



YEAR IN REVIEW 2025

FORGING
PARTNERSHIPS
for a Better Tomorrow

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Letter from the President

Pivoting to Meet the Moment

Last year was characterized by unprecedented disruptions. Sweeping changes to federal health policy and dramatic cuts in federal programs created enormous strain on us all. In January, it was clear that if we were to stay true to our mission of advancing better health for all, Grantmakers In Health (GIH) could not continue with business as usual. Like many organizations, we pivoted to help health funders meet the moment.

To do this, we leaned into the core areas of our work—fostering community and connection among health funders, mobilizing funders, and policy and advocacy—while building muscle in new areas: legal advocacy and strategic communications.

We remained committed to our vision of better health for all through better philanthropy, and we reminded funders that despite executive actions targeting equity, advancing health equity is still legal. We also significantly grew our policy work by expanding our policy newsletters; publishing issue briefs on important federal changes; convening policy-focused funders at our Health Policy Exchange and at the Rural Health Philanthropy Partnership Meeting that we co-sponsor; and hosting our inaugural Hill Day, which provided an important opportunity for health funders to engage directly with lawmakers to educate them about the important work funders support in their communities and the impacts of federal policy changes. In addition, we began monitoring legal cases that could impact health and access to care, identified opportunities for collective action, and shared lessons learned from funders as they responded to a growing list of needs. And perhaps most importantly, we started thinking about how the crisis could become an opportunity to create a more holistic and equitable system—one that ensures every person can achieve their highest level of health.

Despite all we did last year, we know there is much more to do. Our country and our field are at an inflection point, and we understand that reversing harm and implementing a vision for the future requires each of us to be more courageous in our actions and to use our collective voice in new and different ways. As we look ahead to 2026, GIH will build on last year's accomplishments and continue to push ourselves to do things we've never done before. And we will also continue to build the community of Funding Partners who are essential to our work—their commitment to GIH enables us to do everything we do.

Together, we will chart a path forward rooted in advancing better health for all through better philanthropy.



Sincerely,

Cara V. James
President and CEO
Grantmakers In Health

2025 Overview

Grantmakers In Health (GIH) supports health funders of all sizes and interests through education, networking, and leadership. We convene the field of health philanthropy through our Annual Conference on Health Philanthropy, Health Policy Exchange conference, webinars, and other meetings, reaching over 3,000 event attendees in 2025.

Our core work includes:

- expanding the health philanthropy knowledge base through publications, newsletters, surveys, reports, and articles;
- advocating for public policy outcomes related to health philanthropy's priorities;
- helping CEOs and foundation executives learn and connect through invitation-only CEO events;
- hosting learning communities centered around key areas of interest;
- investing in the next generation of philanthropic leaders through the Terrance Keenan Institute and other workshops and professional development opportunities; and
- offering direct one-on-one strategic guidance.

Our team is comprised of public health and health philanthropy experts who serve as an essential resource to health

funders, others working to improve health in the United States, and the public. The following is an overview of GIH's work throughout the year.

Strategic Pivot

The new administration took office in January and immediately initiated a series of stunning policy changes that reverberated widely in 2025 and had profound implications for the communities served by philanthropy. Although there are too many to list in full, key among them were executive orders targeting diversity, equity, and inclusion programs and the people and organizations supporting them; the firing of thousands of public servants employed by the Department of Health and Human Services (HHS) and its various agencies; and the widespread termination of HHS grants for critical public health programs and biomedical and scientific research.

In July, Congress passed H.R.1, a massive budget reconciliation bill that included significant cuts to health. The Congressional Budget Office estimates that an additional 10 million people will be



uninsured as a result of the law's provisions. Medicaid was hit particularly hard, with increased work requirements and other administrative burdens expected to result in 5.3 million people losing coverage. With providers in rural America dependent on Medicaid for financial solvency, significant rural hospital closures are anticipated. H.R.1 also eliminated the enhanced Affordable Care Act (ACA) subsidies, with the respondents of a KFF survey reporting “more than a two-fold increase” in annual premium payments, making coverage unaffordable for many who depend on the ACA marketplaces.

Communities responded to the federal government's cuts to health and social services by turning to philanthropy to fill the gap. Funders stepped up when they could with emergency funding, but their support may not be sustainable over the long term. Health funders do not have sufficient resources to support all the programs that the administration abandoned and were confronted with difficult decisions as they assessed their grant-making priorities amidst urgent need.

Even as funders mobilized to mitigate the damage to their communities, the administration and its allies in Congress proposed policies that represent





existential threats to philanthropy. The initial draft of H.R.1 included a new excise tax on foundation endowments that would have diverted money intended for grants and programs to the federal government. Fortunately, the field successfully advocated against the tax, and it was not included in the final bill, but it may return as part of future legislation.

In addition to the excise tax, however, were reports throughout the year of impending executive actions against foundations and grantees that mirrored similar actions taken against universities and law firms. Those concerns were well-justified as NSPM-7, a September presidential memorandum, sought to limit philanthropy's freedom to give by opening investigations into nonprofits and funders for allegedly supporting vaguely defined "political violence." As of this writing, these investigations are likely to be extended into 2026, targeting additional foundations and grantees.

The team at GIH recognized early in the year that a policy environment so uniquely threatening to health and philanthropy required adjusting our priorities to better serve our Funding Partners and the wider philanthropic field. Building on our existing policy agenda, we executed

a strategic pivot to focus our efforts on helping funders navigate the new challenges, especially in public policy and strategic communications.

Policy and Advocacy

In 2023, GIH launched our first policy agenda and began producing substantive programming on public policy and advocacy. One of the key pillars of this work is the Health Policy Update newsletter, a digest of federal health policy news and updates geared towards the interests of GIH Funding Partners. With a seemingly endless flood of breaking health policy developments to track in 2025, we expanded the Health Policy Update to a twice-monthly schedule to serve as a more timely and comprehensive resource.

We recognized that while the newsletter was an excellent vehicle for helping funders stay abreast of breaking news, we needed to provide more substantive analysis of ongoing administration actions. We responded to this need by developing and publishing an ongoing series of Policy and Advocacy resources available exclusively to GIH Funding Partners. Highlights include:

Department of Health and Human Services Reorganization and Reductions: Explaining the State of Play

This resource provides an overview of the status of the reorganization and Reductions in Force (RIF) at the Department of Health and Human Services (HHS).

