

# FOUNDATION STRATEGIES to Promote Healthy Eating and Active Living

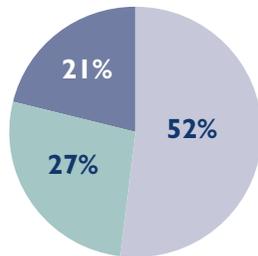
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**G**rowing recognition of the nation’s obesity epidemic and its profound impact on population health has led an increasing number of health funders to identify the promotion of healthy eating and active living (HEAL) as a strategic priority. Anecdotal reports from Grantmakers In Health (GIH) Funding Partners suggest that as the level of investment committed to HEAL has increased over time, the nature of funded interventions has also changed considerably. In order to test these perceptions, GIH conducted this scan of the field to gain a clearer understanding of health foundations’ strategic approach to HEAL. Funded by The Colorado Health Foundation, the study considers foundations’ history with, current strategies for, and future plans regarding HEAL-related investments, as well as prevailing views on the value and effectiveness of these efforts.

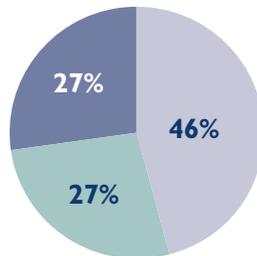
This scan explores the HEAL-related grantmaking of a sample of GIH Funding Partners (that is, health grantmaking organizations that support GIH through unrestricted or program funding). A stratified random sample of 29 health foundations was selected from the 241 Funding Partners affiliated with GIH as of December 2012. Sampling strata were defined by the geographical focus of foundation grantmaking (local, state, and national). Foundations were randomly selected from within each stratum to ensure that the sample would include an unbiased, representative mix of philanthropic organizations. Four foundations known to be major HEAL funders were not drawn in the initial random sample. These four foundations (three with a national focus and one with a state focus) were added to those identified in the initial probability sample, resulting in a total sample of 33 grantmaking organizations selected for inclusion in this scan. While this sample is not statistically representative for all GIH Funding Partners, it does provide a reasonable basis for qualitative analyses of the HEAL strategies adopted by the field of health philanthropy.

## GIH FUNDING PARTNERS AND SCAN SAMPLE BY GEOGRAPHIC FOCUS

**GIH Funding Partners**  
N=241



**HEAL Scan Sample**  
N=33



**Sample as Percent of GIH Funding Partners\***

Total	14%
Local	12%
State	14%
National	18%

\*percentages rounded to the nearest whole number

GIH obtained information on the HEAL-related activities of the sample of health foundations included in this scan through both:

- a review of materials publicly available through foundation Web sites (such as annual reports, grant inventories, summaries of priorities and initiatives, grantee case studies) and
- semi-structured interviews conducted with foundation staff between January and October 2013.

Interview respondents for each foundation included in the sample were identified from staff contacts maintained in the GIH Funding Partner database. In most cases, either the foundation’s executive director or a senior program officer responsible for the HEAL portfolio served as the sole interview respondent for their

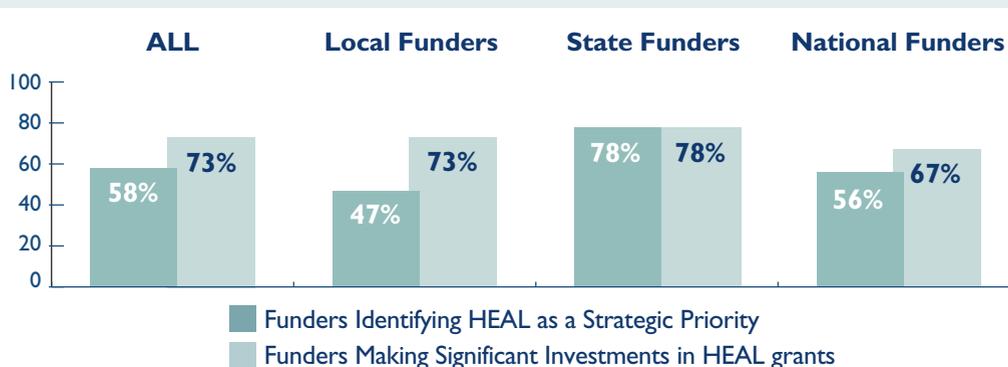
organization. In a limited number of cases, the foundation elected to conduct a group interview involving multiple respondents. Three foundations declined participation in the scan interviews. Information gathered for these non-respondents was limited to material that could be accessed through publicly available sources.

