GRANTMAKERS IN HEALTH

ADVANCING THE PUBLIC'S HEALTH:

Current Philanthropic Approaches and Priorities for the Future

Robert Hughes
Consultant

Kate Treanor
Senior Program Director and Strategic Advisor, Grantmakers In Health

CONTENTS

Acknowledgements

Grantmakers In Health (GIH) wishes to thank the foundations and public health organizations that participated in the project, *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*. We deeply appreciate the time their leadership and staff took to speak with Robert Hughes, as well as their thoughtful reflections on public health during a time of significant upheaval. Special thanks go to the W.K. Kellogg Foundation for support of the project.

Authors

Robert Hughes, *Consultant*
Kate Treanor, *Senior Program Director and Strategic Advisor, Grantmakers In Health*

EXECUTIVE SUMMARY

Health foundations use the term "public health" in varied ways, reflecting how its boundaries have expanded beyond governmental public health into the social determinants of health (SDOH), equity, and the environment. While foundation leaders broadly agree on the population-level nature of public health, they apply the concept differently depending on community needs and priorities, organizational histories, and strategic approaches to advancing health.

This report is grounded in discussions with a diverse set of philanthropic and public health leaders about the current state of the field. It aims to assess how foundations view public health and their guiding frameworks, as well as to identify lessons learned and priorities for strengthening the public health ecosystem. Interviews were conducted with leadership and staff at 25 health foundations. Leaders from five public health organizations were also interviewed to inform the report. The foundations were selected to include a wide variety of types, organizational sizes, and geographic service areas, as well as distinctive or innovative approaches. A full list of the participating foundations can be found in the Appendix. Interviews were conducted via Zoom from April through August of 2025. They reflected the views of health foundation and public health leaders at that time.

Interviews were conducted with leadership and staff at 25 health foundations. Leaders from five public health organizations were also interviewed to inform the report.

The project was conceived in late 2024 and, since then, the political environment has changed dramatically. The federal government deeply cut funding for public health, dismantled significant parts of the public health infrastructure, and weakened many related scientific and educational institutions. More broadly, the nation's political divisions have seeped into every facet of our society. These developments shaped the findings of this report which explore future health foundation responses to the most serious attack on the public's health in the nation's history.

What is Public Health?

For foundations the answer is far from simple. Public health is a broad and evolving field. It encompasses a wide array of stakeholders from governmental agencies to nonprofits and community-based organizations, to academic and research institutions. It focuses on disease prevention and health promotion, health care services, the social determinants of health, and the environment. This is reflected in foundations' priorities and approaches to advancing health within their communities.

As a framework for analysis, we clustered the 25 foundations in this scan into four groups, based on each foundation's primary focus of public health work. The first includes foundations that have a primary focus on governmental public health. The second cluster of foundations focuses on public health issues outside

of governmental public health, such as food systems, civic engagement, income inequality, and community engagement. A larger grouping works across the spectrum of public health in its broadest sense, bridging the first two groupings. A final orthogonal cluster includes a small number of foundations that focus explicitly on strategic approaches rather than specifying a public health issue area.

Regardless of which grouping the foundations fall into, interviewees all shared a broad concept of public health and generally agree that governmental public health is the foundational basis infrastructure for the field. Nevertheless, the distribution of foundations across the four groups underscores the relatively small number that work primarily on governmental public health. In addition, there was little consensus about the language the field should use to describe public health. Many funders also noted that the public does not have a clear understanding of public health, and that the COVID-19 pandemic set back the ability to have constructive public health discussions.

Equity as a Value

Equity and public health are inextricably connected. The core of public health is to improve health at the population level, but without equity, progress can mask deep and persistent gaps. By focusing on equity, philanthropy can understand which direct investments have the most impact on closing gaps. That can increase fairness and effectiveness over the long term.

By focusing on equity, philanthropy can understand which direct investments have the most impact on closing gaps. That can increase fairness and effectiveness over the long term.

Equity is a central pillar in statements summarizing the mission and strategy of many health foundations. It is both a fundamental value underlying the rationale for foundation activities and a summary of an aspirational future. In early 2025, the president signed several executive orders intending to end diversity, equity, and inclusion (DEI) programs in the public sector. The administration also initiated actions against universities, law firms, large foundations, and other institutions. The administration's broad attack on DEI not only fundamentally changed the political climate and threatened organizations in many societal sectors, but it also put a spotlight on the use of the word equity, and thus, inevitably, on public health.

All the foundations in this scan, explicitly or implicitly, embody equity; their work is grounded in fairness. They also have a range of ways of describing their equity work. Whether or not they use or emphasize the language of equity reflects the diverse social, political, and economic environments in which they operate. Although equity is strongly embraced by health funders, they must still make decisions about which populations to prioritize and balance competing community needs. Yet the enduring message across interviews is clear: despite challenges, foundations remain committed to equity because it is essential to improving the public's health.

Rooted in Research and Data

The science and practice of public health relies on research and data, and health foundations mirror that value. The use of research and data is so prevalent that it can be overlooked as a primary component of foundation work. Health philanthropy's shift to the social determinants of health is grounded in decades of research

on the causes of premature death, inequities, and community conditions, building on a long tradition of strategies grounded in empirical analyses. Research and data are used to guide foundation priorities, develop better public communications, strengthen strategic planning, and help assess and improve their work through evaluation and learning.

The federal government's attacks on the research and practice of public health, on institutions of science like the National Institutes of Health and research universities, and on truth in general represent a fundamental challenge for the nation and for health philanthropy. Dismantling significant portions of the U.S. Centers for Disease Control and Prevention (CDC) is an especially egregious blow to the public health infrastructure. Responses to these developments have begun and will continue into the future. But as a start, protecting the basic public health data created and used by public health agencies is crucial.

Protecting the basic public health data created and used by public health agencies is crucial.

Communication to Build Trust

Information is a potent social driver of health and communications should be understood as a core strategy for improving the public's health. Foundations are expanding and developing new ways to engage, communicate, and enhance relationships with the public, partners, policymakers, and myriad stakeholders within the public health ecosystem. Current conditions underscore the value of this work: trust is fragile and information is fragmented. To be effective, however, communication efforts need to be grounded in relationships. They also require active listening and a visible presence. Building trust and shaping healthier information ecosystems has become central to public health impact.

The Rise of Systems Perspectives

Health foundations use a systems perspective to describe much of their work. This focus positions them to influence the upstream factors that shape population health, including policy, to achieve sustainable long-term change. Foundations are developing and expanding activities designed to influence individual systems, such as food and housing, as well as combinations of systems. Interviews revealed that the most complex application of a systems perspective is at the local level, reflecting the challenges inherent in systems change in complex environments. Adopting a systems perspective has also led to longer time horizons for foundation work. Many foundations now describe working on issues for a generation or longer.