Make Our Children Healthy Again Strategy Report

This resource provides an overview of the HHS report on children's health released on September 9, 2025, and its broader policy implications.

Deadlines in Health-Related Executive Orders and Presidential Memoranda

This GIH policy resource details many of the health-related executive orders issued by the administration and includes a calendar of upcoming deadlines for when those orders are expected to be implemented.

The Final Reconciliation Package: Implementation of Key Provisions

This resource details key dates for the implementation of H.R.1's most significant health care provisions.





Legal Resources

Working with expert legal partners, we developed resources to help funders consider their potential legal exposure, as well as identify opportunities for amicus briefs and other legal actions. Highlights include:

[Administration Actions Targeting Domestic Terrorism and Their Implications for Nonprofits](#)

This resource provides an overview of the legal implications of the September 22, 2025, executive order designating certain groups as engaging in domestic terrorism.

[U.S. Attorney General Issues New Guidance on DEI Programs and Policies](#)

This resource provides an overview of a July 29, 2025, Department of Justice memorandum from the Attorney General on the application of federal antidiscrimination laws to Diversity, Equity, and Inclusion (DEI) programs the administration alleges involve “discriminatory practices.”

[The One Big Beautiful Bill: Top Tax Takeaways for Nonprofits](#)

This resource provides a rundown on the top tax takeaways for nonprofits from H.R.1, the budget reconciliation bill signed into law on July 4, 2025.

Strategic Communications

In general, many health funders have focused their communications efforts on two tracks—sharing the positive impact of their grantees’ work and promoting funding opportunities to prospective grantees. Speaking to GIH Funding Partners early in the year, we recognized that many funders do not have the capacity to address the unique communications challenges posed by the federal government’s significant health cuts or to prepare for a potential crisis where strategic communications are an essential piece of the response.

To help build communications capacity, we offered a new benefit to GIH Funding Partners by facilitating pro bono consultations from a communications agency partner. We worked with that same partner to co-produce a crisis response toolkit and detailed playbook to guide funders in creating their own crisis and strategic communications strategies. The communications resources are available to GIH Funding Partners here:

[Crisis Response Toolkit—Being Prepared: Emerging Threats to Health Philanthropy](#)

[Crisis and Issues Management Playbook for Funders](#)

We also saw that there was little public opinion research and message testing on

how the public views health philanthropy and priorities like health equity. This lack of insight makes developing effective communications strategies difficult. To remedy this, we conducted a survey of 1,000 engaged voters and an online focus group of 24 policy professionals to gain a better understanding of their perceptions of health funders as well as how engaged voters and policy professionals react to specific messages about health philanthropy and health equity. The findings are available to GIH Funding Partners [here](#).

Fostering Community

Perhaps more crucial than developing resources and tools to help funders navigate the moment was the need to create more spaces where funders could connect and strategize for our collective response and support each other in perilous times. We expanded our webinars and other virtual convenings to include opportunities to discuss the effects of policy challenges and leveraged our in-person events, including the GIH annual conference and Health Policy Exchange, to provide opportunities for networking and engagement.

Separately, GIH participated in ongoing strategy conversations with funders, philanthropy-serving organizations, and other nonprofit organizations working in the policy space. We were mindful that these discussions included the concerns of local and regional foundations, and we advocated for the collective acknowledgement that an attack on one funder is an attack on all.

Programming and Publications

GIH did not abandon our core work when we made our strategic pivot to put greater emphasis on public policy and strategic communications. If anything, much of our ongoing work was affected by the policy changes emerging from Washington, and executing our pivot involved integrating



the policy implications into everything else we do. What follows are highlights of the year's programming, publications, and other offerings.

In-Person Meetings

GIH's in-person meetings experienced a high number of registrations and enthusiastic attendee engagement even as many organizations reported that they were limiting their in-person conference participation. The GIH Annual Conference on Health Philanthropy, *Forging Partnerships for a Better Tomorrow*, brought nearly 850 attendees to New Orleans, Louisiana—our largest attendee count to date. We marked the anniversaries of several key milestones, including the 60th anniversary of the Medicare and Medicaid Act and 20th anniversaries of Hurricanes Katrina and Rita, as well as dedicated a half-day post-conference session to lessons learned from New Orleans' hurricane recovery efforts. The conference theme was especially relevant, as partnerships are needed more than ever to reverse recent attacks on health, and we provided opportunities for attendees to forge new collaborations with colleagues.

We have partnered for many years with the Federal Office of Rural Health Policy, the National Rural Health Association (NRHA), and the Centers for Disease Control and Prevention's Office of Rural Health to host the annual Rural Health Philanthropy Partnership Meeting. This year's meeting was in Bethesda, Maryland,

and the theme, *Enhancing Rural Health Across Lifespan through Collaboration and Partnership*, was an excellent complement to the GIH annual conference. Meeting highlights included a pre-conference Tribal Health Funders Workshop, which was significant as it was the first time tribal health had been elevated in this way at the conference, as well as sessions on power sharing with community, rural aging collaborations, creative approaches to food access, and much more.

We intentionally designed this year's Health Policy Exchange, *Protecting the Freedom to Give*, to help funders navigate the moment. We brought nearly 200 policy-focused attendees together in Arlington, Virginia, to reflect on a year of devastating health policy changes and spending cuts and discussed how we can work together to address the challenges of 2026. To provide attendees with practical experience in educating

elected officials about the good work philanthropy does for their constituents, we added our first-ever Hill Day to the Health Policy Exchange agenda, including a substantive training session. Organized by our colleagues at Leavitt Partners, GIH staff guided several delegations of health funders and other conference attendees to 38 meetings on Capitol Hill with members of Congress, senators, and their staff. Other sessions included discussions about Medicaid, changes to the Supplemental Nutrition Assistance Program (SNAP), immigration policy, strategic communications, and legal advocacy.