Interview responses were not independently validated. GIH assumed that respondents provided accurate characterizations of their HEAL work and analyzed responses as reported. GIH promised interview respondents confidentiality to encourage candor. Therefore, this report does not identify the foundations selected for inclusion in the scan.

## IDENTIFICATION OF HEAL AS A STRATEGIC PRIORITY

► **Philanthropic efforts to promote HEAL appear widespread.** Nearly three-quarters of sampled foundations are currently making significant investments<sup>1</sup> in grants to promote healthy eating and/or active living (N=24). Most of these funders have explicitly identified HEAL as a strategic priority (N=19), however. Approximately one-fifth of respondents that make significant investments in HEAL grants have not formally identified HEAL as a strategic priority (N=5). In most cases, these funders represent local foundations that do not identify specific strategic priorities (such as responsive funders) or funders that have embedded HEAL-related objectives into broader strategic goals (such as community wellness or children's health).

### HEAL AS A STRATEGIC PRIORITY FOR FUNDERS IN SCAN

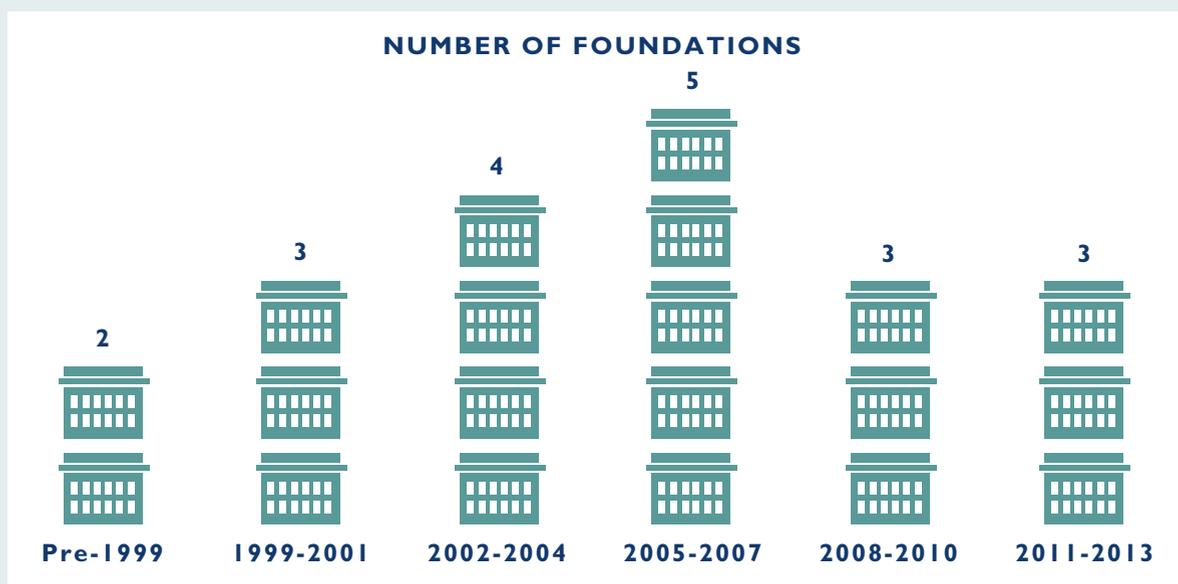


Health funders that do not currently engage in HEAL-related grantmaking often report that these types of investments are incompatible with their mission. For the 27 percent of respondents who do not currently make significant investments in HEAL grants, the vast majority indicated that their organizational mission precluded a substantial focus on HEAL. Foundations with missions focused exclusively on improving access to health care services typically indicated that HEAL-related goals fell outside their organizational purview. Other respondents have adopted highly targeted missions that focus on alternative types of health promotion, such as substance abuse prevention or tobacco cessation. Even in cases where respondents did not report significant investments in HEAL grants, most funders acknowledged that their work intersects with HEAL objectives and suggested that some of their grants indirectly incorporate HEAL interventions. For example, grants focused on improving chronic disease management often include patient coaching related to physical activity and nutritional counseling.

