

Diversity in the Leadership, Staff, and Boards of Health Philanthropy

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INTRODUCTION

Diversity in foundation staff and board composition encourages innovative, responsive, and impactful grantmaking and improves strategic vision (Buteau et al. 2018; Hewlett et al. 2013; Osili et al. 2018; Phillips 2014; Weisinger et al. 2015). At Grantmakers In Health (GIH), we believe diversity is essential to philanthropic effectiveness and necessary to ensure everyone has a fair and just opportunity to achieve their highest level of health. GIH recognizes multiple dimensions of diversity including, but not limited to, race, ethnicity, gender, age, geography, and disability status.

In order to assess diversity within the field of health philanthropy, GIH conducted a survey of our Funding Partners to document the demographic composition of health funders' leadership, staff, and boards and to explore perceptions of, and challenges associated with, efforts to increase diversity.

The survey was conducted in two parts: Part I was completed by health funder Chief Executive Officers (CEOs) or Executive Directors (EDs) and Part II was completed by representatives of organizations responding to Part I that collect demographic data for their staff and/or board and agreed to share these data with GIH.

This report summarizes findings from GIH's survey on leadership, staff, and board diversity. The report is organized in five parts:

- Key Findings,
- Section I: Demographics of GIH Funding Partners' Chief Executive Officers and Executive Directors,
- Section II: Demographics of GIH Funding Partners' Staff,
- Section III: Demographics of GIH Funding Partners' Boards, and
- Section IV: Methodology.

In analyzing survey results, GIH compared responses from health funders to benchmark data to assess diversity within the field of health philanthropy. Benchmarks used to assess diversity levels for health funders' leadership and staff include demographic data on (1) the broader philanthropic field from the Council on Foundations and (2) the U.S. adult population from the U.S. Census Bureau. Benchmarks used to assess diversity levels for health funders' boards include demographic data on (1) board membership for the broader nonprofit sector from BoardSource and (2) the U.S. adult population from the U.S. Census Bureau. Current data on the demographic composition of philanthropic boards are not available.

ACKNOWLEDGEMENTS

GIH's diversity survey is an adaptation of the instruments used by: (1) BoardSource to develop [Leading with Intent: Reviewing the State of Diversity, Equity, and Inclusion on Nonprofit Boards](#) and [Leading with Intent: BoardSource Index of Nonprofit Board Practices](#) and (2) Council on Foundations to develop the [2022 Grantmaker Salary and Benefits Report](#). We thank BoardSource and the Council on Foundations for sharing their survey questions with us and producing valuable benchmark data that informed our analyses.

Funding for this survey was provided by the [Effective Philanthropy Fund](#) and the Colorado Health Foundation. We sincerely appreciate the financial support that has allowed us to do this important work. We also want to thank our Funding Partners who took the time and effort to respond to this survey and shared their organizations' experiences increasing the diversity of their staffs and boards.

KEY FINDINGS

- The leadership and staff of health funder organizations are more racially and ethnically diverse than the broader field of philanthropy.
 - » A higher proportion of Chief Executive Officers (CEOs) and Executive Directors (EDs) leading health funder organizations identify as Black, Indigenous, or Other People of Color (BIPOC) (31 percent) compared to leadership from the broader field of philanthropy (14 percent).
 - » However, 39 percent of the U.S. adult population identifies as BIPOC, indicating underrepresentation of people of color in the leadership of health philanthropy.
 - » A higher proportion of staff employed by health funders identify as BIPOC (49 percent) compared to staff from the broader field of philanthropy (31 percent).
- More work is needed to ensure the leadership and staff of health funder organizations reflect the populations served.
 - » Racial and ethnic diversity among health funders' CEOs/EDs is driven primarily by representation of people who identify as Black. Approximately 17 percent of health funder CEOs/EDs identify as Black compared to 12 percent of the U.S. adult population.
 - » According to the Census Bureau, Hispanics, Asian Americans, American Indians and Alaska Natives, Native Hawaiians and Pacific Islanders, and Middle Eastern or North Africans represent 25 percent of the population, but only 11 percent of CEOs/EDs.
- People with disabilities are underrepresented in the leadership of GIH Funding Partner organizations. A higher proportion of health funder CEOs/EDs report a disability (5 percent) compared to CEOs/EDs of the broader field of philanthropy (1 percent). However, an estimated 27 percent of U.S. adults have a disability.
 - » The racial and ethnic demographic characteristics of health funders' staff are generally comparable to the U.S. adult population. However, people identifying as Hispanic (14 percent of health funder staff) or Middle Eastern or North African (0.1 percent of health funder staff) are somewhat underrepresented relative to the adult population of the U.S. (17 percent and 0.8 percent, respectively).
- Nearly all GIH survey respondents (92 percent) identified equity as a strategic priority, and these organizations are more racially and ethnically diverse than health funders that did not identify equity as a strategic priority.

- The vast majority of health funders (91 percent) are making efforts to increase staff diversity. However, these efforts are hampered by challenges such as finding qualified diverse candidates, low turnover among staff, and small staff sizes.
- The boards of health funder organizations are more racially and ethnically diverse than the boards of nonprofit organizations in general.
 - » Nearly half of board members from health funder organizations identify as BIPOC (43 percent) compared to just 23 percent of board members from the broader nonprofit sector.
 - » Over two times as many board chairs of health funder organizations identify as BIPOC (43 percent) compared to chairs of the broader nonprofit sector (16 percent).
 - » Among survey respondents, factors associated with greater racial and ethnic diversity among board members include (1) limits on both term lengths and number of consecutive terms, (2) financial compensation for board members, (3) having a BIPOC board chair, (4) having a BIPOC CEO/ED, and (5) placing a high priority on demographic characteristics when recruiting board members.
 - » Health funder organizations that have identified equity as a strategic priority have more racially and ethnically diverse boards (43 percent of board members identify as BIPOC) compared to the small number of respondents that have not identified equity as a strategic priority (39 percent of board members identify as BIPOC).
- The boards of health funder organizations are more diverse than the broader nonprofit sector, but they are less diverse than the population served.
 - » Only 39 percent of GIH CEO/ED survey respondents said their board composition was reflective of the population they serve.
 - » Relative to the U.S. adult population, people identifying as Hispanic are underrepresented on the boards of health funder organizations. For health funders, 11 percent of board members identify as Hispanic, compared to 17 percent of the U.S. population.
 - » Females are somewhat underrepresented on the boards of health funder organizations. Approximately 49 percent of board members of health funder organizations are female, compared to 51 percent of the U.S. adult population and 53 percent of all nonprofit boards. Similarly, 48 percent of board chairs of health funder organizations are female compared to 53 percent all nonprofit board chairs.
- The vast majority of GIH Funding Partner organizations responding to the survey (91 percent) are making efforts to increase board diversity. The challenges most commonly encountered include finding diverse candidates, limited social capital with diverse populations among existing board members, and low turnover.