The following is a full list of GIH's in-person meetings:

GIH Annual Conference on Health Philanthropy

Forging Partnerships for a Better Tomorrow

June 16 – 20 | New Orleans, Louisiana

Rural Health Philanthropy Partnership Meeting

Enhancing Rural Health Across Lifespan Through Collaboration and Partnership

October 8 – 10 | Bethesda, Maryland

Health Policy Exchange

Protecting the Freedom to Give

November 18 – 21 | Arlington, Virginia





Webinars and Virtual Convenings

In addition to our in-person events, GIH organized or co-sponsored 56 webinars, roundtable discussions, working group sessions, and other virtual convenings covering a range of topics such as federal tax and budget cuts, homelessness and maternal health, ballot measures, Medicaid, Social Security, and more. These online meetings offer deep dives into their subject areas, provide access to subject matter experts, and serve as networking opportunities for participants.

Webinar and virtual convenings highlights include:

[SCOTUS: Expanding Philanthropy's Equity Lens](#)

January 28

[Health Care Policy in 2025: What to Expect from Congress and the Trump Administration](#)

January 30

[Weathering the Storm: Health Funders' Role in Climate Emergency Response](#)

February 11

[Ballot Measures: Responding to Efforts to Undermine Direct Democracy](#)

March 11

[Advancing Health Equity and Diversity, Equity, and Inclusion in Health Philanthropy](#)

Co-sponsored by Asset Funders Network

March 20

[Health Care Policy in 2025: Appropriations, Budget Reconciliation, and More](#)

March 27

[Medicaid: Threats and Responses](#)

Co-sponsored by Disability and Philanthropy Forum

March 31

[Policy Briefing: Threats to Food and Nutrition Programs in Budget Reconciliation](#)

April 29

[Foundations Take Action on Medicaid](#)

May 5

[State of the Union for the Disability Community](#)

Co-sponsored by Disability & Philanthropy Forum and WITH Foundation

May 7

[Health Care Policy in 2025: Medicaid, SNAP, and the Excise Tax](#)

May 29

[Medicaid Messaging](#)

July 2

[Philanthropy's Role in Protecting Public Health](#)

July 21

[Health Care Policy in 2025: What Comes Next?](#)

August 4

[Rising Heat, Rising Risks: Protecting Farmworkers in a Changing Climate](#)

Co-sponsored by Sustainable Agricultural & Food Systems Funders
August 6

[Medicaid's Role in Preventing & Ending Homelessness](#)

Co-sponsored by Funders Together for Housing Justice

September 3

[Urban Wildfires in Los Angeles – Health and Environmental Impacts and Community-Led Solutions](#)

Co-sponsored by Health & Environmental Funders Network and Smart Growth California

September 30

[Behavioral Health in the Balance: Navigating the Impact of the 2025 Budget Reconciliation Act](#)

October 27

[The Future of Rural Health and Well-Being: Findings from a Landscape Analysis and Listening Sessions](#)

Co-sponsored by the National Rural Health Association with support from the Georgia Health Policy Center

October 15

[Steady Voices in Unsteady Times: Strategies for Communicating in Crisis](#)

October 25

[Safeguarding Medicaid and SNAP in the Wake of H.R. 1](#)

Co-sponsored by Equal Opportunity Funders, Tax Equity Funders Network, and Sustainable Agriculture and Food Systems Funders

November 10

[Building Health and Wealth: A Memphis Case Study for Advancing Economic Mobility](#)

December 3

Learning Communities

GIH Learning Communities provide ongoing opportunities for sharing, networking, and collaborating around specific topics or functions in health philanthropy. Each Learning Community uses an online platform for resource sharing and discussion thread and is complemented by webinars, in-person meetings, resource sharing, and surveys to provide an in-depth look at its subject.

The following is our full slate of learning communities:

- [CEO Working Group](#)
(invitation only)
- [Communications Learning Community](#)
- [Firearm Violence Prevention Learning Community](#)
- [Health Equity Learning Community](#)
- [Policy Staff Roundtable](#)

Reports, Surveys, and Publications

GIH produces original reports, surveys, and other publications on important health philanthropy topics. These publications help Funding Partners understand critical health issues and develop a deep understanding of the current state of policy and program implementation.

Publication highlights include:

[2024 Survey Summary: Firearm Violence Prevention Strategies](#)

March 13

[2024 Health Equity Survey: Understanding the Changing Landscape](#)

March 19



[Infosheet: Key Provisions in the House-passed Reconciliation Bill—H.R. 1, the ‘One Big Beautiful Bill Act’](#)

May 27

[Behavioral Health Strategies](#)

August 18

[Administration Actions Targeting Domestic Terrorism and Their Implications for Nonprofits](#)

September 9

Health Policy Update

The Health Policy Update is a bi-weekly newsletter produced in collaboration with Trust for America’s Health and Leavitt Partners. Drawing on GIH’s policy priorities outlined in our 2025 policy agenda and our strategic objective of increasing our policy and advocacy presence, the Health Policy Update provides GIH Funding Partners with a range of federal health policy news. GIH Funding Partners can access past issues [on our website](#).

GIH Bulletin

The monthly GIH Bulletin newsletter delivers the latest news and commentary from the field of health philanthropy, including articles on timely topics and information on grants and awards, reports, transitions, and requests for proposals. [Past issues are available on our website](#).

Views from the Field

As part of the GIH Bulletin, we invite Funding Partners; Philanthropy Support Partners; grantees; federal, state, and local government officials; and other experts to contribute to our ongoing Views from the Field series. These articles provide detailed learnings from on-the-ground work to help shape philanthropy’s investments in health; examine critical issues like health equity and social justice; explore strategies for community engagement and empowerment; and serve as a forum for funders to discuss topics that contribute to the field’s shared goal of achieving better health for all. GIH also conducts in-depth Views from the Field interviews with funders and grantees about their work, providing another format for learning and reflection.