► **The number of health foundations identifying HEAL as a strategic priority has risen steadily over the last 15 years, and most HEAL funders have now established a fairly long history of HEAL-related grantmaking.** While 19 respondents currently have a commitment to HEAL as a strategic

<sup>1</sup> Rather than establish a uniform standard for defining “significant investment,” GIH relied on respondents to determine if their HEAL grants represent a significant proportion of their total grantmaking.

## YEAR HEAL FIRST IDENTIFIED AS A STRATEGIC PRIORITY



priority, in 1998 only two of the foundations in the sample prioritized HEAL for strategic investment. Among funders that have ever identified HEAL as a strategic priority<sup>2</sup>, half have maintained this strategic focus for eight or more years and 80 percent have held this priority for at least five years.

- **Foundation boards have been receptive to adopting HEAL as a strategic priority.** Most respondents indicated that the adoption of HEAL as a strategic priority was a relatively easy and straightforward decision for their boards. Several respondents cited important factors that contributed to their board's confidence in tackling HEAL as a strategic priority, including widespread media attention to the obesity epidemic, the growing evidence base for effective interventions compiled by the Centers for Disease Control and Prevention, high-profile investments by major national foundations, and support from the Convergence Partnership<sup>3</sup>.

A few respondents noted that their governing boards needed to engage in extensive deliberations before feeling comfortable with the adoption of HEAL as a strategic priority. Board member reservations typically focused on concerns regarding the efficacy of HEAL interventions, perceptions that HEAL grants might not be as effective as alternative investments, trepidation about entering an increasingly crowded funding space, and reservations about grantee capacity. Boards were usually able to overcome these concerns by reviewing information and analyses developed by staff, relying on leadership from supportive board members, and in some cases, experimenting with successful pilot projects.

## LEVELS OF INVESTMENT

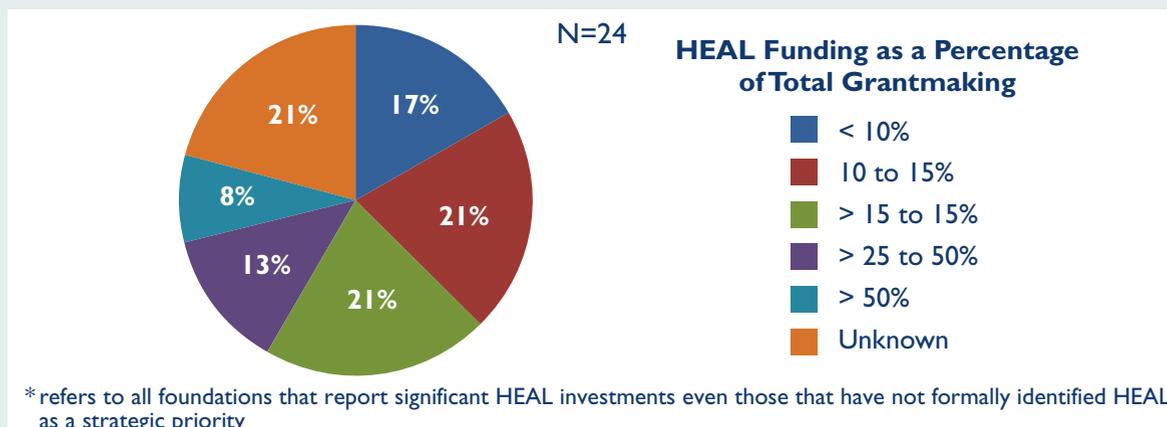
- **Levels of investment appear to vary substantially among funders that report significant investments in HEAL grants.** A large portion of HEAL funders<sup>4</sup> (about 42 percent) devote between 10 to 25 percent

<sup>2</sup> Two foundations identified HEAL as a strategic priority in the past, but do not currently maintain this focus.