A systems perspective can also be applied to health philanthropy itself. Funders working at the state level, for example, spoke about working in an environment with multiple other health foundations. Relationships among health foundations form an ecosystem with organizational connections ranging from informal exchanges to formal partnerships. The ecosystem has developed as the number of health foundations has grown and domains of work have been

Relationships among health foundations form an ecosystem with organizational connections ranging from informal exchanges to formal partnerships.

established based on organizational size, geographic service area, strategic approach, and health priorities. This infrastructure is an important foundation for future collaborations.

Priorities and Future Opportunities

The intensity of the attacks on public health have accelerated since the interviews for this report concluded in mid-August 2025. Coming to grips with the extent of damage that is unfolding will be challenging. Billions in federal funding have been cut, hundreds of programs terminated, and tens of thousands of federal employees let go. The effects of these actions are rippling out to communities throughout the country. State, Tribal, and local governmental public health agencies and the nonprofit community-based organizations who do public health work are being deeply hurt.

Health foundations across the country are doing excellent work to improve the public's health. They are not yet an effective ecosystem, but they constitute a field that has the potential to act together at this critical moment in our history. The philanthropic and public health leaders interviewed for this project voiced the benefits of moving in that direction together. Their ideas for future action centered around three interconnected priorities:

- **Develop a shared framework:** Invest in a clear, accessible description of "what public health is" for today's context.
- **Invest in data and tracking:** Strengthen data capacity to monitor public health outcomes, system changes, and foundation contributions.
- **Rebuild trust through communication:** Support efforts to build trust with communities, counter misinformation, and strengthen public understanding of both public health and philanthropy.

Health foundations across the country are doing excellent work to improve the public's health…they constitute a field that has the potential to act together at this critical moment in our history.

These priorities build on the strengths of health philanthropy and contain opportunities that a wide range of foundations can support. To build a robust and equitable public health system for the future, however, foundations must do a better job of collaborating. They need to connect with and learn from each other, to better understand what each other is doing, and be explicit about their own activities. New roles and relationships are essential. Developing these field-level capacities will be essential to achieve the priorities articulated in this report.

Conclusion

Health foundations have made significant contributions to improving the nation's health over time. Every health foundation in this scan has improved the public's health, and there have been noteworthy collaborations among foundations, including in response to COVID-19. We are now in a contentious national environment in which collaboration is crucial to effectively protect and improve the public's health.

The current societal context presents challenges for health philanthropy. Health foundations are part of a broad philanthropic field, which in turn is central to public discourse on the nation's wealth inequality and how that affects American society. Equity, and its many connotations and interpretations, sits at the center of these contentious debates. Since January 2025, the federal government's actions have made these divisions starker. It also ushered in damaging disruptions in governmental public health and widespread harm to the public's health in general. The damage to the CDC is immediate and visible, while the damage to food, housing, health care, and other systems will play out over a longer period of time.

Health foundations are part of a broad philanthropic field, which in turn is central to public discourse on the nation's wealth inequality and how that effects American society.

In 1927, decades after the first Gilded Age, eight foundations, led by the Carnegie Corporation of New York and the Milbank Memorial Fund, came together to support the Committee on the Costs of Medical Care, a five-year effort to recommend organizational design and financing for the nation's health care system. It produced dozens of reports, including a final report in 1932, with ideas that influenced U.S. policy during the great depression and in every major national health policy discussion since. The opportunity for innovation and leadership is now. Today's health philanthropy faces a defining moment: will it act collectively to safeguard and rebuild public health?

PUBLIC HEALTH OR THE PUBLIC'S HEALTH?

Public health has always been a broad field, spanning health promotion, disease prevention, community conditions, and policies that support the public's health and well-being. The American Public Health Association defines public health as the effort to "promote and protect the health of all people and their communities (APHA 2025)," a description that captures both its breadth and complexity. Yet as the field has expanded in recent decades, the meaning of public health, and the strategies used to advance it, have evolved significantly within philanthropy.

Historically, most philanthropic activity related to health was concentrated on the health care system itself: coverage, access, cost, quality, and workforce. Beginning in the mid-1980s, however, several developments began to reshape this focus. The growth of for-profit health care altered the industry's structure and raised questions about access and incentives. Health conversion foundations also emerged during this period, many of which adopted broad mandates to improve health beyond clinical care. The expansion of scientific research on the social determinants of health elevated non-medical drivers of health outcomes as central targets for improving population health.

Together, these developments pushed philanthropic strategies further upstream, toward the underlying conditions that shape health. Yet even as philanthropy expanded its scope, governmental public health systems often remained on the periphery of foundation funding. In part, this reflects the long-standing philanthropic practice of partnering primarily with nonprofit organizations rather than public agencies. It also reflects the complexities of working within government structures, where funding streams, regulations, and political contexts can complicate long-term collaboration.

As a result, "public health" came to be understood in two general ways. First as a description of governmental public agencies; and second as a description of the full range of efforts to improve the public's health, including but not limited to governmental entities. This publication focuses on how 25 foundations from across the U.S. understand and use the term today and how those views shape their philanthropic strategies.

Foundations' Expanding Understanding of Public Health

Interviews conducted for this report reveal that foundation leaders' own understanding of public health has broadened over time. It is viewed as much larger than the work of federal, state, and local agencies. A leader from one national foundation defined public health as an "ecosystem with a broad set of actors" that includes "community-based organizations, advocates, nonprofits, and the health care system."

At the same time, interviewees frequently noted that public understanding of the term "public health" remains uneven. Foundations often use the term assuming shared understanding, yet the audiences they communicate with may have different interpretations. Debates about terminology within the field exacerbate this problem.