Views from the Field highlights include:

[Let’s Take Courageous Steps Together in 2025](#)

Dr. Laura Gerald, President, Kate B. Reynolds Charitable Trust
January 24

[Investing in Civic Infrastructure: The Rise of a New Foundation in a Rural, Disinvested Community](#)

Roque Barros, Jr., Executive Director, Imperial Valley Wellness Foundation
March 14



Philanthropy, Stewarding a Just America

Qiana Thomason, *President and CEO*, Health Forward Foundation; *Board Chair*, Grantmakers In Health
April 11

Broken Triangle: A Framework for Reparative Philanthropic Relationships

Carla Gibson, *VP of Programs*, REACH Healthcare Foundation;
Kathryn Evans, *President & Founder*, Rooted Strategy
May 16



Collaborating for Impact: Providing Trust-Based Grantmaking and Technical Assistance to Support Local Resilience to Extreme Weather Events

Jessie Kelly, *Project Manager*, CDC Foundation
July 11

Beyond the Exam Room: Impacting Health Outcomes Through Civic Engagement

Dr. Alister Martin, *Emergency Physician*, Massachusetts General Hospital; *Assistant Professor*, Harvard Medical School; *Founder*, Vot-ER;
Dr. Joseph R. Betancourt, *President*, The Commonwealth Fund; *Former Senior Vice President for Equity and Community Health*, Massachusetts General Hospital
August 15

The Importance of Ballot Measure Access and Race-Conscious Policymaking

Elizabeth DiLauro, *Senior Policy Officer*, Robert Wood Johnson Foundation;
Giridhar Mallya, *Senior Policy Officer*, Robert Wood Johnson Foundation
September 12

Responding to a Rural Hospital Closure: The Importance of a Phased, Multi-Pronged Approach

Amie Shei, *President and CEO*, The Health Foundation of Central Massachusetts
October 20

Acting with Urgency: Stupski Foundation Accelerates Its Spend-Down Grantmaking

Dan Tuttle, *Director of Health*, Stupski Foundation;
Sulma Gandhi, *Hawai'i Health Program Officer*, Stupski Foundation
November 25

Grantmaker Focus Profiles

Our ongoing Grantmaker Focus series showcases GIH Funding Partners, offering a look into their funding priorities and unique approaches to investing in health. The profiles provide insights into how Funding Partners vary based on asset size, geographical location, and mission focus.

This year's Grantmaker Focus profiles included:

- [Mother Cabrini Health Foundation](#)
- [Anchorum Health Foundation](#)
- [The Rippel Foundation](#)
- [The Georgetown Health Foundation](#)
- [The Children's Foundation](#)
- [Deaconess Foundation](#)
- [Annabella R. Jenkins Foundation](#)

Strategic Plan Update

At the center of GIH's strategic plan is our vision of *better health for all through better philanthropy*. This mission is reflected across GIH's four strategic pillars of being known for our visionary leadership and influence, being seen as the hub of health philanthropy, being valued for our partner-centric approach, and being recognized as a high-performing organization.

As noted previously in this report, 2025 was no ordinary year for the public health, philanthropic, and nonprofit sectors, and GIH met the moment by executing a strategic pivot to incorporate strategic and crisis communications, legal strategies, and increased policy advocacy into our work. While these included new areas of work for GIH, this pivot aligned with our strategic plan and allowed us to support our Funding Partners and the broader health philanthropy sector through these challenging times.

For example, GIH hosted our first Hill Day ahead of the 2025 [Health Policy Exchange](#), leaning into our larger role in policy advocacy work while executing our strategic pillar of being known for visionary leadership and influence. During the event, GIH brought participating funders to 38 meetings with policymakers on Capitol Hill, discussing how policy changes in Washington were directly affecting their communities and organizations.



We also developed a series of [legal](#) and [communications](#) resources, including a [Crisis and Issues Management Playbook for Funders](#) and [Takeaways for Nonprofits from H.R.1](#) as part of our strategic pivot, delivering on our strategic pillar of being seen as the hub for health philanthropy. GIH also conducted a [survey on the public's perceptions of health funders](#) to further support this pillar by serving as a hub for information about the field.

Beyond our shifting emphasis on policy and communications, GIH continued to deliver on our core programming and strategy. We executed on another strategic pillar, being valued for our partner-centric approach, by conducting a survey of health funders, which included both quantitative and qualitative components and helped us to understand how to better serve the field. We hosted our largest-ever [Annual Conference on Health Philanthropy](#), reflecting our



strategic pillar of being the hub of health philanthropy.

It is clear now more than ever that health philanthropy must come together with colleagues from the public and private sectors through cross-sector partnerships to defend the public's health and build a shared vision for a healthier future. This year, GIH collaborated with organizations such as the Federal Office of Rural Health Policy, the National Rural Health Association (NRHA), and the Centers for Disease Control and Prevention's Office of Rural Health on the annual Rural Health Philanthropy Partnership Meeting; Sustainable Agriculture and Food Systems Funders on a Working Group to develop a coordinated, strategic response to the SNAP cuts in H.R. 1; the Brookings Institution on the Rural Community of Practice; the Georgia Health Policy Institute and NRHA on a survey and listening sessions on rural health; Leavitt Partners to expand GIH's policy advocacy role; FGS Global to support Funding Partners with their crisis communications strategies; WE in the World to radically reimagine the future of health; and many more.

In addition to our vision, pillars, and strategic pivot, GIH continues to drive our programming through five focus areas, namely [Health Equity and Social Justice](#), [Access and Quality](#), [Community Engagement and Empowerment](#), [Philanthropic Growth and Impact](#), and [Population Health](#). Key examples of that work from 2025 are highlighted in the following sections.



Health Equity and Social Justice

GIH's Health Equity and Social Justice programming focuses on ensuring that everyone has a fair and just opportunity to achieve their highest level of health regardless of race and ethnicity, sexual orientation and gender identity, disability, or other determining factors like socioeconomic status. GIH's work in this area includes applying a health equity lens to all our focus areas and explores the partnerships, programs, and policy changes necessary to eliminate disparities; addresses the social determinants of health; and institutionalizes internal diversity, equity, and inclusion (DEI) initiatives.

Health equity and social justice is not merely a focus area for GIH, but also a core tenet to our vision of better health for all through better philanthropy. Particularly given the growing attacks on health equity and DEI in 2025, much of GIH's work this year involved defending and standing up for the values of health equity and social justice.

GIH's health equity work kicked off with the publication of results from our [2024 Health Equity Survey: Understanding the Changing Landscape](#), in which we surveyed Funding Partners to understand how their work in health equity has evolved. The results detail what terminology is used by foundations to describe health equity, how foundations are engaging partners in their health equity programming, and whether foundations have made changes to their grantmaking processes over the last four years to prioritize equity.