<sup>3</sup> The Convergence Partnership, formed in 2006, is a collaborative of funders whose goal of policy and environmental change will help reinvent communities of healthy people living in healthy places. The steering committee includes representatives from Ascension Health, The California Endowment, Kaiser Permanente, The Kresge Foundation, Nemours, Robert Wood Johnson Foundation, Rockefeller Foundation, and W.K. Kellogg Foundation.

<sup>4</sup> HEAL funder refers to all foundations that report significant HEAL investments, even those that have not formally identified HEAL as a strategic priority.

## HEAL FUNDERS\* BY LEVEL OF INVESTMENT



of their total grant funding to HEAL grants. Approximately 21 percent of HEAL funders devote over one-quarter of their total grant funds to HEAL, and 17 percent devote less than 10 percent of total grant funds to HEAL. It is important to note that these financial data should be interpreted with caution. Most respondents making significant HEAL investments were able to provide only rough estimates of the proportion of total grantmaking devoted to HEAL. Many respondents (21 percent) were unable to share this information due to limitations regarding the categorization of awards in grant management systems, as well as difficulties disaggregating HEAL funding incorporated into broader grant agreements.

State foundations were more likely than local or national foundations to devote a larger proportion of their total grantmaking to HEAL. Almost half of respondents representing state foundations indicated that they devote over 25 percent of total grantmaking to HEAL, compared to 18 percent of local foundations and 0 percent of national foundations. Although national foundations were more likely to devote a smaller proportion of total grantmaking to HEAL, in terms of total dollars invested, their HEAL funding typically exceeds those of local and state foundations.

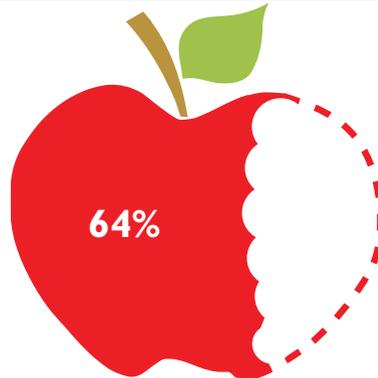
- ▶ **While some foundations report fluctuations in HEAL funding, most indicate that annual giving levels have remained relatively stable.** Most respondents indicated that the grant funding levels devoted to HEAL have not changed significantly in recent years. A few foundations noted that their HEAL funding has increased substantially over the past several years, and a small number report decreased funding relative to past levels of investment.

## NATURE OF STRATEGIC APPROACH

- ▶ **Health funders typically view healthy eating and active living as tightly linked priorities.** Among the funders that currently identify HEAL as a strategic priority (N=19), most frame this priority to include both healthy eating and active living interventions (N=13). Some funders describe their strategic priority as obesity prevention without explicitly referencing HEAL (N=4). The grants funded by these organizations, however, usually include efforts to promote both healthy eating and active living. A small number of respondents focus exclusively on healthy eating (N=2). In both cases, the decision to exclude grantmaking related to active living was based primarily on the organization's areas of expertise, as well as assessments of unmet needs.
- ▶ **A majority of HEAL funders focus their investments on children.** Approximately 64 percent of health funders making significant investments in HEAL (N=14) have focused their efforts on children. In most cases, however, this emphasis on children does not represent an exclusive focus. Although child-focused grants predominate, most funders that emphasize children's needs also support some grants that address the broader HEAL needs of families and communities.

## HEAL FUNDERS PRIORITIZING CHILDREN

64% of HEAL Funders Focus on Children



► **Health funders support a diverse array of activities to promote HEAL, but interventions in schools are most prevalent.** Respondents report that their grants fund a wide range of HEAL interventions. Activities commonly supported include:

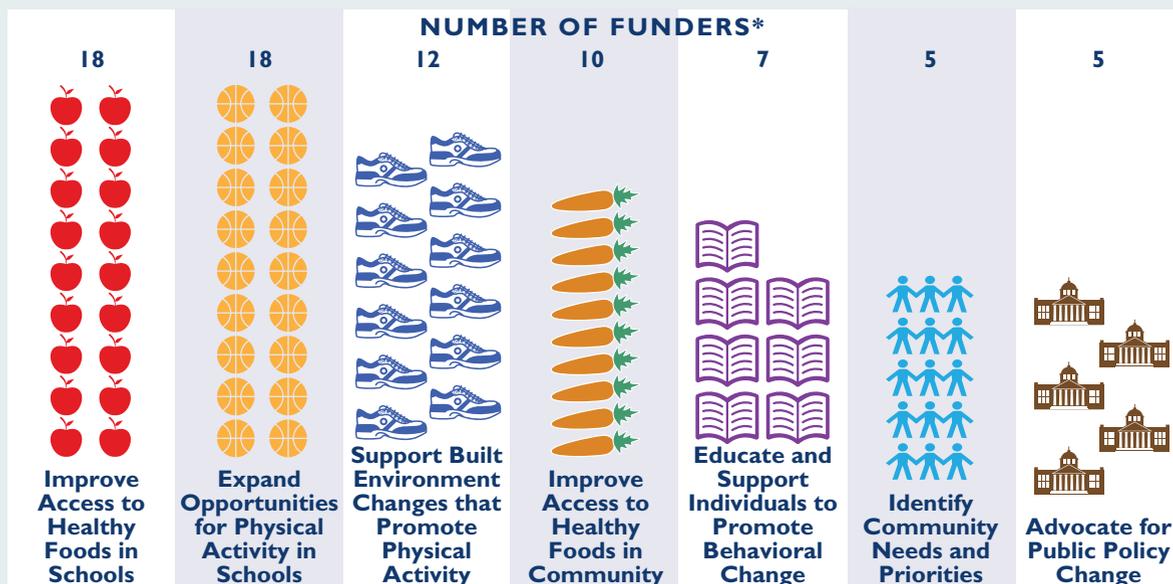
- school-based efforts to improve access to healthy foods and expand opportunities for physical activity,
- built environment enhancements to promote physical activity,
- improvements to food distribution systems to expand access to healthy foods in communities,
- health education and behavioral supports to promote HEAL,
- data collection and analyses to identify community needs and priorities,
- communications to raise the visibility of HEAL goals,
- efforts to increase parent engagement,
- events to convene community leaders and facilitate planning and priority setting, and
- public policy advocacy.

While these general strategies have been widely implemented, the scale and scope of these efforts vary significantly among funders. For example, in order to improve access to healthy foods in communities, some foundations have focused on helping emergency food pantries secure more nutritious products for distribution or supporting high-quality summer meals programs. Others have established statewide financing incentives in partnership with government that encourage retail grocers to locate in underserved communities.

► **HEAL grantmaking has become more strategically focused over time.** Most respondents indicated that their strategic approach has evolved significantly since HEAL grants were first initiated, acknowledging that they had experienced a learning curve in assessing grantees and grantmaking opportunities. Funders frequently stated that they have adopted a much “more targeted” approach to HEAL funding over time. For some, this targeting reflects moves to concentrate resources in a smaller number of select, proven grantees. Others have elected to target specific, high-need populations. For others, targeting has been achieved through more active coordination with other funders to ensure synergistic efforts. Many respondents noted how evolving relationships with grantees, other funders, and government officials have shaped their approach to HEAL grantmaking. Most felt that the relationships have become much stronger over time as various partners have developed particular competencies and gained clarity on their roles.

Many funders also reported a shift in the types of HEAL activities supported. Initial HEAL investments typically focused on the development and implementation of programs intended to help people make healthy lifestyle choices. These programs frequently replicated evidence-based models and were often

## COMMONLY FUNDED HEAL INTERVENTIONS



\* Many funders support multiple interventions and are included in the “Number of Funders” count for each type of intervention funded.

successful. Many funders, however, noted that over time they began to question the sustainability of these investments and have since moved toward grantmaking strategies that promise long-term, scalable gains through policy, environmental, and systems change.

In some instances, this strategic shift toward sustainable change has been subtle. For example, some funders noted that early investments in school-based programs were lost when activities were discontinued or diminished after foundation funding ended. Subsequent investments in similar types of interventions were made contingent on matching funds from school districts in order to identify motivated school officials and ensure public-sector commitment. Others have attempted to work directly with grantees to secure alternative funding sources to sustain programming. Even with such safeguards for continuity, a few respondents questioned whether school-based innovations could ever be fully institutionalized. At least one funder working in low-income communities noted instances of bureaucratic corruption and for-profit competition as a barrier to implementing and sustaining their direct service programs. In light of ever-changing school budget dynamics, leadership turnover, and competing priorities, these respondents believed that some level of foundation involvement would be necessary to sustain progress for the foreseeable future.