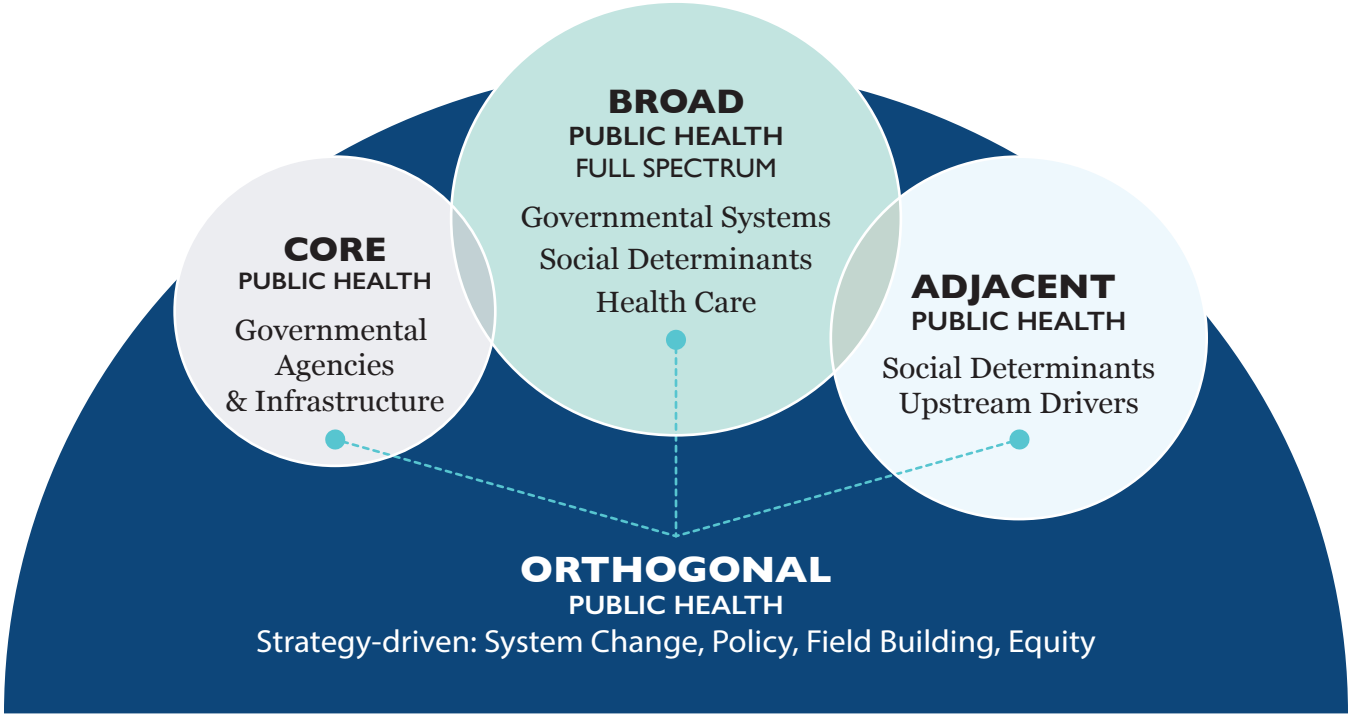
One foundation leader observed that disagreements about labels such as "social determinants of health," "social drivers," or "community conditions," are often substitutes for deeper debates about the underlying concept of public health and how it makes a difference in people's lives. As he explained, "the debate about what you call it might actually be a proxy for a discussion about the concept itself."

A Typology of Foundation Approaches to Public Health

Public health is a broad and evolving field. This is reflected in foundations' priorities and approaches to advancing health within their communities. As a framework for analysis, the 25 foundations in this scan are grouped into four high-level orientations based on primary focus in public health.

1. **Core Public Health:** Foundations focused primarily on governmental public health agencies and infrastructure.
2. **Adjacent Public Health:** Foundations addressing social determinants of health and upstream drivers largely outside government agencies.
3. **Broad Public Health:** Foundations working across the full spectrum of public health, from governmental systems to social determinants and health care.
4. **Orthogonal Public Health:** Foundations guided by their strategic approaches rather than targeting specific public health issues.

FOUNDATION APPROACHES TO PUBLIC HEALTH



Most foundations operate across multiple issue areas, and the typology is heuristic rather than prescriptive. Still, it illuminates major differences in scope: relatively few funders invest deeply in governmental public health, while many center upstream conditions or adopt broad, cross-system approaches.

Themes Across Foundations' Public Health Orientations

Several cross-cutting themes emerged within foundations' public health orientations. First, the foundations in this scan use a broad, inclusive view of public health. Almost all funders described public health as encompassing far more than governmental agencies. Equity, economic conditions, and community power were commonly cited as integral to the public's health.

Second, governmental public health is acknowledged as foundational—but not widely funded. Funders recognize governmental public health's essential role as the backbone of population health. However, only a small subset of foundations actively invest in strengthening that system. Factors influencing this include philanthropic norms favoring nonprofit partners and the perceived rigidity of government systems. Additionally, the episodic and crisis-driven nature of government investments in public health complicates long-term collaboration.

Third, the foundations in this scan gravitate toward upstream issues with broad social relevance. Food systems, affordable housing, economic mobility, and community safety were recurring areas of interest. These issues often intersect with public health yet fall outside public health agencies' traditional mandates.

Another cross-cutting trend is that language and framing of public health matter. Many of the funders interviewed emphasized the need for more accessible, community-centered language. Terms like "population health," "social determinants," and "public health system" are meaningful within the field but can alienate or confuse broader audiences.

Finally, public health is increasingly seen as a cross-sector endeavor. The funders interviewed highlighted the importance of collaboration across education, workforce development, housing, justice systems, and the private sector. This reflects a growing acknowledgment that health is shaped by interconnected systems, not isolated programs.

Across the 25 foundations in this project, public health is widely understood as a broad, interconnected set of conditions and systems that shape community well-being. Most foundations operate within this larger conception of the "public's health," incorporating social determinants, equity, and systemic drivers of outcomes into their strategies.

At the same time, only a limited number fund governmental public health directly, even though many leaders view it as essential infrastructure. This distribution highlights a continuing gap: while philanthropy has embraced upstream conditions and systems change, the governmental public health system still receives relatively limited long-term support.

The typology presented here underscores both the diversity and the complexity of philanthropic engagement in public health. Understanding these orientations can help identify opportunities for alignment, partnership, and renewed investment in the systems that protect and improve the public's health.

EQUITY AS A GUIDING VALUE

Equity and public health are inextricably connected. The concept of health equity recognizes that improving health outcomes requires more than expanding services or strengthening health systems. It requires addressing the unequal social and economic conditions that shape who has the opportunity to live a healthy life. Today, equity functions simultaneously as a core value, a strategic framework, and a vision for the future of public health.

GIH defines health equity as ensuring that everyone has "a fair and just opportunity to achieve their highest level of health." This construct shapes how foundations understand their purpose, design strategies, and communicate with the communities they serve. It is both a fundamental value underlying the rationale for foundation activities and a summary of an aspirational future.

In recent years, national events have intensified public attention on questions of fairness, opportunity, and power. The COVID-19 pandemic revealed stark disparities in health outcomes across racial and socioeconomic groups, while the murder of George Floyd prompted a nationwide reckoning with structural racism and injustice. At the same time, debates over reproductive rights, education policy, and diversity initiatives have placed the language of equity at the center of political conflict. Within this environment, health foundations have continued to affirm their commitment to advancing equity while navigating increasingly complex social and political dynamics.