- A lack of robust data limits GIH's ability to fully and precisely characterize the diversity of health funders' staff and boards.
 - » A large proportion of health funders do not collect self-reported demographic data for their staff on race and ethnicity (46 percent), gender (42 percent), and age (39 percent).
 - » An even larger proportion of health funders do not collect demographic data for staff on disability status (65 percent), sexual orientation (82 percent), gender identity relative to sex assigned at birth (84 percent), or socioeconomic status (94 percent).
 - » A large proportion of health funders do not collect self-reported demographic data for their boards on race and ethnicity (30 percent), gender (33 percent), and age (46 percent).
 - » An even larger percentage of health funders do not collect demographic data on disability status (78 percent), sexual orientation (76 percent), gender identity relative to sex assigned at birth (85 percent), or socioeconomic status (94 percent) for their board.

SECTION I: Demographics of GIH Funding Partners' Chief Executive Officers and Executive Directors

Background

Part I of the GIH diversity survey was completed by the CEO, ED, or highest-ranking staff member of GIH Funding Partner organizations and explored the CEO/ED's demographic characteristics, the types of self-reported demographic data each organization collects for staff and board members, and CEO/ED perceptions of board and staff diversity. The survey was sent to the 217 organizations participating as GIH Funding Partners as of July 2022 and a total of 113 CEOs/EDs responded to Part I for a response rate of 52 percent. Health funder responses are compared to demographic data on (1) CEO/ED leadership for the broader philanthropic field from the Council on Foundations and (2) the U.S. adult population from the U.S. Census Bureau.

Race and Ethnicity of CEOs/EDs

Health funder CEOs/EDs are more racially and ethnically diverse than the CEOs/EDs of the broader field of philanthropy. However, more work is needed to ensure the leadership of health funder organizations reflects the populations served.

Racial and ethnic diversity among health funders' CEOs/EDs is driven primarily by representation of people who identify as Black (17 percent of health funder leadership, 6.6 percent of philanthropic leadership, 12 percent of U.S. population).

People who identify as Hispanic, Asian American, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and Middle Eastern/North African are underrepresented in the leadership of health funders (SEE *Exhibit 1: Race and Ethnicity of Foundation CEOs/EDs*).

- While more health funder CEOs/EDs identify as Hispanic (7 percent) compared to the broader field of philanthropy (2.7 percent), Hispanics are underrepresented in health funder leadership relative to the adult population of the U.S. (17 percent).
- Similarly, although more health funder CEOs/EDs identify as Asian Americans (4 percent) compared to the broader field of philanthropy (1.6 percent), Asian Americans are underrepresented in health funder leadership relative to the adult population of the U.S. (6 percent).
- No health funder CEO/ED responding to the GIH survey identified as American Indian or Alaska Native, Native Hawaiian or Pacific Islander, or Middle Eastern or North African. Combined these groups represent 2 percent of the U.S. adult population and 1.3 percent of all foundation CEOs/EDs.

EXHIBIT 1: Race and Ethnicity of Foundation CEOs/EDs

	GIH Funding Partner Respondents (N = 111)*	All Foundations (N = 852)**	U.S. Adult Population†
White	68%	86.4%	62%
Black	17%	6.6%	12%
Hispanic	7%	2.7%	17%
Asian	4%	1.6%	6%
Native Hawaiian or Other Pacific Islander	0%	0.4%	0.2%
American Indian or Alaska Native	0%	0.7%	1%
Middle Eastern or North African	0%	0.2%	0.8%‡
Multiracial	3%	1.2%	2%
Other race or ethnicity	0%	0.2%	0%
Prefer not to answer	1%	0%	0%

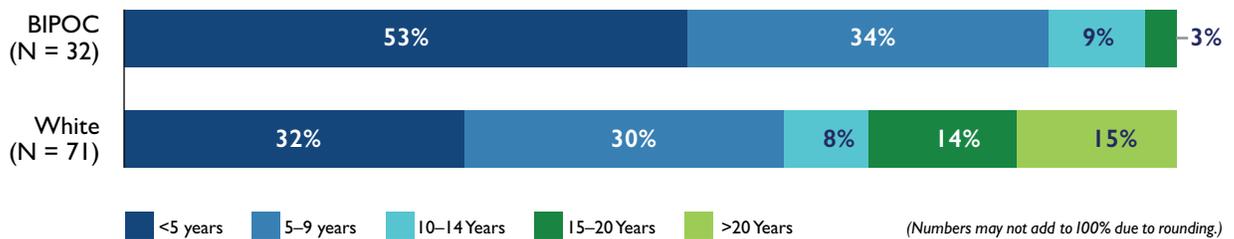
(Numbers may not add to 100% due to rounding.)

SOURCES: *Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part I, **Council on Foundations 2022 Grantmaker Salary and Benefits Report, and †2022 U.S. Census Data retrieved from The Annie E. Casey Foundation Kids Count Data Center and ‡2020 U.S. Census Data analyzed by Marks, Jacobs, and Coritz.

Regardless of who is leading the organization, the vast majority of health funder respondents (92 percent) have identified equity as a strategic goal. The small number of organizations that have not prioritized equity as a strategic goal have no BIPOC leaders. Comparatively, among health funding organizations that have prioritized equity, 28 percent have BIPOC leaders.

Health funder CEOs/EDs who identify as BIPOC report shorter tenures compared to white respondents. No BIPOC CEO/ED reported tenure of 20 years or longer compared to 15 percent of white respondents.

EXHIBIT 2: CEO/ED Tenure for GIH Funding Partners



(Numbers may not add to 100% due to rounding.)

SOURCE: Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part I

Fewer health funder CEOs/EDs who identify as BIPOC report membership on their organization’s governing board (42 percent) compared to white CEOs/EDs (56 percent). If they are members of their board, fewer BIPOC leaders are voting members (12 percent) compared to white CEOs/EDs (22 percent).

More health funder CEOs/EDs at organizations with larger assets (greater than \$750 million) identify as BIPOC compared to leaders from health funder organizations with smaller assets.¹

1 The response rate for CEOs/EDs at funding organizations with assets greater than \$750 million (31 percent) is significantly lower than the response rate for organizations with assets in the range \$100–\$750 million (53 percent) or organizations with assets <\$100 million (56 percent).

EXHIBIT 3: Race and Ethnicity of Funding Partner CEOs/EDs by Asset Size

	<\$100M (N = 54)	\$100M–750M (N = 45)	>\$750M (N = 14)
White	70%	67%	57%
Black	17%	16%	36%
Hispanic	7%	9%	7%
Asian	4%	4%	0%
Native Hawaiian or Other Pacific Islander	0%	0%	0%
American Indian or Alaska Native	0%	0%	0%
Middle Eastern or North African	0%	0%	0%
Multiracial	2%	2%	0%
Other race or ethnicity	0%	0%	0%
Prefer not to answer	0%	2%	0%

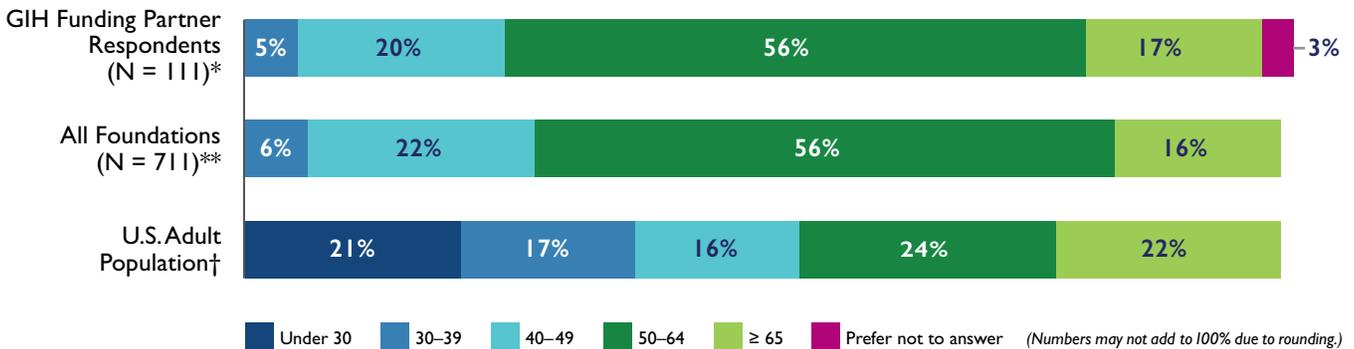
(Numbers may not add to 100% due to rounding.)