Following the release of the survey, GIH launched a new Health Equity Learning Community designed to advance health equity through shared learning, collaboration, and collective action. The community meets both in person and virtually to create space for reflection, dialogue, and action.

Health equity and social justice also featured prominently in our webinars and virtual convenings. Highlights include:

[Weathering the Storm: Health Funders' Role in Climate Emergency Response](#)

February 11

[Advancing Health Equity and Diversity, Equity, and Inclusion in Health Philanthropy](#)

March 20

[Navigating Birth Justice and Reproductive Equity in Precarious Times: Insights, Challenges, and Strategies for Funders](#)

Co-sponsored by *Funders for Birth Justice & Equity*

May 15

Efforts to reduce health inequities and advocate for social justice took center stage at the GIH Annual Conference on Health Philanthropy. Site visits throughout the city of New Orleans featured a place-based organization addressing health, climate, and gender disparities in their communities; an environmental justice campaign fighting for zero-emission ports; and a nonprofit in the Lower Ninth Ward driving economic and health equity in the neighborhood through placemaking partnerships. Additionally,

a pre-conference session co-hosted by Funders for Justice explored the intersections of public health and criminalization and the threats to communities amid the current political landscape.

The annual conference's Health Equity Networking Breakfast brought 90 conference attendees together to build community and provide foundation staff working in health equity with tools, resources, and contacts. During the facilitated discussion, funders shared concerns about mounting political and legal pressures, strategies for supporting grantees and partners, and the risk of backsliding on health equity efforts. Participants underscored the need for shared spaces for peer support, candid dialogue, and collective problem-solving. They called on GIH to continue convening funders and providing leadership on advancing health equity during this moment of uncertainty.

Several other annual conference sessions also highlighted health equity and social justice, lifting topics such as reproductive justice; generational poverty at the ZIP code level; food is medicine initiatives; the impact of race, disability, and poverty on adolescent health; the implications of staff and budget reductions at the U.S. Department of Health and Human Services



on health equity; utilizing community development financial institutions (CDFIs) to advance health and economic opportunity; and more. The annual conference's post-conference session discussed the 20th anniversary of Hurricane Katrina, delving into lessons learned during the response, the long-term impacts on the city of New Orleans and surrounding communities, and how to prepare better for future crises.

Health equity and social justice were also at the forefront of this year's [Health Policy Exchange](#). Results of a survey conducted by FGS Global on public perceptions of health funders, including sentiments on health equity, were presented. A dedicated session on the path forward for health equity discussed the implications of new policies on DEI and explored tools for equity-centered grantmaking. Attendees left the meeting with concrete approaches to continue advancing health equity in their communities despite setbacks throughout the year.

Finally, GIH published nine Views from the Field articles on health equity and social justice. They are as follows:

[Postpartum Care Systems: Strategically Collaborating to Advance and Align Solutions Across Sectors](#)

Andrea Palmer, Program Officer, Pritzker Children's Initiative
Jacque Caglia, Director of Learning, Communications and U.S. Programs, Merck for Mothers
Wilna Paulemon, Associate Director of U.S. Programs, Merck for Mothers
Raquel Mazon and Wendy McWeeny, Co-Directors, Community Health Acceleration Partners
Alexandra Geertz and Leah Nakon, Afton Bloom

[Let's Take Courageous Steps Together in 2025](#)

Dr. Laura Gerald, President, Kate B. Reynolds Charitable Trust

[Using the UN Sustainable Development Goals to Advance a Bold Racial Equity Agenda at a Critical Moment](#)

Helen Bond, Professor of Curriculum and Instruction, School of Education, Howard University
Aron Goldman, Trainer/Advisor, Philanthropic Advising Services, ABFE

[From Recovery to Resilience: Investing in Collaborative Infrastructure for Health and Equity](#)

Rea Pañares, Executive Director, California Accountable Communities for Health Initiative (CACHI)

[Humana Foundation Advances Equity Through Community-Engaged Research Practices](#)

Heather Hyden, Population Health Strategy Lead, Humana Foundation
Soojin Conover, Innovation Portfolio Strategy Principal, Humana Foundation

[The Importance of Ballot Measure Access and Race-Conscious Policymaking](#)

Elizabeth DiLauro, Senior Policy Officer, Robert Wood Johnson Foundation
Giridhar Mallya, Senior Policy Officer, Robert Wood Johnson Foundation

[Designing Inclusive and Equity-Centered Health System Improvement Projects—Lessons from Three Initiatives](#)

Natasha Arora, Maggie Jones, & Erin Hertel, Center for Community Health & Evaluation
Diana Camacho & Catherine Teare, California Health Care Foundation

[The Role of Health Philanthropy in Improving Maternal Health for Underserved Populations](#)

Mahabuba Masud, Michael Drake Philanthropy Fellow, The Commonwealth Fund

[Practicing What We Preach: Three Tips for Putting Equity at the Heart of a Successful Application Process](#)

Zamir Bradford, Lynne Le, Jamila M. Porter, & Kay Schaffer, de Beaumont Foundation
Megan Collado & Rishika Desai, AcademyHealth
Jamae Morris, Robert Wood Johnson Foundation



Access and Quality

GIH's Access and Quality programming focuses on improving health by expanding access to quality affordable health services. GIH's work in this area covers topics like health coverage, the safety net, behavioral health, and workforce development.

This year marked the 60th anniversaries of Medicare, Medicaid, and the Older Americans Act (OAA), an important milestone in access to care and services for underserved communities across the country. At the same time, the health policy landscape evolved rapidly in 2025, and much of GIH's access and policy work this year focused on informing funders and mobilizing a response to cuts to the safety net.

We devoted a considerable amount of our Access and Quality programming to look at federal spending cuts to the Medicaid program. In a webinar titled "[Medicaid: Threats and Responses](#)" in March, GIH hosted a discussion about a renewed administration and congressional emphasis on Medicaid work requirements, the latest research on this topic, and how philanthropy could respond. A webinar in May, "[Foundations Take Action on Medicaid](#)," provided considerations for foundations and corporate giving programs on how to take action in their communities and

featured key initiatives and collaborations on Medicaid defense.