For many philanthropic organizations, equity serves as a guiding principle. It provides a framework for identifying populations that face the greatest barriers to health and for directing resources toward conditions that shape well-being beyond clinical care. In practice, this often means investing in issues such as housing stability, food access, economic opportunity, and community conditions that influence health outcomes.

[Equity] provides a framework for identifying populations that face the greatest barriers to health and for directing resources toward conditions that shape well-being beyond clinical care.

Translating Equity into Strategy

Even foundations that strongly embrace equity acknowledge its limitations in guiding resource allocation. Funders frequently face competing demands such as deciding among populations, issues, or geographies that all have urgent needs. Data can offer guidance on these complex questions, but it does not dictate solutions. Funders must interpret the meaning of fairness, decide what to prioritize, and balance competing needs. These judgments vary according to local context, community priorities, and organizational histories.

Equity is integrated into many foundations' community priorities. The leader of a state-wide community foundation described the challenge of maintaining strategic focus in an environment where needs are urgent and widespread saying, "Funders are going to be faced with how you maintain a targeted focus even when

everything is in flux." These tensions highlight an important reality of equity-driven philanthropy. While the principle provides a clear moral direction, translating it into concrete funding strategies often involves difficult trade-offs and judgments.

The complexity of applying equity becomes particularly visible when foundations must choose among different approaches within a single issue area. Decisions about whether to pursue broad improvements or targeted interventions can reflect different interpretations of fairness and impact. A leader with a regionally focused community foundation described this dilemma in the context of behavioral health funding. "Do we support efforts that put forward better parity around behavioral health care writ large? Or do we really zero in on behavioral health care for a specific community?" he posited. Both strategies aim to advance equity, yet they emphasize different paths toward achieving it.

The complexity of applying equity becomes particularly visible when foundations must choose among different approaches within a single issue area.

In practice, many foundations pursue a combination of these approaches. They support system-wide improvements while also investing in communities that have historically faced the greatest barriers to health. This hybrid strategy reflects an effort to balance fairness, effectiveness, and feasibility within the limits of philanthropic resources.

Language and Communication

Although equity is widely embraced as a guiding value, foundations vary in how they talk about the concept publicly. The term itself carries different meanings across communities and political contexts, and foundations often adapt their language to communicate more effectively.

Some foundations explicitly highlight equity in their mission statements and strategic plans, viewing the term as an essential way to acknowledge structural disparities and promote systemic change. Others use the word equity sparingly or not at all. This reflects the diverse social and political environments in which they operate, as well as judgments about how to communicate in ways that resonate with local communities. As one foundation leader from a conservative area noted, "The language that we use in public health around health equity doesn't always resonate in conservative rural communities...and it's not the way the communities talk to us about who they are and what they need." Similarly, a foundation leader in the Mountain West explained, "health equity is in our DNA, but it's not in our framing." These foundations practice equity without naming it. They are doing their work consistent with the culture of their communities and by focusing on relationships and outcomes.

"The language that we use in public health around health equity doesn't always resonate in conservative rural communities…and it's not the way the communities talk to us about who they are and what they need.

Several organizations have invested in research to better understand how communities interpret terms such as "health equity." These

efforts often reveal that people broadly support the underlying concept of fairness in health outcomes even if they are less familiar with the specific terminology. The leader of a foundation in a Southern state explained, "We learned that people are supportive of striving toward health equity, so there's support for the concept." Recognizing that equity has become much more polarized, the initiative is "focused on introducing the concept using more easily understood language to [engage the public] in this broader body of work."

Navigating a Politicized Environment

Growing politicization around equity has added another layer of complexity to these discussions and created challenges for organizations seeking to advance these ideas across diverse communities. Despite this environment, many foundation leaders emphasize that the underlying goals of equity—fairness, opportunity, and improved health outcomes—continue to resonate widely when framed in accessible terms.

> **"We have to figure out how to thoughtfully engage in conversations about health equity…which is really a conversation about race.**

Many of the foundation leaders interviewed reflected on the need for thoughtful engagement around these issues. One interviewee noted that conversations about health equity often intersect with the nation's most difficult discussions about race and inequality. As he observed, "We have to figure out how to thoughtfully engage in conversations about health equity…which is really a conversation about race." These comments underscore the complexity of advancing equity in public health. Addressing disparities requires acknowledging the structural and historical forces that produced them, yet doing so can also provoke political resistance.

An Enduring Commitment

Despite these challenges, the foundations interviewed for this project consistently emphasized that equity remains central to their work. For many, it is embedded in institutional values and strategic frameworks. It guides decisions about partnerships, program design, and resource allocation.

Across the field, foundations vary in how they communicate and implement equity, reflecting the diverse communities and political environments in which they operate. Some highlight the concept explicitly, while others embed it more quietly within broader efforts to improve health and well-being. Yet the underlying commitment remains consistent. Equity provides a lens for understanding why health disparities persist and how philanthropic investments can help address them. By focusing attention on fairness, opportunity, and the conditions that shape health, foundations continue to view equity as essential to improving the public's health and strengthening communities across the country.

GROUNDED IN DATA

Public health has long been grounded in research and evidence. Data shape how leaders understand community health, identify disparities, and design strategies to address them. For health foundations in particular, reliable data are essential for assessing needs, setting priorities, allocating resources, and evaluating the impact of their investments. Across the philanthropic organizations examined in this project, data serve not only as a tool for measurement but also as a foundation for strategic decisionmaking and accountability.

Data serve not only as a tool for measurement but also as a foundation for strategic decisionmaking and accountability.

Yet the nation's public health data infrastructure is facing growing threats. Recent federal actions have included removing datasets from agency websites, eliminating key sociodemographic variables from existing datasets, and scaling back or halting data collection on certain public health issues. These developments have raised serious concerns among both public health practitioners and philanthropic leaders about the future availability and reliability of the information that underpins public health practice.

For foundations working to improve population health, these developments are troubling because their work depends heavily on access to high-quality information. Funders routinely draw on a wide range of national and local data sources, including federal surveys such as the National Health Interview Survey and the National Health and Nutrition Examination Survey, as well as youth surveillance systems, census data, state vital statistics, and community health needs assessments. Changes to federal data collection systems therefore have the potential to ripple across the entire public health ecosystem.

Data as a Core Foundation Value

The importance of data to philanthropic decisionmaking emerged repeatedly in interviews conducted for this study. Foundation leaders consistently emphasized that a public health approach requires grounding strategy in evidence and measurable outcomes.

Data-driven decisionmaking is central to many foundations' identity. "Because we use a public health lens, that means we're going to be data-driven in our decisionmaking," said one leader. "I think that's our brand identity…that's how people understand who [the foundation] is and the particular role we play within the local philanthropic landscape."