SOURCE: Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part I

Age of CEOs/EDs

The age distribution of health funder CEOs/EDs is generally comparable to the CEOs/EDs of the broader field of philanthropy, with slightly fewer health funder CEOs/EDs under the age of 50. Relative to the U.S. population, people under the age of 50 are underrepresented among the leadership of GIH Funding Partners.

EXHIBIT 4: Age of Foundation CEOs/EDs



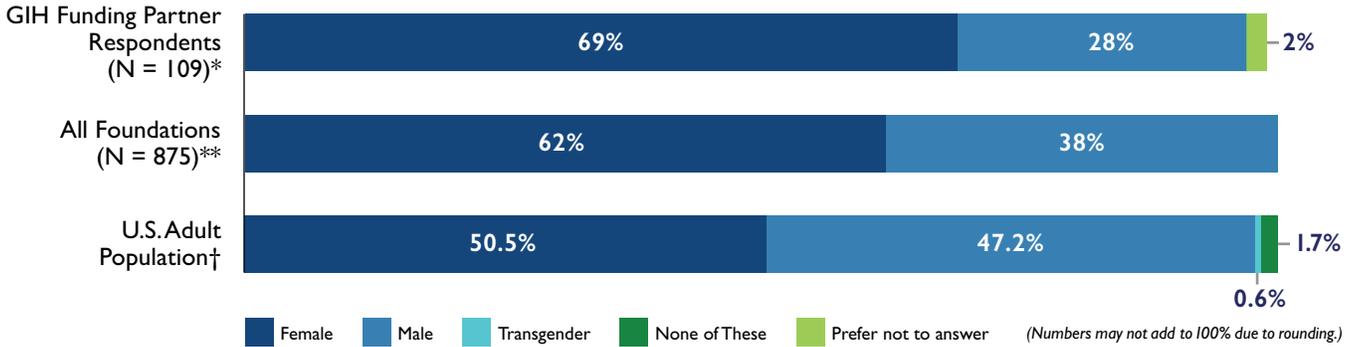
SOURCES: *Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part I, **Council on Foundations 2022 Grantmaker Salary and Benefits Report, and †U.S. Census Bureau 2020 Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States (U.S. Adult population includes ages 18 and older).

More health funder CEOs/EDs who identify as BIPOC are between the ages of 50 and 64 (64 percent) compared to white respondents (54 percent) and fewer are over the age of 65 (9 percent of BIPOC CEOs/EDs compared to 21 percent of white CEOs/EDs).

Gender of CEOs/EDs

More health funder CEOs/EDs are female compared to the CEOs/EDs of the broader field of philanthropy and the U.S. adult population. No GIH survey respondent identified as transgender or nonbinary.

EXHIBIT 5: Gender of Foundation CEOs/EDs



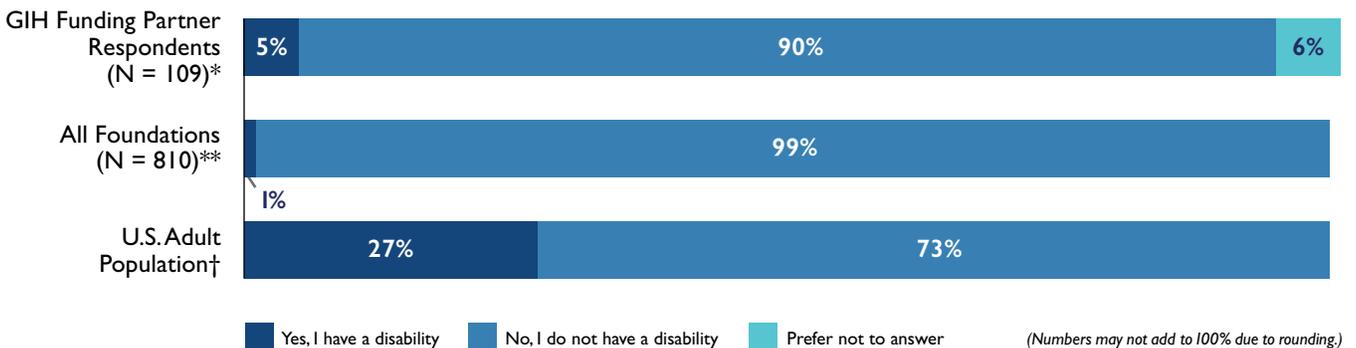
SOURCES: *Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part I **Council on Foundations 2022 Grantmaker Salary and Benefits Report, and †U.S. Census Bureau 2020 Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States.

A higher proportion of health funder CEO/ED respondents who identify as BIPOC are female (81 percent) compared to white CEOs/EDs (64 percent).

Disability Status of CEOs/EDs

A higher proportion of health funder CEOs/EDs report a disability (5 percent) compared to CEOs/EDs of the broader field of philanthropy (1 percent). Relative to the U.S. adult population, people with disabilities are underrepresented in the leadership of GIH Funding Partners (an estimated 27 percent of U.S. adults have a disability).

EXHIBIT 6: Disability Status of Foundation CEOs/EDs

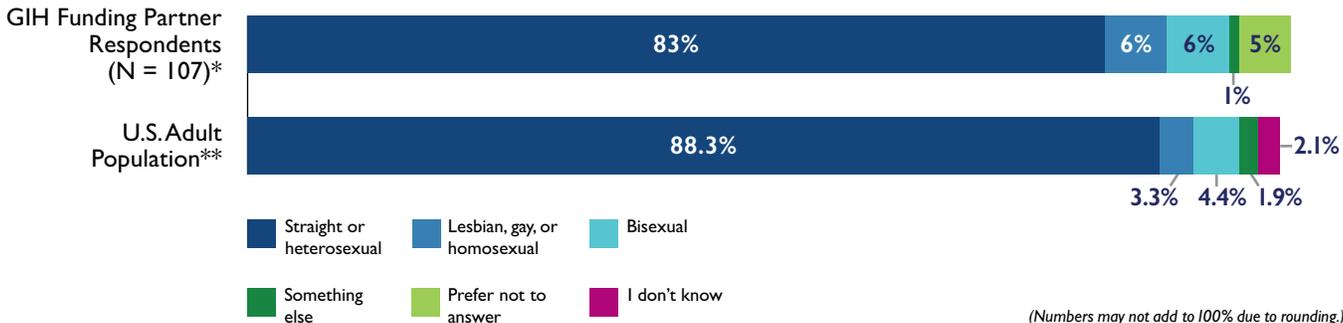


SOURCES: *Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part I, **Council on Foundations 2022 Grantmaker Salary and Benefits Report, and †Centers for Disease Control and Prevention 2021 Disability and Health Data System.

