroll people into Medicaid and the State Children's Health Insurance Program, simplify enrollment processes, and coordinate existing coverage programs.

Dozens of foundations working at the state and local level are also working with government agencies to expand enrollment in public insurance programs, particularly for low-

income children. For example, the Sisters of Charity Foundation of Canton is working with the Stark County, Ohio Department of Health Services to match state funds that support outreach and enrollment efforts for the Ohio children's health insurance program. The Moses-Cone Wesley Long Community Health Foundation is working with North Carolina's HealthChoice Outreach program to augment its efforts to find and enroll low-income children in the program.

Working in partnership with the state of California, the California HealthCare Foundation acted as a venture capitalist to simplify and automate applications to California's Medicaid and State Children's Health Insurance Program. Health-e-App is the first Web-based application in the nation to enroll low-income individuals in public health insurance programs. State officials were brought in during the planning process and signed off on the concept, but it was the foundation's funds that were used to develop the software and pilot test it in San Diego County. In January 2001, the foundation licensed the application to the state, which now (along with its vendors) is managing statewide implementation. Several other states, including Arizona and Indiana, are also now using Health-e-App.

Foundations have also developed materials to help beneficiaries understand their choices through public health insurance programs. When the Medicare program began to move aggressively to promote managed-care plans in the 1990s, the federal Health Care Financing Administration (HCFA) moved quickly to provide comparative information for elderly and disabled beneficiaries choosing among health plans. But while the agency could provide a wealth of information on plan characteristics and performance, it could not (without the possibility of jeopardizing the entire effort) take the next step of providing the specific information that many consumers were demanding: recommendations about which plans were best suited to which individuals. Several health foundations stepped in to support operation of insurance counseling programs that could help interpret HCFA's data to provide frank, tailored advice to beneficiaries.

Another important way that foundations can extend the reach of government programs is for foundations to fund projects that government programs are not able to fund due to a limitation of resources. In 1999, the federal Centers for Disease Control and Prevention announced the REACH 2010 initiative, making available a limited amount of funds for

community projects to reduce racial and ethnic disparities in health. Three projects in California all received high marks during the original CDC evaluation process but finished just behind four other programs in California receiving REACH 2010 federal funds. With a grant of \$1.26 million channeled through the CDC Foundation, The California Endowment was able to fund these projects and provide access to technical assistance and other services provided by the CDC to other REACH grantees.

## Funding Evaluation of Public Programs

Foundations have often provided support to government agencies for program evaluation to document the impact of innovative practices or to track the effects of policy changes. Evaluations can assist the public sector in efforts to sustain or expand their projects and can inspire others (both in the public and nonprofit sector) to adopt similar strategies. For example, the Blue Cross Blue Shield of Massachusetts Foundation has funded the Boston Public Health Commission to evaluate a cultural competence assessment tool for local community health centers and other clinical sites. The Commonwealth Fund's Assuring Better Child Health and Development (ABCD) program has been working with four states to enhance their ability to improve the delivery of developmental services for low-income young children. As part of this effort, the foundation has funded an evaluation to determine whether the projects designed by North Carolina, Utah, Vermont, and Washington have been able to increase the number of developmental services provided to poor children, expand parents' and pediatricians' knowledge of child development, and change Medicaid policy to promote expansion of these services. Additional support was provided to the North Carolina ABCD project to enable state officials to determine if intervention sites provided higher quality pediatric care to children than comparison sites.

Evaluation support does not always have to mean big grants for complicated studies. Sometimes relatively small amounts, strategically made, can help generate new knowledge. For example, The David and Lucile Packard Foundation provided a grant to the California Department of Health Services Research and Policy to pay for the costs of professional facilitation as it worked to establish evaluation priorities for Medi-Cal managed care.

# Lessons Learned

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Grantmakers and government decisionmakers can collaborate in different ways and for different reasons. But in talking about these efforts with health grantmakers, some common themes for successful partnerships emerged.

**It's All About the Relationship.** Developing successful partnerships is all about the people. Successful collaborations start from strong relationships, not from a desire to collaborate. Honesty, candor, and trust are the essential building blocks. Developing and maintaining good communication is important for its own sake. It creates trust and offers an opportunity to share ideas for future collaborative efforts.

Relationships need to be nurtured over time with adequate attention to the definition of roles. When there are personnel changes, new relationships have to be formed.