Other foundations have embedded similar commitments into their program design. The Foundation for Opioid Response Efforts (FORE), which focuses on addressing the nation's opioid and drug overdose crisis, relies heavily on research and data to guide its work. Foundation staff continually assess the quality, sources, and timeliness of available information before determining how to act. "Data really drives all the pillars of public health," a leader explained, noting that their team regularly asks questions such as: "Where's the data coming

from? How good is the data? How old is the data? Do we still have data?" This type of rigorous questioning reflects the broader ethos of public health practice. Effective interventions depend on understanding both the scope of a problem and the evidence supporting potential solutions. As the leader emphasized, foundations must continually ask whether the available evidence supports the strategies they pursue and whether new information suggests the need for adjustments.

Effective interventions depend on understanding both the scope of a problem and the evidence supporting potential solutions.

Data as a Driver of Strategy

Beyond informing day-to-day decisionmaking, data also play a central role in shaping long-term philanthropic strategy. Several foundations included in this study have developed their own analytical tools to better understand community conditions and identify areas of greatest need.

One example comes from the St. David's Foundation in Texas, which makes "data-driven decisions aligned with evidence, strategy, and community voice" (St. David's Foundation 2025a). The foundation's learning and evaluation team created the Central Texas Health Equity Index to guide its geographic investments. The index uses zip-code-level socioeconomic indicators that correlate with health outcomes to map areas of highest need across the region. These "health equity zones" help determine where the foundation focuses its resources and partnerships. A foundation leader explained the reasoning behind the tool: "It's the non-medical drivers of health being measured and then weighted in a way that is scientifically shown to correlate with outcomes, and that's driving where we're working now."

"It's the non-medical drivers of health being measured and then weighted in a way that is scientifically shown to correlate with outcomes, and that's driving where we're working now.

Other foundations have applied similar approaches in different contexts. Recognizing the varied challenges across the state's largely rural landscape, The Endowment for Health in New Hampshire used data to identify municipalities where needs are most acute. These communities face high levels of poverty as well as challenges such as food insecurity and lack of safe housing. Data-driven insights shape conversations with local residents to identify priority issues and how to address them (Hill Walker 2025).

Foundations also use data to determine where to concentrate long-term investments. The Montana Healthcare Foundation relied on statewide and county-level health statistics to guide its early strategic decisions. Those data revealed significant health disparities affecting tribal communities. "It was very clear from looking at our health statistics that working with tribes was going to be a big part of what we did," a foundation leader explained. The W.K. Kellogg Foundation selected Michigan, Mississippi, New Mexico, and New Orleans as regions for sustained engagement based in part on indicators of child well-being, educational attainment, and economic conditions. These metrics helped identify communities experiencing the most persistent disparities, where long-term philanthropic commitment could make the greatest difference (W.K. Kellogg Foundation 2025).

Data for Learning and Organizational Improvement

Foundations rely on data to learn from their own work and improve their effectiveness over time. Many have established internal learning and evaluation teams responsible for assessing program outcomes, conducting research, and facilitating reflection among staff.

The Colorado Health Foundation provides a strong example of this approach. Its learning and evaluation team regularly reviews program outcomes, conducts after-action assessments, and helps program staff refine strategies based on what they have learned. This culture of reflection encourages experimentation while ensuring that lessons from previous efforts inform future initiatives. The foundation's vice president of community investments described the organization's willingness to engage in continuous learning: "We're very comfortable with doing an after-action review, asking what worked, what didn't, what would we do differently?"

"We're very comfortable with doing an after-action review, asking what worked, what didn't, what would we do differently?

Other foundations explicitly link their equity commitments to empirical analysis. Leaders at organizations such as the Blue Shield of California Foundation emphasize that efforts to reduce disparities must be grounded in rigorous analysis of data on race, geography, and social conditions. This emphasis on evidence helps ensure that equity initiatives remain focused on outcomes rather than abstract goals.

Threats to the Public Health Data Infrastructure

Despite the central role that data play in health philanthropy, many leaders expressed concern about the future of the nation's data infrastructure. Disruptions in federal data collection and reporting have raised fears that key information could become less available or less reliable over time.

These concerns extend beyond philanthropy to the broader public health community. Universities, professional associations, and nonprofit organizations are beginning to explore ways to preserve and collect critical health data. Collaborative initiatives are emerging to fill data gaps and ensure that policymakers and practitioners continue to have access to reliable information. For example, the Northeast Public Health Collaborative, a voluntary, multi-state regional coalition established in 2025 to coordinate evidence-based health policies, is supported by CDC Foundation, de Beaumont Foundation, and Kresge Foundation among others.

Without reliable data, it becomes far more difficult to identify emerging health threats, allocate resources effectively, or evaluate the success of public health interventions.

These developments highlight the broader stakes involved. Without reliable data, it becomes far more difficult to identify emerging health threats, allocate resources effectively, or evaluate the success of public health interventions.

The Essential Role of Evidence

Across the foundations examined in this project, the central message is clear: data remain the backbone of effective strategies. They provide the evidence needed to understand complex problems, guide resource allocation, and measure progress over time.

Foundations depend on data not only in making their investments but also to ensure that their work responds to real community needs. From identifying geographic disparities to evaluating program outcomes, evidence informs every stage of the philanthropic process.

From identifying geographic disparities to evaluating program outcomes, evidence informs every stage of the philanthropic process.

As the public health landscape evolves, maintaining access to reliable data will remain critical. Foundations recognize that without robust data systems, their ability to pursue evidence-based strategies—and to improve the public's health—would be significantly diminished. For this reason, many philanthropic leaders now view protecting and strengthening the nation's public health data infrastructure as an essential part of advancing population health.

COMMUNICATIONS AS A CORE STRATEGY FOR PUBLIC HEALTH

In today's information environment, communication is no longer a supporting function of public health—it is a central strategy for improving health outcomes and rebuilding trust. The COVID-19 pandemic, combined with the politicization of science and the rapid spread of misinformation, puts individuals at greater risk for poor health decisions, inhibits our country's ability to address public health crises, and exacerbates existing inequities. In response, many health foundations are investing more intentionally in communication strategies.

Information alone, however, is not sufficient to change behavior or build trust. The co-founder of the Information Futures Lab at the Brown University School of Public Health, summarized the challenge succinctly: "Information is a social determinant of health." Yet she also cautions that facts by themselves rarely persuade. In her words, "relationships trump facts every time" (Friedhoff 2025).