Our focus on Medicaid and the broader safety net continued at GIH's [annual conference](#), including a plenary session dedicated to the 60th anniversary of Medicare, Medicaid, and the OAA in which speakers discussed how these programs are crucial to the social safety net, ways in which policy discussions could impact their future, and opportunities that may emerge to improve upon these programs. Several other sessions during the conference also sought to educate funders about the threats to Medicaid, highlighted why the program is critical to address the social determinants of health, and provided concrete examples of how funders and philanthropic collaboratives are working to strengthen health care across the United States.

H.R.1, the budget reconciliation legislation debated through the first half of the year, was signed into law on July 4, enacting

historic cuts to the Medicaid program via work requirements, added copays, and stricter eligibility verifications. The cuts also affected the ACA marketplace, SNAP, and other crucial programs. GIH sought to help mitigate the consequences of these policy changes by providing opportunities for funders from around the country to share how they are supporting their communities and grantees.

A session at the 2025 [Health Policy Exchange](#), "Standing Strong for Medicaid," detailed how the changes are already being felt in states and communities and highlighted what is being done to protect access to health care through this vital program. Additionally, we published several Views from the Field articles on the impacts of H.R.1 and how philanthropy can respond. One article, titled [Protecting Children's Access to Health Care in Schools: The Impact of Medicaid Cuts on School Health Services](#), explored the specific effects on school-based health care provision, and another piece, [Roles for Philanthropy as Medicaid Changes Take Effect](#), outlined how foundations can help minimize the harm of these cuts in their communities.

GIH's Access and Quality programming also focused heavily on food security this year, particularly as billions of dollars were slashed from programs including SNAP in H.R.1. In April, GIH hosted a [webinar](#) where experts from the Food Research and Action Center provided an analysis



of how the drafted bill would impact food and nutrition programs and what these policy decisions meant for the health and well-being of children, families, and communities across the country.

Later in the year, GIH formed a [working group](#) with Sustainable Agriculture and Food Systems Funders, both to respond to short-term food security needs when SNAP benefits were withheld as leverage during the 43-day U.S. government shutdown in the fall, as well as develop longer-term strategies to mitigate the devastating [\\$186 billion cut to SNAP](#). These conversations continued at the Health Policy Exchange during a session titled “The Future of SNAP: Restocking our Nation’s Cupboard,” where speakers discussed how philanthropy can help build a better, more resilient, and more equitable food system in both the intermediate and long terms.

Behavioral health was also a central component of our access and quality portfolio this year. We released a fact sheet on [Behavioral Health Strategies](#), containing the results of a survey conducted in late 2024 on funder engagement in behavioral health. This resource summarized the current trends, gaps, successes and challenges for funders, and highlighted philanthropy’s continued commitment to behavioral health. The survey also represented a new research method for GIH by asking all health funders involved in behavioral health to respond, not only GIH Funding Partners as we have done in the past.

Several annual conference sessions addressed behavioral health. An initiative to transform children’s behavioral health care was featured, along with an effective teen suicide prevention model in Louisiana, a roadmap to advance the integration of behavioral health into Medicaid, a youth leadership program transforming mental health and well-being, and a deep dive into the lasting mental health effects



of Hurricane Katrina. We also published Views from the Field articles about behavioral health, including a piece highlighting a participatory coalition in [Greater Cincinnati](#) working to support youth in the region. A webinar titled “[Behavioral Health in the Balance: Navigating the Impact of the 2025 Budget Reconciliation Act](#)” examined the specific impacts of H.R.1 on access to behavioral health services across states.

Throughout the year, GIH partnered with several other philanthropy-serving organizations on our access and quality work. In collaboration with [Funders for Maternal Mental Health](#) and [Funders Together for Housing Justice](#), we hosted a [funder webinar on the intersections of housing instability, homelessness, and maternal mental health](#). The discussion explored the intersectional nature of housing instability and maternal mental health, addressing these issues through the insights of leading voices on family well-being. A second [webinar](#) co-hosted by GIH and Funders Together for Housing Justice later in the year explored the

role of Medicaid in preventing and ending homelessness. In a partnership with the [Disability & Philanthropy Forum](#) and the [WITH Foundation](#), GIH co-hosted the [State of the Union for the Disability Community](#), a webinar on disability priorities that highlighted both the current realities and the actions needed to improve access, quality, and outcomes.

Rural communities depend on hospitals for access to care, but the federal budget cuts have had a cascading effect throughout the country, forcing the closure of hospitals that depend on Medicaid funding for their survival. A Views from the Field article from the Health Foundation of Central Massachusetts, “[Responding to a Rural Hospital Closure: The Importance of a Phased, Multi-Pronged Approach](#),” examined impact of the closure of a community hospital in rural Massachusetts on access to care throughout the region. The piece offers a helpful blueprint for other funders considering support in the wake of hospital closures in their own communities.





Community Engagement and Empowerment

GIH's Community Engagement and Empowerment programming focuses on working collaboratively with communities to address issues affecting their well-being while promoting shared decisionmaking, authority, and power.

Community engagement is a crucial factor in addressing the social determinants of health and root causes of health inequities. Many funders have focused on partnering with communities so their grantmaking, reporting requirements, and issue areas are aligned with community needs. GIH has supported funders in this effort by sharing strategies on effective ways to engage with community, as well as by elevating success stories across the country. One way we did this in 2025 was by focusing on the importance of [civic engagement](#) in advancing health priorities. We hosted a webinar on this topic early in the year titled "[Ballot Measures: Advancing Health Policy through Direct Democracy](#)," which explored recent ballot initiative campaigns and highlighted the roles of health funders in building community power through direct democracy. Another webinar, "[Urban Wildfires in Los Angeles – Health and Environmental Impacts and Community-Led Solutions](#)," explored how urban wildfires in Los Angeles were not just environmental disasters, but also cascading health, housing, and economic crises exacerbating existing inequities. The session highlighted how frontline communities, particularly those facing displacement, pollution, and climate risk, are organizing for civic action.

We also published several Views from the Field articles on this topic. An article titled "[Protecting Ballot Measures to Protect Democracy](#)" illustrated how philanthropy can partner with community organizing

groups to protect our democracy and advance important health initiatives, like maintaining access to abortion care. Another article, "[Beyond the Exam Room: Impacting Health Outcomes Through Civic Engagement](#)" highlighted the work of [Vot-ER](#), an organization working to integrate civic engagement into healthcare. Finally, an interview with the Robert Wood Johnson Foundation, "[The Importance of Ballot Measure Access and Race-Conscious Policymaking](#)," highlighted the pushback that these strategies are facing and offered examples of how funders can get involved in defending this work.