Sexual Orientation of CEOs/EDs

Approximately 13 percent of health funder CEOs/EDs identify as lesbian, gay, homosexual, bisexual, or something other than straight, compared to 10 percent of the U.S. adult population. (NOTE: No benchmark data are available for the broader field of philanthropy regarding sexual orientation.)

EXHIBIT 7: Sexual Orientation of CEOs/EDs



SOURCE: *Grantmakers In Health Survey on Diversity of Health Funders' Staff and Boards—Part I and **U.S. Census Bureau 2021 Household Pulse Survey.

SECTION II: Demographics of GIH Funding Partners' Staff

Background

In responding to Part I of the GIH diversity survey, health funder CEOs and EDs were asked to provide information on the type of demographic data they collect for their staff and to indicate their willingness to share these data with GIH. Part II of the GIH diversity survey was sent to the 64 health funder organizations that collect some type of demographic data for their staff and agreed to share this information with GIH. A total of 55 organizations provided demographic data for their staff for a total response rate of 86 percent. Health funder responses are compared to demographic data on (1) staff composition for

the broader philanthropic field from the Council on Foundations and (2) the U.S. adult population from the U.S. Census Bureau.

Staff Demographic Data Collected by GIH Funding Partners

A large proportion of health funders do not routinely collect self-reported demographic data on race and ethnicity, gender, and age for their staffs and relatively few collect self-reported demographic data related to disability status, sexual orientation, gender identity relative to sex assigned at birth, or socioeconomic status.

EXHIBIT 8: Part I Respondents Collecting Self-Reported Demographic Information for Staff

Type of Demographic Information	Percent of Organizations Collecting Staff Demographic Data
Race/Ethnicity (N = 108)	54%
Gender (N = 107)	58%
Age (N = 106)	61%
Disability Status (N = 104)	35%
Sexual Orientation (N = 105)	18%
Gender Identity Relative to Sex Assigned at Birth (N = 101)	16%
Socioeconomic Status (N = 103)	6%

(Numbers may not add to 100% due to rounding.)

SOURCE: Grantmakers In Health Survey on Diversity of Health Funders' Staff and Boards—Part I

In light of the small proportion of GIH Funding Partners collecting demographic data for their staffs related to disability status, sexual orientation, gender identity relative to sex assigned at birth, or socioeconomic status, GIH did not include questions regarding these demographic characteristics for staff in Part II of our survey.

Race and Ethnicity of Staff

A higher proportion of staff at health funder organizations identify as BIPOC (49 percent) compared to both the staffs of the broader field of philanthropy (31 percent) and the U.S. adult populations (39 percent). However, more work is needed to ensure the staffing of health funder organizations reflects the population served. Relative to the U.S. adult population (17 percent), a smaller proportion of health funder staff identify as Hispanic (14 percent).

EXHIBIT 9: Race and Ethnicity of Staff

	GIH Funding Partner Respondents (N = 54)*	All Foundations (N = 810)**	U.S. Adult Population†
White	42%	69%	62%
Black	22%	12%	12%
Hispanic	14%	8%	17%
Asian	8%	5%	6%
Native Hawaiian or Other Pacific Islander	0.3%	1%	0.2%
American Indian or Alaska Native	1.4%	1%	1%
Middle Eastern or North African	0.1%	1%	0.8%‡
Multiracial	3%	3%	2%
Other race or ethnicity	0%	1%	0%
Prefer not to answer	8.4%	0%	0%

(Numbers may not add to 100% due to rounding.)

SOURCES: *Grantmakers In Health Survey on Diversity of Health Funders' Staff and Boards—Part I, **Council on Foundations 2022 Grantmaker Salary and Benefits Report, and †2022 U.S. Census Data retrieved from The Annie E. Casey Foundation Kids Count Data Center and ‡2020 U.S. Census Data analyzed by Marks, Jacobs, and Coritz.

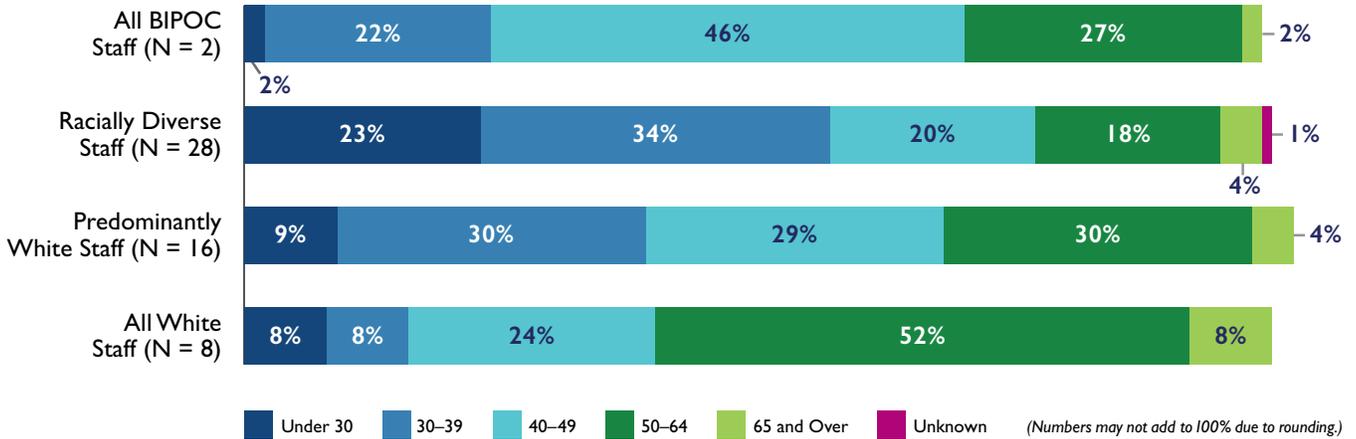
Among health funder organizations that have identified equity as a strategic goal, 49 percent of staff identify as BIPOC compared to just 18 percent of staff at health funder organizations that have not identified equity as a strategic goal.

Age of Staff

The staff at health funder organizations are younger than staff for the broader field of philanthropy, with 54 percent of GIH Funding Partners' staff under the age of 40, compared to 35 percent of the staff from the broader field of philanthropy.

Among health funder organizations, those with racially diverse staff are younger than those with all white staffs, predominantly white staffs, or all BIPOC staffs.

EXHIBIT 10: Staff Age



SOURCE: Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part II

Gender of Staff

The distribution of staff by gender for health funders is comparable to the broader field of health philanthropy, which is female dominated. A slightly smaller percentage of staff from health funder organizations identify as male.

Among health funders, those employing all BIPOC staffs report a higher proportion of male staff (30 percent male) compared to those with racially diverse staffs (21 percent male), predominantly white staffs (21 percent male), and all white staffs (12 percent male).

Efforts to Increase Staff Diversity

The vast majority of health funders are making efforts to diversify their staffs (91 percent). These organizations are somewhat less racially and ethnically diverse (48 percent BIPOC) than organizations not making efforts to diversify their staffs (49 percent BIPOC).