This perspective reflects the growing understanding that communication must be grounded in relationships and trust. Foundations increasingly recognize the opportunity to strengthen health information ecosystems. They are working to build trust through consistent relationships, active listening, and a visible presence. Without this groundwork, even the best research or data is unlikely to resonate with the public.

The primary challenge facing public health communicators is not simply the spread of misinformation but also a profound disconnect between how experts and the public understand public health. Research suggests that many Americans view health primarily as the result of individual choices rather than environmental and systemic conditions (Frameworks 2025). This perspective can make it difficult to communicate the importance of broader public health interventions. Another barrier is the use of technical language and professional jargon that can alienate the public. Even when public health experts present accurate information, the message may fail to resonate if it is not accessible or culturally relevant. As a result, foundations are increasingly investing in communications infrastructure that emphasizes clarity, storytelling, and dialogue.

Relationships as the Foundation of Communication

Strong partnerships are essential to this work. For health foundations, communication is closely tied to how they build and sustain relationships with communities, grantees, and peer organizations. These relationships require time, humility, and a willingness to share power with local partners.

The leader of a state-wide foundation in the Mountain West emphasized the importance of community ownership when designing public health initiatives. "It's about really building relationships with

For health foundations, communication is closely tied to how they build and sustain relationships with communities, grantees, and peer organizations.

communities and understanding better what the needs are," he explained. "If you're going to do work and have it stick, the community has to own it."

In practice, this approach often involves extensive listening and collaboration. The leader of a national foundation highlighted the importance of convening grantees and partners to exchange ideas and share lessons. These gatherings not only strengthen relationships but also help build a broader network of organizations working toward common public health goals. As she noted, "On the big picture for the foundation, building that network and the convening are really important."

Partnerships also extend beyond local communities to collaboration among foundations themselves. One example is the Public Health Communications Collaborative, launched during the COVID-19 pandemic with support from several major health funders. The collaborative provides public health professionals with messaging guidance, training, and communications tools, helping strengthen national capacity for effective health communication (Public Health Communications Collaborative 2025).

Strengthening Local and National Information Ecosystems

Many foundations are also investing directly in the information systems that shape how communities receive and understand health information. These efforts include partnerships with media organizations, support for community journalism, and initiatives designed to amplify credible local voices.

Place-based foundations often focus on strengthening local information ecosystems. For example, St. David's Foundation partnered with Austin Community Radio to launch *Health Talk*, a radio program and podcast. With community-driven content and discussions hosted by a family physician, it brings timely health information to Central Texas residents (St. David's Foundation 2025b).

Similarly, the Mid-Iowa Health Foundation has incorporated a significant communications component into UpLift, a basic income pilot in central Iowa. The project's coordination team, based at Drake University, hosted a series of community conversations on topics such as affordable housing and food security. Stories and videos from UpLift participants are also shared to educate the broader community on its impact (Mid-Iowa Health Foundation 2025). In addition, the foundation issues data-rich publications on community needs and public benefits. According to the leader of the foundation, these educational efforts may prove to be the program's most lasting contribution.

At the national level, foundations are also experimenting with strategies to strengthen the broader health information ecosystem.

At the national level, foundations are also experimenting with strategies to strengthen the broader health information ecosystem. For example, the Robert Wood Johnson Foundation's work includes ongoing focus group research, media partnerships, and investments in news outlets to ensure that timely, reliable health information reaches diverse audiences. The goal is to create what one leader described as an "ecosystem of accurate information that's able to proliferate." One foundation vice president explained the work as going from research to action to communication. "It's not about getting it in high impact journals. It's about getting it in use by the sectors and the systems that we're trying to change."

Communicating for Systems Change

Communication strategies can also influence the systems that shape public health. Foundations frequently translate research findings into accessible reports, briefs, and data visualizations that can inform decision-makers and the public. Working at the national level, the W.K. Kellogg Foundation and Robert Wood Johnson Foundation provide support for the Salus Populi judicial education program, which provided guidance and training to judges about the social determinants of health and their effect on litigants and on court cases (Salus Populi 2025). FORE co-sponsored a 2025 *Health Affairs* issue bringing visibility to research, analyses, and community perspectives on the opioid crisis. Dogwood Health Trust, Vital Strategies, and Kaiser Permanente also supported the issue. This type of partnership demonstrates how funders can shape national conversations using credible research platforms (Metz 2025).

State and regional foundations are pairing policy research with accessible briefs and fact sheets, ensuring that decisionmakers and the public receive clear, usable information. Montana Healthcare Foundation, for example, expanded its annual Medicaid analysis in 2025 with a report examining the economic effects of Medicaid expansion on American Indian communities. Fact sheets tailored to individual Tribes were also created (Montana Healthcare Foundation 2025a).

> **"For us, the role of philanthropy is to educate, to inform, and then support. We let the people who are doing the work lead.**

Other foundations use communications to help catalyze statewide policy reforms. The Fairbanks Foundation's multi-year focus on the opioid epidemic in Indiana and resulting reports sparked statewide activities, including quarterly meetings of a substance abuse disorder funders collaborative. A Fairbanks Foundation leader explained, "For us, the role of philanthropy is to educate, to inform, and then support. We let the people who are doing the work lead." Staying focused on evidence and avoiding direct involvement in the policy process yet affirming their role as a stimulus for change based on high quality information, strengthened the foundation's credibility and influence across Indiana.

Communication as a Strategic Driver of Health

Interviews for this project affirmed that communications needs to be treated as a strategic driver of health equity and trust and understood to be a core strategy to improve the public's health. Foundations must build and maintain relationships; invest in credible, community-centered messaging; support media and research partners; and strengthen the broader public health information ecosystem. The challenges ahead make this work both harder and more urgent. But these foundation examples illustrate a field responding creatively and using information as a tool for shaping healthier, more resilient communities.

THE RISE OF SYSTEMS THINKING IN HEALTH PHILANTHROPY

Across the foundations examined in this study, a systems perspective has become a defining feature of strategy. This approach reflects a growing understanding that health outcomes are shaped by complex, interconnected factors and that meaningful, sustained improvement requires influencing the broader systems that structure daily life.

Systems thinking offers a way to understand how health care, housing, economic opportunity, education, and public policy interact to shape population health

At its core, systems thinking offers a way to understand how health care, housing, economic opportunity, education, and public policy interact to shape population health. It aligns closely with the field's embrace of the social determinants of health and has prompted foundations to engage more deeply in policy, advocacy, and cross-sector partnerships.

This shift also reflects a broader evolution in how foundations conceptualize their role. Moving beyond short-term grant cycles, many now aim to influence structural conditions over extended time horizons. As a leader from a regional community foundation explained, this requires expanding the definition of care itself, "We need to think about: what are the systems of care? Not just medical care, but systems that offer different kinds of care to keep people healthy."