Other funders have more dramatically revised their HEAL strategies by focusing exclusively or predominantly on grants to promote policy and environmental change. While some funders have completely discontinued funding for health education and behavior modification programs, others feel these types of interventions are still needed to complement policy and environmental changes that promote HEAL. A few funders do not fund policy and environmental change grants and instead continue to focus solely on programs that support individuals in adopting HEAL lifestyles.

► **Local foundations are less likely than state or national foundations to fund policy advocacy grants.**

Relatively few local foundations provide grant funding to nonprofit organizations engaged in advocacy or community organizing related to HEAL. Some respondents noted that these types of organizations do not currently exist within their communities. While local foundations rarely fund HEAL advocacy, many support policy change efforts in other ways. Many directly fund local government, most prominently public school districts, to encourage and facilitate policy change. For example, several local foundations are funding school districts to develop and implement comprehensive school wellness policies. Some local foundations also support objective analyses designed to inform local policymakers about the need for

HEAL-promoting policies, such as nutritional assessment of school meals, tracking school children's body mass index (BMI), and small area analyses of retail access to healthy foods.

- **Health funders utilize a variety of selection processes to award HEAL grants.** Many HEAL funders, particularly those serving a local geographic area, play a very active, yet informal, role in assessing, identifying, and cultivating potential HEAL grantees and frequently award funds to selected organizations without engaging in a publicized process for soliciting proposals or applications. These funders indicated that they have gained a well-informed understanding of the strengths and weaknesses of potential grantees and have chosen to focus ongoing investments in grantees with whom they have developed long-standing, productive relationships. Others, particularly those funding at the national level, more typically issue formal requests for proposals and select grantees on a competitive basis.

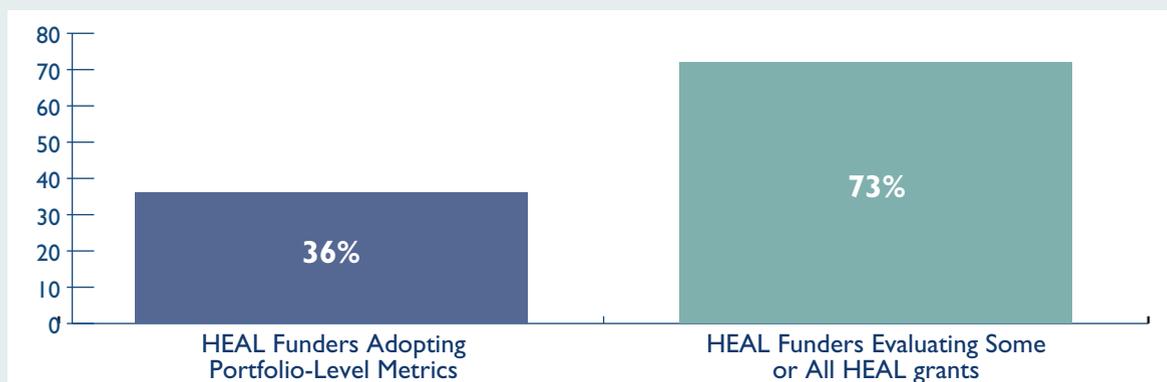
## ASSESSMENT OF IMPACT

- **Most respondents view HEAL grants as effective investments.** Perceptions of the value and impact of HEAL grantmaking among respondents were generally quite favorable. Respondents typically believed that real progress was being made toward achieving HEAL goals, but also stressed the need for realistic expectations regarding the pace of change. Most indicated that their boards had fully embraced this long-term perspective and were willing to maintain an ongoing commitment to HEAL. Some foundation representatives, however, noted that managing board expectations is an ongoing challenge that requires frequent, candid communications and incremental measures of progress.