Retention and recruitment strategies most commonly used by health funders to diversify their staffs include sharing job postings with diverse audiences (69 percent), removing hiring process requirements (33 percent), modifying the language of job postings (30 percent), and offering more generous benefits (28 percent).

Challenges related to diversifying staff reported by health funders include finding qualified diverse candidates (31 percent), low turnover among staff (29 percent), small teams (26 percent), and competition in hiring (20 percent).

SECTION III: Demographics of GIH Funding Partners' Boards

Background

In responding to Part I of the GIH diversity survey, health funder CEOs and EDs were asked to provide information on the type of demographic data they collect for their board and indicate their willingness to share these data with GIH. Part II of the GIH diversity survey was sent to the 63 health funder organizations that collect some type of demographic data for their board and agreed to share this information with GIH. A total of 56 organizations provided demographic data for their board for a total response rate of 90 percent. Health funder responses are compared to demographic data on (1) board membership for the broader nonprofit sector from BoardSource and (2) the U.S. adult population from the U.S. Census Bureau.

Due to low response rates for philanthropic organizations, BoardSource was unable to report demographic data for foundation boards in 2021, preventing GIH from being able to compare board composition among health funders with

the broader field of philanthropy. Data from BoardSource's 2017 [Leading with Intent](#) survey indicates that the demographic characteristics of foundation boards were comparable to those of all nonprofit organizations in terms of race and ethnicity, gender, and age of board members.

Board Demographic Data Collected by GIH Funding Partners

A significant proportion of health funders do not routinely collect self-reported demographic data on race and ethnicity, gender, and age for their boards and relatively few collect self-reported demographic data related to disability status, sexual orientation, gender identity relative to sex assigned at birth, or socioeconomic status.

EXHIBIT 11: Part I Respondents Collecting Self-Reported Demographic Information

Type of Demographic Information	Percent of Organizations Collecting Board Demographic Data
Race/Ethnicity (N = 92)	70%
Gender (N = 90)	67%
Age (N = 92)	54%
Disability Status (N = 89)	22%
Sexual Orientation (N = 88)	24%
Gender Identity Relative to Sex Assigned at Birth (N = 85)	15%
Socioeconomic Status (N = 86)	6%

(Numbers may not add to 100% due to rounding.)

SOURCE: Grantmakers In Health Survey on Diversity of Health Funders' Staff and Boards—Part I

In light of the small proportion of GIH Funding Partners collecting demographic data for their boards related to disability status, sexual orientation, gender identity relative to sex assigned at birth, or socioeconomic status, GIH did not include questions regarding these demographic characteristics for boards in our survey.

Race and Ethnicity of Board Members

The vast majority of health funder CEOs/EDs believe that racial and ethnic diversity is very important or important to providing strategic leadership and governance both within the boardroom (98 percent) and as external ambassadors (95 percent). More CEOs/EDs leading health funder organizations prioritize racial and ethnic diversity in their boards compared to leaders of all nonprofit organizations (82 percent).

Health funders’ boards are more racially and ethnically diverse than the boards of all nonprofit organizations. However, more work is needed to ensure the leadership of health funder organizations reflects the population served. Relative to the U.S. adult population, people who identify as Hispanic are underrepresented on GIH Funding Partner boards.

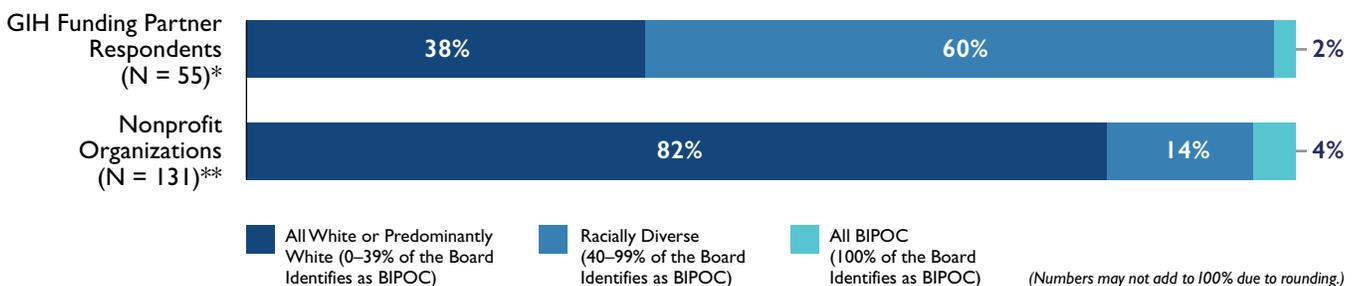
EXHIBIT 12: Race and Ethnicity of Board Members

	GIH Funding Partner Respondents (N = 55)*	All Nonprofits (N = 131)**	U.S. Adult Population†
White	54%	78%	62%
Black	23%	10%	12%
Hispanic	11%	5%	17%
Asian	5%	4%	6%
Native Hawaiian or Other Pacific Islander	1%	0%	0.2%
American Indian or Alaska Native	2%	1%	1%
Middle Eastern or North African	1%	0%	0.8%‡
Multiracial	1%	1%	2%
Other race or ethnicity	0%	2%	0%
Unknown	2%	0%	0%

(Numbers may not add to 100% due to rounding.)

SOURCES: *Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part II, **BoardSource 2021 Leading with Intent: BoardSource Index of Nonprofit Board Practices, †2022 U.S. Census Data retrieved from The Annie E. Casey Foundation Kids Count Data Center, and ‡2020 U.S. Census Data analyzed by Marks, Jacobs, and Coritz.

EXHIBIT 13: Racial and Ethnic Diversity within Boards Surveyed



SOURCES: *Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part II and **BoardSource 2021 Leading with Intent: BoardSource Index of Nonprofit Board Practices

Race and Ethnicity of Board Chairs

A higher proportion of board chairs at health funder organizations identify as BIPOC (43 percent) compared to board chairs for all nonprofit organizations (16 percent).

Among health funders, organizations that have identified health equity as a strategic goal have a higher proportion of board chairs who identify as BIPOC (44 percent) compared to organizations that have not identified health equity as a strategic goal (20 percent).

Among health funders, board chairs who identify as BIPOC lead more racially and ethnically diverse boards (50 percent BIPOC boards) than white board chairs (38 percent BIPOC boards).

EXHIBIT 14: Race and Ethnicity of Board Members by Race and Ethnicity of Board Chair

	BIPOC Board Chair (N = 25)	White Board Chair (N = 29)
White	45%	62%
Black	25%	21%
Hispanic	16%	7%
Asian	5%	4%
Native Hawaiian or Other Pacific Islander	0%	1%
American Indian or Alaska Native	3%	1%
Middle Eastern or North African	0%	1%
Multiracial	1%	2%
Unknown	6%	0%

(Numbers may not add to 100% due to rounding.)

SOURCE: Grantmakers In Health Survey on Diversity of Health Funders' Staff and Boards—Part II

CEO/ED Perceptions of Board Racial and Ethnic Diversity

A higher proportion of health funder CEOs/EDs are satisfied with the current level of racial diversity for their boards (60 percent) compared to CEOs/EDs representing all nonprofit organizations (22 percent).

Among health funders, more CEOs/EDs satisfied with the racial and ethnic diversity of their boards have racially and ethnically diverse boards (67 percent) compared to those not satisfied (44 percent).