Similarly, the leader of a local foundation in the Southwest emphasized the dual focus on immediate needs and long-term change. "We focus on removing barriers to better living today and changing systems and conditions to improve outcomes for a healthier community tomorrow," he noted. These perspectives underscore how systems thinking is reshaping the practice of philanthropy.

Strengthening Public Health Systems

One of the most prominent applications of systems thinking is the effort to strengthen governmental public health infrastructure. The de Beaumont Foundation provides a clear example of this approach. Its work spans multiple strategies including policy development, partnerships, communications, and leadership initiatives aimed at strengthening public health systems at local, state, and national levels (de Beaumont 2025). Programs such as the BUILD Health Challenge and the Public Health Interests and Needs Survey reflect collaborative efforts to build capacity across the field. By aligning multiple strategies within a single system, the foundation has demonstrated the value of mutually reinforcing investments.

State-level initiatives further illustrate how systems-focused philanthropy can drive structural change. The Montana Healthcare Foundation has invested in strengthening tribal health services, behavioral health systems, and school-based care. Its support for the Montana Public Health Institute has enabled local health

departments to access additional resources and pursue national accreditation, while initiatives like the Confluence Public Health Alliance have helped align public health stakeholders across the state.

The Missouri Foundation for Health has taken a similar approach, commissioning research to evaluate the state's COVID-19 response and identify opportunities for improvement. The findings have informed efforts to strengthen infrastructure and address persistent public health challenges (Montana Healthcare Foundation 2025b). The foundation also seeks to effect systems change through its work on critical public health issues such as food access, firearms violence prevention, infant mortality, and Medicaid expansion among others.

Indiana offers a particularly striking example of systems change in action. The Richard M. Fairbanks Foundation funded research that informed the work of the Governor's Public Health Commission, ultimately contributing to a dramatic increase in state public health funding. In 2023, Indiana expanded its investment by 1,500 percent and implemented a new funding model for local health departments, demonstrating how philanthropic investments in research and planning can catalyze large-scale policy reform (Menachemi 2024).

Extending Systems Thinking Beyond Public Health

While strengthening governmental systems remains a priority, many foundations are also applying systems thinking to issues beyond traditional public health boundaries. This broader approach reflects the recognition that health is shaped by multiple, interconnected systems.

The Anchorum Foundation exemplifies this strategy through its focus on housing. By analyzing community-level data, the foundation identifies systemic barriers and invests in solutions that operate at scale. In 2024, it committed $15.5 million to expanding affordable housing in New Mexico, including investments in organizations such as Homewise and Native Community Capital (Anchorum 2025). These efforts highlight how systems thinking can address structural inequities. For example, housing systems on tribal lands operate under distinct legal and financial frameworks, often making homeownership more difficult. By combining financial investments with training and technical support, Anchorum is working to address both the structural and practical dimensions of this challenge.

These efforts highlight how systems thinking can address structural inequities. For example, housing systems on tribal lands operate under distinct legal and financial frameworks, often making homeownership more difficult.

Another example comes from the CDC Foundation, which applies a systems approach to addressing the nation's drug overdose crisis. Through the Overdose Response Strategy, the foundation supports collaboration between public health and public safety agencies, enabling communities to share data and respond more effectively to emerging threats (CDC Foundation 2022). As a foundation leader explained, the program is designed to "establish early warning signs and prevention strategies" while helping communities develop local solutions to reduce overdoses.

Similarly, the United Methodist Health Ministry Fund uses administrative advocacy to influence how government programs operate in practice. By working closely with policymakers and administrators, the foundation seeks to shape implementation decisions that affect health outcomes on the ground. This approach highlights

how systems change can occur not only through legislation but also through the day-to-day functioning of public programs.

Navigating Complexity Across Systems

While systems thinking offers powerful opportunities for impact, it also introduces significant complexity. Many health challenges intersect with multiple systems, making it difficult for foundations to determine where to focus their efforts.

The Blue Shield of California Foundation illustrates this dynamic. Known for its work on domestic violence prevention, the foundation also invests in public health initiatives. A leader described the challenge of balancing these priorities, noting that domestic violence intersects with housing, economic opportunity, and community safety. "What is that right balance?" he asked, highlighting the difficulty of navigating multiple systems while maintaining strategic focus.

> "The central theme in all our work is that it's community driven.

This complexity is further shaped by geography. Local and regional foundations often organize their work around specific community needs, while national foundations may operate across broader systems. The Colorado Health Foundation, for example, balances statewide initiatives with place-based strategies guided by community input. As one leader explained, "the central theme in all our work is that it's community driven."

Building a Philanthropic Ecosystem

A systems perspective also extends to philanthropy itself. As the number of health-focused foundations has grown, relationships among them have become increasingly important. Collaboration, shared learning, and coordinated strategies can amplify impact and strengthen the field as a whole.

Collaboration, shared learning, and coordinated strategies can amplify impact and strengthen the field as a whole.

Organizations such as FORE are helping to build this ecosystem by sharing expertise with emerging foundations, particularly those managing opioid settlement funds. Meanwhile, the Anchorum Foundation is investing in community foundations across northern New Mexico, supporting local leadership and aligning regional strategies. These efforts highlight the importance of building connections across organizations. Whether through formal partnerships or informal networks, a strong philanthropic ecosystem can enhance the ability of foundations to respond to complex public health challenges.

A Long-Term Commitment to Systems Change

The rise of systems thinking signals a fundamental transformation in health philanthropy. Foundations are increasingly committed to long-term strategies that address structural barriers to health, recognizing that meaningful change requires sustained effort and collaboration.

By focusing on the interconnected systems that shape health, philanthropy is positioning itself to address root causes rather than symptoms.

Systems change is inherently complex and often unfolds over extended periods. It requires partnerships across sectors, alignment among stakeholders, and a willingness to adapt strategies as conditions evolve. Yet despite these challenges, foundations are embracing systems thinking as a pathway to greater impact.

By focusing on the interconnected systems that shape health, philanthropy is positioning itself to address root causes rather than symptoms. In doing so, health foundations are not only responding to current challenges but also helping to build a more resilient and equitable public health landscape for the future.

THE FUTURE OF PUBLIC HEALTH PHILANTHROPY

Public health institutions have been fundamentally upended by the current administration, resulting in turmoil that philanthropic and public health leaders predict will not subside soon. The administration's actions are undermining basic science, weakening governmental public health agencies, and damaging community-based organizations that do public health work. Additionally, actions by policymakers in many states are reinforcing the erosion of basic public health principles and practices.