A few respondents have begun to question the return on investment for some grants related to built environment improvements. Several funders that have previously funded the development of recreational infrastructure to promote physical activity (such as expanding trail networks or improving park facilities) indicated that they are reconsidering continued investment in these types of projects. These respondents noted that these grants tend to be relatively large, capital-intensive, and difficult to evaluate. Others suggested that they would probably continue funding these types of built environment grants but were exploring ways to increase effectiveness (such as targeting multiple, complementary grants to a particular community or conducting comprehensive analyses of community needs to identify specific projects most likely to yield meaningful increases in physical activity).

- **Evaluation of HEAL grants is common practice.** Nearly three-quarters of HEAL funders indicated that they have conducted evaluations for some or all of their HEAL grants. While relatively few funders have engaged in comprehensive evaluations of their HEAL initiatives, most are evaluating the effectiveness of specific, high-investment grants. Grant evaluations tend to focus on process indicators and intermediate outcomes directly related to program activities (such as number of youths participating in after-school exercise programs or increased knowledge of optimal nutrition and healthy meal planning among program participants), rather than assessing changes in HEAL behaviors or obesity rates.

### PROPORTION OF HEAL FUNDERS ASSESSING IMPACT OF GRANTMAKING



- ▶ **While grant-specific evaluations are widely conducted, relatively few foundations have identified portfolio-level metrics for assessing progress toward strategic goals related to HEAL.** Among the funders that have identified measures to assess the overall impact of their HEAL grantmaking, BMI was most commonly reported as the primary measure adopted. Local funders adopting this measure also typically support related data collection in schools or communities served. Some funders have established uniform metrics that all HEAL grantees must report, such as number of program participants, increasing fruit and vegetable consumption, or time spent engaged in physical activity, allowing for comparisons among grantees and aggregation of measures across grants. While relatively few funders have explicitly identified metrics for gauging the overall success of their efforts, several support data collection efforts to improve estimates of obesity prevalence, assess changes in HEAL behaviors, and track public perceptions of HEAL goals and policy objectives.

Several funders indicated that they were struggling to identify appropriate metrics for monitoring their strategic goals related to HEAL. Some suggested that it might be unreasonable to expect short-term changes in population-based measures of BMI given the scale and scope of their investments. Some even question whether BMI is the appropriate metric. These respondents continue to seek alternative measures offering a more incremental perspective on progress.

## COMMON CHALLENGES

- ▶ **Grantee capacity has improved over time but continues to be a common concern among HEAL funders, particularly at the local level.** A number of respondents, particularly those funding at the national level, noted that grantee capacity has improved significantly since HEAL funding was first initiated. These funders indicated that both the number and quality of applications have increased significantly over time. Despite these improvements, many funders expressed some concern about grantee capacity to implement and sustain HEAL interventions. In some cases, these concerns emphasized general capacity gaps related to governance and program or financial management capabilities. In other cases, perceived capacity development needs were more specifically focused on competencies needed to advance HEAL activities. HEAL-focused capacity concerns were most frequently raised regarding grantees engaged in or considering policy advocacy or community organizing activities.
- ▶ **Inconsistent support from public-sector partners has caused setbacks in implementing and sustaining HEAL efforts.** Many funders noted that government support for HEAL interventions has waxed and waned over time. These changes in public-sector commitment were often attributed to leadership changes among both elected officials and public agency staff. Turnover among public-sector personnel was frequently cited as a challenge by funders supporting school-based interventions, as well as those funding built environment improvements, such as efforts related to complete streets and expansions in public transportation.
- ▶ **Economic factors have hindered momentum for policy and environmental changes to promote HEAL.** Depressed economic conditions and cuts in federal, state, and local government budgets were also frequently cited as a major factor hampering public-private partnerships related to HEAL. Several respondents noted that school districts and other public sector agencies scaled back their HEAL investments in response to the intense budgetary pressures that resulted from declining tax revenue.

## FUTURE PLANS

- ▶ **Funders supporting HEAL efforts generally intend to continue investing in this work well into the future.** Nearly all HEAL funders reported that they plan to maintain their current commitment to HEAL as a strategic priority. Several characterized obesity prevention and HEAL promotion as “generational” goals that would require many years of sustained investment and attention to achieve transformative impact. A number of respondents stressed, however, that the nature and focus of this work will continue to evolve as the field becomes increasingly adept at developing and recognizing effective interventions.