Among health funders, a higher proportion of CEOs/EDs who identify as BIPOC are satisfied with the racial and ethnic diversity of their board (78 percent) compared to white CEOs/EDs (53 percent). The boards of health funders with BIPOC leaders are more racially and ethnically diverse.

EXHIBIT 15: Race and Ethnicity of Board Members by Race and Ethnicity of CEO

	BIPOC CEOs (N = 15)	White CEOs (N = 39)
White	47%	57%
Black	23%	23%
Hispanic	12%	10%
Asian	7%	4%
Native Hawaiian or Other Pacific Islander	1%	1%
American Indian or Alaska Native	4%	2%
Middle Eastern or North African	1%	1%
Multiracial	1%	2%
Unknown	6%	1%

(Numbers may not add to 100% due to rounding.)

SOURCES: Grantmakers In Health Survey on Diversity of Health Funders' Staff and Boards—Part I and Grantmakers In Health Survey on Diversity of Health Funders' Staff and Boards—Part II

A similar proportion of health funder CEOs/EDs believe that the composition of their board represented the population served (39 percent) compared to all nonprofit leaders (38 percent). However, a much higher proportion of health funder CEOs/EDs selected Unsure (4 percent) or Other (28 percent) compared to all nonprofit leaders (0 percent). Respondents selecting Other provided a variety of explanations for their response, including that their boards were more diverse than the population served, that board composition was becoming more representative, that their board reflected the demographics of priority populations, or that the board was representative of the population served in some respects (e.g., geographic distribution, racial and ethnic composition), but not in others (e.g., socioeconomic).

Health funder CEOs/EDs who indicated that their boards were representative of the population served have somewhat more racially and ethnically diverse boards (49 percent BIPOC) compared to CEOs/EDs who felt their board was not representative of the population served (38 percent BIPOC).

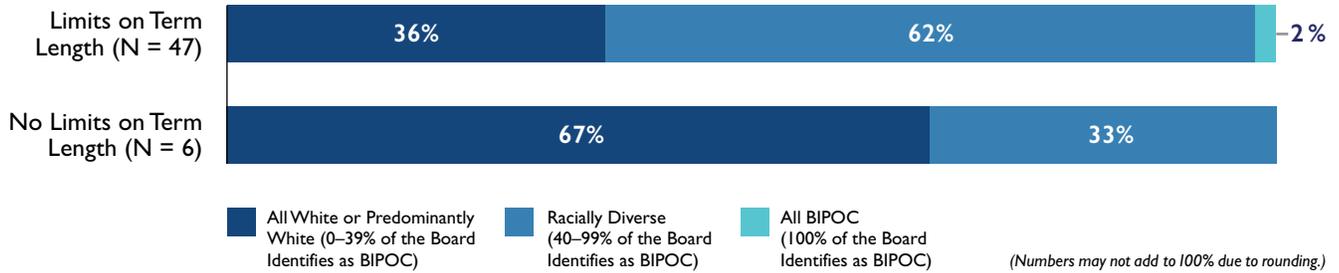
Among health funders, more CEOs/EDs with racially diverse boards prioritize racial and ethnic diversity within the boardroom as Very Important (83 percent) compared to CEOs/EDs of all white or predominantly white boards (75 percent). Similarly, more CEOs/EDs with racially diverse boards view racial and ethnic diversity as Very Important for the boards' role as external ambassadors (67 percent) compared to CEOs/EDs of all white or predominantly white boards (55 percent).

Relationship of Structural Factors to Racial and Ethnic Diversity of Boards

Among health funders, a higher proportion of those organized as public charities or social welfare organizations have all white or predominantly white boards (43 percent) compared with those established as private foundations (34 percent).

A higher proportion of boards with limits on term lengths have racially diverse boards (62 percent) compared to boards with no limits on term lengths (33 percent). Similarly, a higher proportion of boards with limits on the number of consecutive terms have racially diverse boards (61 percent) compared to boards without such limits (50 percent).

EXHIBIT 16: Board Racial and Ethnic Diversity by Limits on Term Length



SOURCE: Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part II

The majority of both health funder organizations (63 percent) and nonprofits (66 percent) have three-year board terms, but more health funders have terms of four or more years or unlimited terms (29 percent) compared to the broader nonprofit sector (11 percent).

Among health funders, a higher proportion of organizations that provide financial compensation for board service have racially and ethnically diverse boards (80 percent) compared to organizations that provide reimbursement only for service-related expenses (57 percent racially and ethnically diverse or all BIPOC boards) or those that provide no form of compensation for board members (59 percent racially diverse).

Age of Board Members

Board members of health funder organizations are somewhat older than the boards of all nonprofit organizations. Nearly a quarter of board members of health funder organizations are over the age of 65 (24 percent) compared to only 17 percent of board members for all nonprofit organizations.

The board chairs of health funders are older than the board chairs of all nonprofit organizations. Nearly a third of board chairs of health funder organizations are over the age of 65 (32 percent) compared to 23 percent of board chairs for all nonprofit organizations.

Gender of Board Members

A slightly lower portion of board members of health funder organizations are female (49 percent) compared to all nonprofit boards (53 percent).

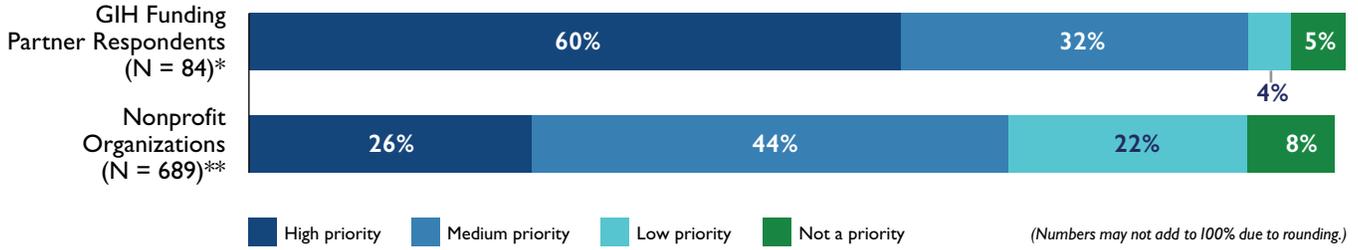
A slightly lower proportion of board chairs for health funder organizations are female (48 percent) compared to all nonprofit board chairs (53 percent).

Efforts to Increase Board Diversity

The vast majority of health funder organizations (91 percent) are making efforts to increase diversity in their boards.

More health funders highly prioritize demographic characteristics when recruiting board members (60 percent) compared to all nonprofit organizations (26 percent).