In addition to civic engagement, GIH also focused on other aspects of community empowerment in 2025, notably in collaborative infrastructure. Two Views from the Field articles were published on this topic. [Investing in Civic Infrastructure: The Rise of a New Foundation in a Rural, Disinvested Community](#) featured the work of the [Imperial Valley Wellness Foundation](#), a new foundation in rural California dedicated to creating the framework for lasting, community-led change by building civic infrastructure. A second article, "[From Recovery to Resilience: Investing in Collaborative Infrastructure for Health and Equity](#)," highlighted how the [Accountable Communities for Health](#) model can be used to invest in local leadership and infrastructure to shift systems, influence policy, and address the root causes of health inequities.

GIH's annual conference showcased community engagement initiatives in New Orleans. We started the week with several pre-conference site visits featuring organizations engaging communities across the city to address critical health issues, including the Crescent City Farmers Market and Sprout Community Garden, two spaces dedicated to re-envisioning the local food system by fostering connections between people, the land, and food. During another site visit, attendees visited a nonprofit driving health equity in the Lower Ninth Ward through community partnerships.

Other conference sessions featured community engagement efforts across the country, including "Relationships Matter: A Transformative Journey to a More Equitable and Community-Driven Strategy," a session by the HOPE Foundation and Cone Health highlighting why community relationships are central to achieving health equity; "Evaluating a Community-Led, Place-Based Collaborative for Health: Strategies for Success and Impact," highlighting an innovative approach to integrating neighborhood revitalization with community health outcomes in Baltimore; and several other sessions on sharing power with communities to improve health care access and outcomes.



Philanthropic Growth and Impact

GIH's Philanthropic Growth and Impact programming identifies, disseminates, and supports best practices in the ongoing operations of health funding organizations. GIH's work in this area addresses governance, grantmaking, evaluation, communications, and the myriad ways health funders are advancing diverse public policy, advocacy, and civic engagement goals.

GIH's philanthropic growth and impact work involves a variety of initiatives, including professional development opportunities for grantmakers, convenings to bring funders together, and resources on innovative funding approaches from across the field.

This year, our professional development work focused on providing opportunities for grantmakers at all levels to improve their processes, operations, and relationships with grantees, while nurturing the growth of early-career staff. At the annual conference, we hosted a well-received session on career opportunities in philanthropy, where leaders discussed their journeys in the sector. This was an excellent opportunity for foundation staff to learn about how they can develop skills and strategies to grow in their careers.

Over the years, we have repeatedly heard from grantmaking organizations that there is a need for more opportunities to convene with peers. GIH expanded these gatherings in 2025, hosting a variety of networking sessions at the annual conference, including gatherings for limited-asset funders, foundation trustees, corporate foundations, and specific funder roles such as communications staff.

In addition, we continued to engage our CEO Working Group, a platform for senior grantmaking leaders to meet and discuss

common challenges with their peers. We hosted bi-monthly calls with this group, including a discussion specifically with new CEOs, for whom 2025 may have been an especially difficult year as they took on new leadership roles amid uncertainty and change. We also offered more opportunities for CEO engagement at the annual conference. We also held regular calls for foundation staff members working in specific programmatic areas, including roundtables for health funders' policy staff and foundation leaders working in health equity.

GIH hosted a variety of meetings to discuss the issues that philanthropy is facing and how to navigate these difficulties together. At the annual conference, a session titled "Well-Being: Managing Stress and Supporting Staff in Uncertain

Times" discussed how foundations can support their staff so they can continue to respond to growing pressures; another session, "You Thought You Were Safe: Health Funders at Risk," helped funders identify, evaluate, and manage potential threats that could disrupt operations, harm reputation, or undermine strategic goals.

As part of GIH's commitment to helping funders build their own internal communications and legal capacities in the face of ongoing policy actions, we devoted several annual conference and Health Policy Exchange sessions to these areas. At the annual conference, a learning lab titled "Steady Voices in Unsteady Times: Strategies for Communicating in Crisis" presented funders with an innovative tabletop exercise simulating an escalating





series of social media attacks. The Health Policy Exchange included “Telling Our Story: Communicating the Role of Health Foundations,” a session showcasing recent survey research on engaged voters’ attitudes about health funders, as well as a discussion on how funders are telling their stories in the current moment. Another Health Policy Exchange session, “The Law as a Lever: Legal Strategies for Health Funders,” served as a primer for the legal implications of recent executive actions and legislation like H.R.1.

Additionally, we published several Views from the Field articles on strengthening the philanthropic field. An [article](#) from our Board Chair, Qiana Thomason, President and CEO of the Health Forward Foundation, demonstrated why philanthropy must remain rooted in what is legally and morally right, especially in a time of intense action to dismantle policies and practices that protect the well-being of all Americans. Another article from AcademyHealth, “[Measuring and Communicating Impact: How Philanthropy Can Show and Tell Its Impact to Rally the Public in Defense of Research](#),” discussed how philanthropy can communicate its impact to garner public attention and support for important health issues. In an [interview](#), GIH and leaders from the Stupski Foundation explored the Foundation’s accelerated

spend-down strategy in response to federal funding cuts, and shared lessons for other funders interested in this approach. An [article](#) from Tiffany Donelson, another GIH board member and President and CEO of the Connecticut Health Foundation, laid out the roles philanthropy should take as Medicaid changes begin to take effect as a result of the passage of H.R.1.

Finally, each year, GIH recognizes the outstanding grantmakers and advocates who have advanced health and social change. The annual Terrance Keenan Leadership award celebrates grantmakers whose thoughtful use of philanthropic dollars has had an impact on human health, at any level. Award recipients’ work demonstrates responsiveness to the people in

their communities, large or small, and particular responsiveness to those in the greatest need. This year’s Terrance Keenan Leadership Award recipient was [Elizabeth Ripley](#), former President and Chief Executive Officer of the Mat-Su Health Foundation in Alaska.