**Find Shared Vision.** Foundations and governments must have a shared vision for collaborations to succeed. While it's not necessary for both to have all of the same objectives, the focus of any collaborative work must be of interest to both partners. A recipe for failure is assuming that the other party will want to adopt your goals and use limited resources to further your objectives.

Grantmakers and policymakers have to see eye to eye for collaboration to work. One grantmaker commented at a GIH meeting about a specific project in which the state government was “coming to the table thinking that we were funding them to do more of what they do” while the foundation's expectation was that “we were funding them to do what they do better.” The partners had to get past this difference for the project to move forward. Since governments and grantmakers have their own strategic interests, it is important to be clear on which interests are mutual.

**Value Each Other's Strengths.** Partners must be valued as equals, valued for what each brings to the table. For a partnership to work, each organization needs to understand the benefits of working together and see how its own programs will be strengthened and its goals will be furthered. Participants must see the effort as accomplishing something that neither could do without the other because each contributes something that the other could not.

**Learn Their Game.** Both the public sector and grantmakers need to be realistic in their expectations about each other's constraints or as one observer noted, "know the rules of engagement." Foundations, for example, must make the effort to understand government processes, to learn how and why government funds are directed the way that they are, and to understand the political and regulatory context in which government agencies make their decisions. Government officials, in turn, must understand that foundations bring more to the table than money — that foundations have a broader role in their state or community and have strategic interests of their own. As one grantmaker put it, the public sector needs to learn that "a foundation is not a checkbook."

**Do Your Homework.** While it's important to go into collaborations with an open mind, it is also important to be sure what you agree to do is both reasonable and legal. Some grantmakers cautioned against ever comingling government and philanthropic resources. Others were more sanguine about this but stressed the importance of understanding both the law governing foundation activity, as well as those affecting their public partners. "We spent an inordinate amount of time with lawyers," said one foundation program officer, "because we didn't want to tarnish our reputation by doing it wrong."

**Be Patient.** Partnering is hard work, and success does not happen overnight. Getting started is not always easy because established organizations, whether public or private, find it challenging to do business in different ways. "You can't be discouraged," said one grantmaker noting the need to listen and explain. "If you want a circle, instead of a square, you have to suggest what a circle looks like." Both partners must realize that all collaborations go through phases — from getting to know and understand each other, to trusting each other and sharing information, to developing real collaborative projects. Successful collaboration requires a long-term commitment by the foundations and government agencies involved.

**Start Small and Grow.** While there are clearly benefits to just having channels for ongoing communication, real collaboration requires focus on a limited number of problems or issues. Having too many goals diffuses energy. Successful collaboration around discrete projects is worth celebrating, particularly because small-scale successes can provide a platform for long-term partnerships.

**Build from Top Down and Bottom Up.** Collaborative projects require buy-in from senior leadership (for example, department heads or agency directors) and commitment of career staff. Finding the right person can be challenging. “You need to find the people in the organization who are motivated to do this because it is the right thing to do, not just for political gain,” noted one grantmaker. Another noted that midlevel managers, who typically are shielded from many political concerns, can be the best allies. Regional associations of grantmakers (particularly those focused on a city or a single state) often know who the right people are.

**Be Prepared for the Winds to Shift.** When working with agencies of government, foundations have to be prepared to adjust to changes in the political climate. In 1997, the board of the California HealthCare Foundation authorized \$5 million to support a partnership with the California Department of Health Services to provide planning and start-up funds to test alternative models of managed care for low-income children with special health care needs. The purpose of the pilots was to determine whether managed care could improve care for this population. But before many of the grants could be made, the governor decided to cancel the pilot, which had been put forth by the previous administration. In another California example, a successful partnership between several foundations and state government to improve school health fell apart when foundation partners began working on issues that were viewed as threatening by state officials.

**Share the Stage.** For projects that are jointly supported by philanthropy and government, foundations need to be prepared for the possibility that they may not get the credit they receive when going it alone. Because of the level of public accountability for government programs, governments often demand visibility for their work. Foundations, therefore, may have to be content working behind the scenes. It was noted that this may be harder for foundations that experience higher levels of public scrutiny, such as corporate foundations and those formed from the conversions of hospitals and health plans.

**Document Your Success.** When it comes to getting buy-in from community stakeholders or securing public dollars to sustain or expand government-funded projects, evidence talks. Stories about successful collaborations get lost unless they are documented and disseminated.

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