EXHIBIT 17: Importance of Demographic Characteristics when Recruiting Board Members

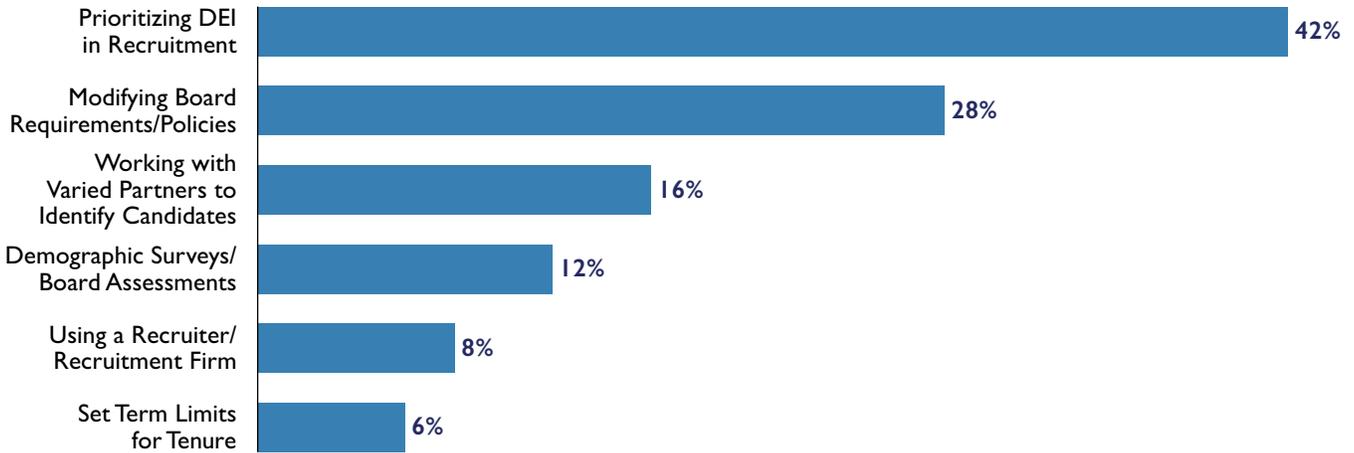


SOURCES: *Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part I and **BoardSource 2021 Leading with Intent: BoardSource Index of Nonprofit Board Practices

Among health funders, more CEOs/EDs with racially and ethnically diverse boards report that demographic characteristics are highly prioritized when recruiting board members (83 percent) compared to CEOs/EDs with all white or predominantly white boards (42 percent).

Health funder organizations have pursued a variety of strategies to increase board diversity, including prioritizing diversity, equity, and inclusion in recruitment (42 percent), modifying board requirements or policies (28 percent), working with varied partners to identify candidates (16 percent), conducting demographic surveys or board assessments (12 percent), using a recruiter or recruitment firm (8 percent), and setting term limits for tenure (6 percent).

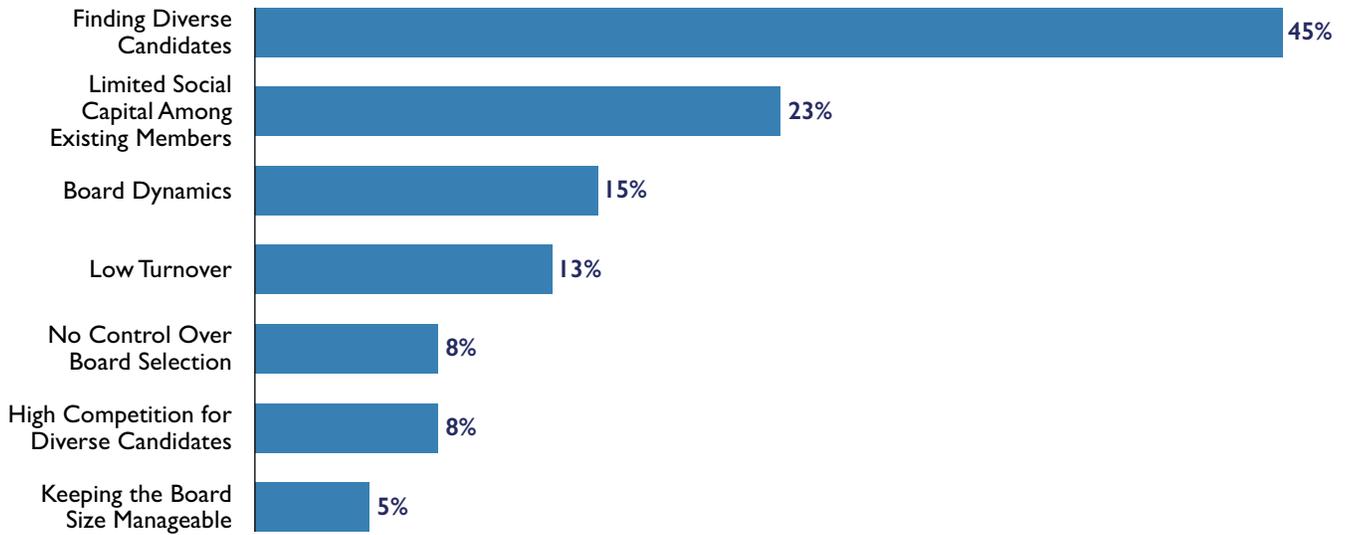
EXHIBIT 18: Ways Board Retention and Recruitment Practices Were Modified to Increase Board Diversity (N = 50)*



SOURCE: Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part I
 *Participants were able to select multiple responses.

Among health funders, finding diverse candidates is the most commonly cited challenge to efforts to increase board diversity (45 percent), followed by limited social capital/networks among existing board members (23 percent), board dynamics (15 percent), low turnover (13 percent), no control over board selection (8 percent), high competition for diverse candidates (8 percent), and keeping board size manageable (5 percent).

EXHIBIT 19: Greatest Challenges Experienced in Efforts to Diversify Board*



(Numbers may not add to 100% due to rounding.)

SOURCE: Grantmakers In Health Survey on Diversity of Health Funders' Staff and Boards—Part I
 *Participants were able to select multiple responses.

SECTION IV: Methodology

GIH’s 2022 Survey on Diversity of Health Funders’ Staff and Boards was conducted in two parts:

- Part I of the survey was completed by the CEO, ED, or highest-ranking staff member of GIH Funding Partner organizations. Part I explored the CEO/ED’s demographic characteristics, the types of self-reported demographic data each organization collects for staff and board members, and perceptions of board and staff diversity. Part I of the survey was fielded between July and October 2022.
- Part II of the survey collected demographic data for organizations’ board and staff, as well as additional information regarding governance structures and organizational characteristics. Part II of the survey was fielded between February 2023 and June 2023.

The survey was sent to the 217 organizations participating as GIH Funding Partners as of July 2022. A total of 113 CEOs/EDs responded to Part I of the survey for a response rate of 52 percent. GIH Funding Partners are philanthropic organizations that make annual financial contributions to support GIH’s work. They are a diverse constituency of foundations, corporate giving programs, philanthropic advisors, government agencies, and other health funders.

Part II of the survey was sent to the 70 organizations that indicated they would be willing to share demographic data with Grantmakers In Health, including 57 organizations willing to share demographic data for both staff and boards, 6 organizations willing to share demographic data only for their boards, and 7 organizations willing to share demographic data only for their staff. If organizations collected demographic data, they typically agreed to share that data with GIH with a few exceptions.