The Andy Hyman Award for Advocacy is presented each year to an outstanding advocacy grantee from the nonprofit or public sectors who embodies a commitment to principled action, leadership to advance social change, and dedication to making progress in policy and practice despite challenging political environments. The 2025 Andy Hyman Award winner was [Jane Perkins](#), Litigation Director of the National Health Law Program (NHeLP) in Washington, DC.





Population Health

GIH's Population Health programming focuses on the health outcomes of a group of people, whether defined by age, geography, or other factors. GIH's work in this area explores public health, prevention, and the mobilization of multiple disciplines to achieve health for all.

Rural health has long been a focus of GIH's population health work, and this year saw increased programming in that area as rural communities faced rising federal cuts to health care and public health.

Continuing a 13-year tradition, we co-hosted the [2025 Rural Health Philanthropy Partnership Meeting](#), a partnership with the Federal Office of Rural Health Policy, the National Rural Health Association (NRHA), and the Centers for Disease Control and Prevention's Office of Rural Health. This year's theme, *Enhancing Rural Health Across Lifespan through Collaboration and Partnership*, explored how combined efforts are critical in providing better health outcomes for rural communities. Unfortunately, the partial government shutdown prevented our federal colleagues from attending.

GIH's ongoing partnership with NRHA expanded this year as we collaborated with the Georgia Health Policy Center (GHPC) on an initiative to reimagine rural health and well-being. As part of this effort, GHPC conducted a landscape analysis highlighting a cross-section of organizations and leaders in rural health and hosted two national listening sessions of key stakeholders. The findings of this work were presented during a [webinar](#) in October, along with the impact of the rapidly-changing federal policy landscape and recommendations for how to move forward in building a shared vision and

roadmap for sustainable, community-driven change in rural communities across the country.

Working with colleagues from the Brookings Institution, we hosted three gatherings of a rural philanthropy community of practice to discuss ways that funders can help improve economic opportunity in rural communities; strengthen community well-being and health outcomes; enable civic leadership; and address structural inequities at the intersection of race, place, and economic status. The first meeting took place in Asheville, North Carolina, in April, while the second meeting was held in Red Cloud, Nebraska, in September and October.

Rural health was also well-represented at the annual conference in New Orleans, where we gathered philanthropic community of practice members to discuss how to promote rural opportunity and convened a session on catalyzing multi-sector strategies and community engagement in rural America.

As part of our programming on older adults, we continued to strengthen our long-running partnership with Grantmakers in Aging (GIA). In January, we co-hosted a [webinar](#) with GIA, giving a [funder briefing](#) on 2024's efforts to reauthorize the Older Americans Act, which ultimately did not pass the Senate. We also co-hosted another [webinar](#) in July to discuss how philanthropy is responding

to public funding cuts affecting programs that older Americans rely on. A session at the annual conference, "Advocating for Aging Adults in Uncertain Times," discussed the increasing difficulties older adults face in accessing care, and how philanthropy can contribute to easing these challenges.

In addition to our programming on rural health and older adults, GIH shined a spotlight on other issues critical to improving population health. A January Views from the Field article titled "[Postpartum Care Systems: Strategically Collaborating to Advance and Align Solutions Across Sectors](#)" discussed the efforts of a working group formed to identify timely opportunities to ensure state Medicaid coverage extensions effectively addressed the root causes of postpartum morbidity and mortality. [Another Views from the Field article](#) from the National Indian Health Board examined the challenges, opportunities, and paths forward for maternal health among American Indian/Alaska Native Communities. Finally, a [webinar](#) co-hosted with Funders for Maternal Mental Health, Grantmakers Concerned with Immigrants and Refugees, and Early Childhood Funders Collaborative examined the intersection of immigration and other policies impacting immigrants and maternal mental health, drawing attention to both the systemic drivers of harm and the assets and resilience of the communities affected.

2026: A Look Ahead

We want to thank our Funding Partners and Philanthropy Support Partners for their continued engagement and support of GIH. This past year was marked by persistent disruptions and significant challenges that tested health philanthropy in ways we never anticipated. But thanks to the foundation laid by GIH’s strategic plan and the changes included in our strategic pivot, we remain ready to help funders respond to whatever 2026 brings.

In her [February 2025 President’s Letter](#), GIH President and CEO Cara V. James recalled a scene from the 2000 film, *Gladiator*, in which Maximus rallies his fellow gladiators to join forces rather than go it alone no matter what comes at them. “Now more than ever,” James wrote, “we need to stand together, work together, and collaborate with allies inside and outside of health philanthropy to strategize and act.” In this spirit, while remaining focused on our vision of better health for all—and building on our efforts from this past year—we will develop and adapt programming to better equip health funders to respond to the changing landscape, and we will mobilize health funders to help philanthropy meet the moment.

We will also work to radically reimagine the future of health. As we address the

fallout from attacks on health equity, H.R.1’s cuts to Medicaid and SNAP, efforts to undermine public trust in vaccines and weaken immunization standards, and so many other threats to health and well-being, it is critically important that we leverage the moment to create a health system that works better for everyone. Although recent events are discouraging, they also provide us with an opportunity to build something better.

Philanthropy has played an essential role in mitigating the worst effects of cuts to the safety net, but news of that work is not reaching the public or lawmakers, leaving funders vulnerable to attack. In 2026, GIH will continue to support funders in telling the stories of the important investments they’re making in communities across the country, as well as help them to have



the courage to speak up for fundamental democratic values when corrosive behaviors and actions are normalized.

Although these are trying times, we remain steadfast in our work together and our shared vision of better health for all through better philanthropy. And we are buoyed by the evidence—we have seen that our collective efforts have real impact. Together, we can turn the tide for the communities we serve.



About Grantmakers In Health

Grantmakers In Health (GIH) is a nonprofit, educational organization dedicated to helping foundations, corporate giving programs, and other philanthropic organizations improve the health of all people. 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 develops programming, provides technical assistance, and hosts convenings to help funders learn, connect, and grow. Visit GIH on the web at www.gih.org.

Funding Partners

GIH Funding Partners are philanthropic organizations and advisors 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. Learn more about how to become a GIH Funding Partner and view the full directory at www.gih.org/join.

Philanthropy Support Partners

GIH Philanthropy Support Partners are philanthropy serving organizations with whom GIH has formal partnership agreements. Learn more about how to become a Philanthropy Support Partner at www.gih.org/join.