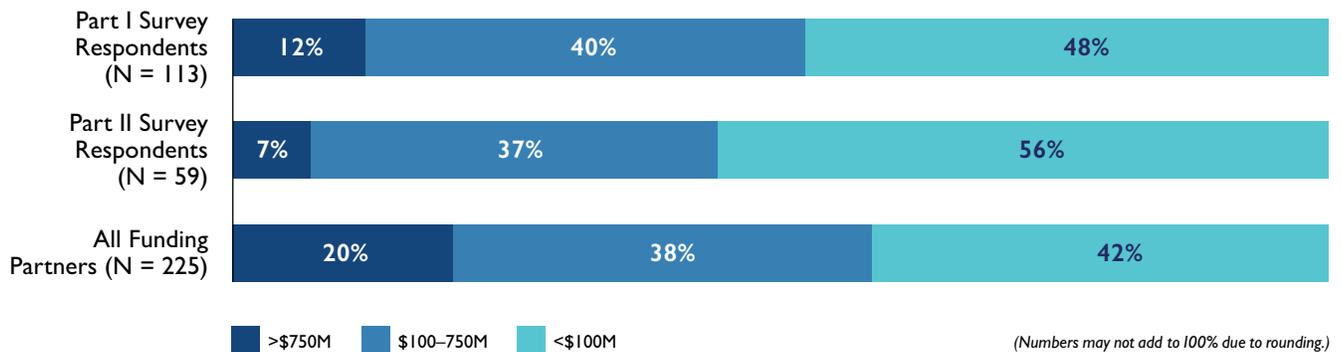
EXHIBIT 20: Survey Respondent Overview

217			113		
Total Number of Funding Partners (as of July 2022)			Funding Partners that Responded to Part I		
Funding Partners Reporting Collection of Staff Data			Funding Partners Reporting Collection of Board Data		
27%	30%	29%	57%	44%	53%
Race	Age	Gender	Race	Age	Gender
29%	25%	86%	56%	50%	90%
Willing to Provide Data	Responded to Part II	Response Rate	Willing to Provide Data	Responded to Part II	Response Rate

The extent to which survey respondents are representative of all GIH Funding Partners is unclear.

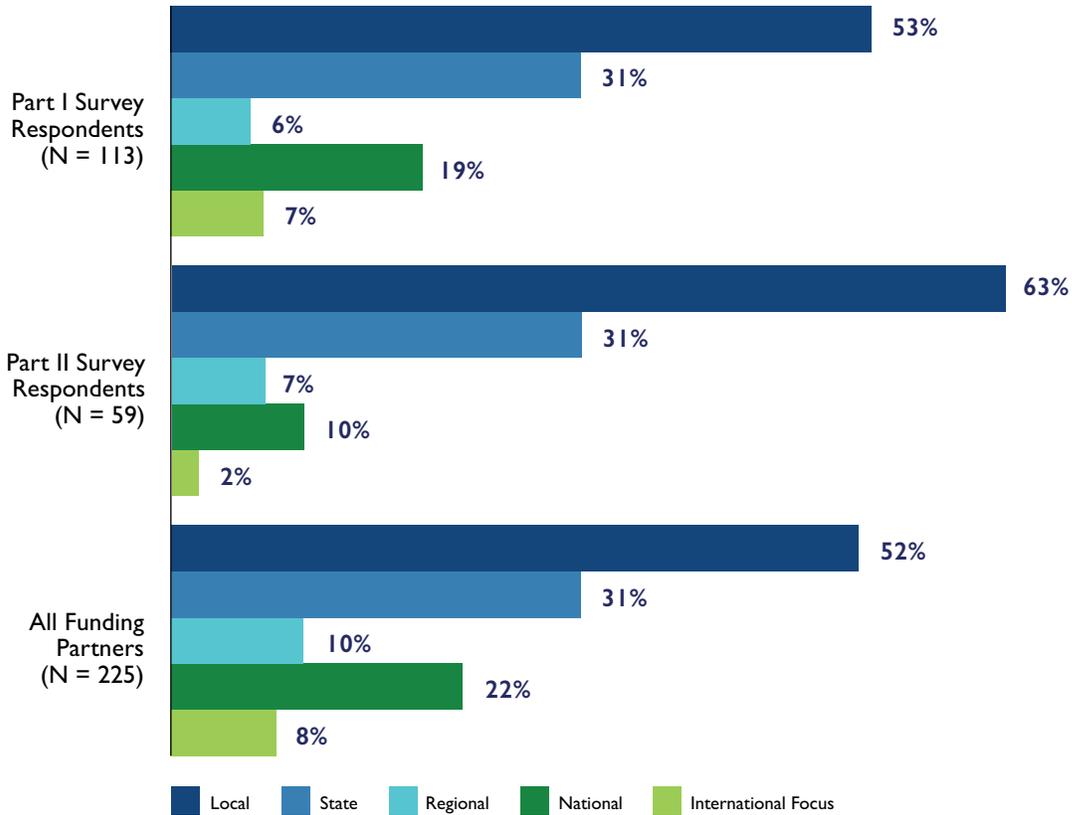
- Respondent organizations for Part I of the survey are generally comparable to GIH Funding Partners in terms of asset size, geographic focus of grantmaking, and geographic location. Foundations with larger asset sizes and foundations in the West and Northeast are somewhat underrepresented in survey responses. However, some degree of nonresponse bias is likely, as foundations with strong commitments to diversity, equity, and inclusion goals may have been more likely to respond to this survey.
- Respondent organizations for Part II of the survey are generally comparable to GIH Funding Partners in terms of asset size, geographic focus of grantmaking, and geographic location. Foundations with larger asset sizes, foundations with national and international focus, and foundations in the West are somewhat underrepresented in survey responses. Foundations with a local focus are somewhat overrepresented in survey responses.

EXHIBIT 21: Funding Partner Asset Size



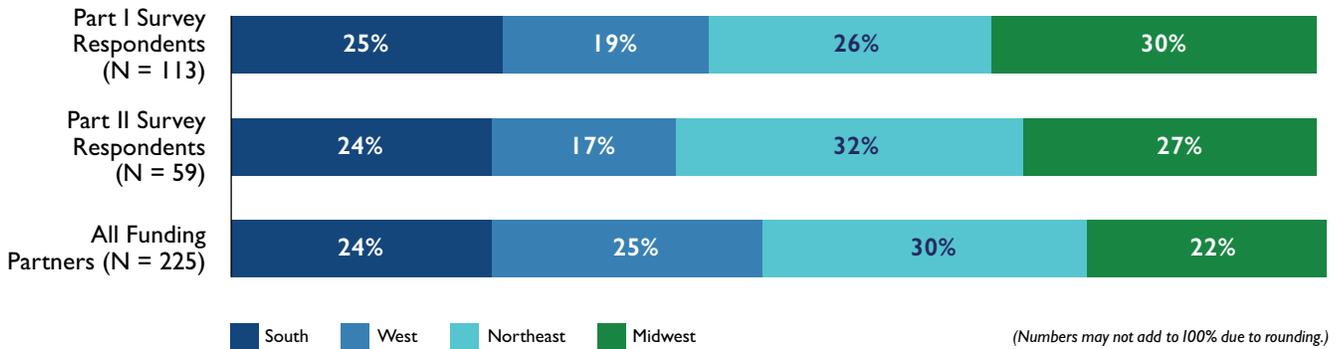
SOURCES: Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part I and Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part II

EXHIBIT 22: Funding Partner Geographic Focus



SOURCES: Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part I and Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part II

EXHIBIT 23: Funding Partner Census Region



SOURCES: Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part I and Grantmakers In Health Survey on Diversity of Health Funders’ Staff and Boards—Part II

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