The consequences of the attacks on public health will unfold over time. Reductions in funding for the CDC and revisions to vaccine guidance, for example, will reverberate across states in the near term. Other consequences, like a weakened ability to respond to disease outbreaks and increased health inequities, will become visible in the medium and long term. Several funders interviewed stressed the urgent need to defend governmental public health. The leader of a regional foundation in the Midwest remarked, "There's too much that rides on a functional public health system…we can't just look at the long game at this point, because the short game is just too vital to our country."

At the same time, funders face a fundamental strategic tension. Should health foundations emphasize strengthening governmental public health, or should they focus on community-based approaches to improving the public's health? Both are important and either one may make sense depending on the context in which a foundation operates. The leader of a national public health organization captured this complexity, saying: "Governmental public health has core functions…that other sectors or nongovernmental entities don't have. But the governmental public health system can't achieve the goal…without the nongovernmental arm. It has to work in partnership, and that's actually a strength."

"Governmental public health has core functions… that other sectors or nongovernmental entities don't have. But the governmental public health system can't achieve the goal…without the nongovernmental arm. It has to work in partnership, and that's actually a strength."

Responding in Real Time

In the face of immediate challenges, foundations are already adapting their strategies. They are working closely with partners to minimize the impact of funding cuts and policy changes. These responses vary by region and organizational mission, but they share a common focus on protecting essential services and supporting vulnerable communities. The Missouri Foundation for Health, for example, has focused on helping state and local health departments clarify their core functions and communicate their importance to the public. The Colorado Health Foundation is investing in legal protections for nonprofits, supporting immigrant communities, and strengthening alternative media sources to counter misinformation. Efforts such as these reflect a

broader recognition that philanthropy must be both responsive in the short term and begin considering what a longer-term response should look like.

The interviews conducted for this study identified three interconnected priorities for foundations seeking to strengthen public health in the years ahead. Each holds opportunities for funders regardless of their approach to advancing health.

- **Develop a shared framework:** Invest in a clear, accessible description of "what public health is" for today's context.
- **Invest in data and tracking:** Strengthen data capacity to monitor public health outcomes, system changes, and foundation contributions.
- **Rebuild trust through communication:** Support efforts to build trust with communities, counter misinformation, and strengthen public understanding of both public health and philanthropy.

Priority 1: Developing a Shared Framework

The need for a shared framework arises from the absence of a concise and compelling way to describe public health to the American public. As the leader of a national public health organization noted, "We as a field have not yet developed a succinct and effective way of describing what public health is, and recognizing that is a shortcoming for our field." She continued, "having philanthropy engaged and doing so in partnership with the [nonprofit] community would be critical for our field to meet the goals of public health." This is not about finding the best academic definition of public health; it's about finding agreement on a way of describing what public health is.

> "We as a field have not yet developed a succinct and effective way of describing what public health is, and recognizing that is a shortcoming for our field.

The first section of this report captured the range of how foundations think about public health. Their views are grounded in unique community contexts and organizational strategies. Any broader collective understanding of what public health means should include common language that can guide communication, collaboration, and policy engagement. It should foster an understanding among organizations that can allow them to go in different directions while simultaneously providing some level of coordination. One foundation leader offered a north star to guide the work of creating a shared framework: "What is the value proposition for public health among the general public? How do people understand what public health is?"

Importantly, interviewees stressed that governmental public health agencies must remain central to this framework. These institutions serve as the backbone of the system, responsible for essential services and uniquely positioned to coordinate responses to public health threats. As a leader with a foundation in the Mountain West put it, "Public health is always the most on the ground of any city government department, and usually the most committed to equity." At the same time, a shared framework must also recognize the critical role of community-based organizations and cross-sector partnerships in shaping health outcomes.

Priority 2: Investing in Data and Tracking

Reliable data are essential for understanding how policies and programs affect communities, particularly in a rapidly changing environment. Recent analyses describe the sharp decline in the capacity of federal statistical agencies, underscoring the importance of research and data work for tracking the public's health (Trust for America's Health 2025; Gibney 2025; Farrell 2025). The second priority posed in this report is investing in data and tracking, specifically strengthening the infrastructure to monitor public health outcomes, system changes, and foundation contributions.

Interviewees suggested that foundation commitments to build and sustain the infrastructure needed to monitor what is happening across states and communities are essential.

Interviewees suggested that foundation commitments to build and sustain the infrastructure needed to monitor what is happening across states and communities are essential. This includes tracking shifts in population health outcomes as well as documenting disparities. Health outcomes, noted a leader from a national public health organization, can be measured "at the city, town, region, and state levels," providing insights into how different communities are affected by policy and environmental changes. Using data is second nature for health foundations. As one foundation leader commented about the future, "We should stay true to how we work. We're driven by the data—where are the gaps? The populations that need help? How do we infuse data into policy discussions?"

Beyond tracking outcomes, interviewees also pointed to the importance of documenting the breadth of foundation activities. Understanding how foundations are investing in public health—and what impact those investments are having—could promote more effective learning and coordination. Some leaders saw value in a national platform or coordinating body to aggregate and share this information, enabling greater transparency and collaboration. The leader of a national public health collaborative pointed to multiple models of community public health work supported by foundations that could benefit from shared learning, especially as funding cuts force changes and new alignments to the existing array of community public health partnerships.

Priority 3: Rebuilding Trust Through Communications

The third priority, communications to build trust and understanding, was strongly emphasized by interviewees. Communications should be grounded in a shared understating of public health and informed by tracking data. Trust, many leaders noted, is both fragile and essential. Without it, even the most well-designed public health interventions may fail to achieve their intended impact.

Traditional public health practices are not meeting the current moment. But philanthropy can build on progress happening at the community level. Recent research found that local health departments have done a better job than state and federal health agencies in regaining public trust after the COVID-19 pandemic (Melchinger 2025). A leader from a national foundation, who previously served as a city and county health official, reinforced these findings with his own experience, "The trust was local and regional; that's the pathway for trust-building."

Communication efforts must also extend beyond communities to include policymakers, media organizations, and cross-sector partners. "We have to meet the moment," one leader said, warning that failure to communicate clearly risks losing the opportunity to rebuild credibility. Interviewees emphasized education, narrative change, and community dialogue as essential tools. All of this work, however, is happening in a complex, tumultuous, and contentious media environment.

Collaboration as the Path Forward

The priorities described above build on philanthropy's strengths and contain opportunities that a wide range of foundations can support regardless of their orientation. As evidenced by this report, health foundations across the country are doing excellent work to improve the public's health. They are not yet an effective ecosystem, but they constitute a field that has the potential to act together at this critical moment for public health. These priorities, however, require skills and practices where health philanthropy does not have a strong track record: effective, systemic inter-organizational collaboration.

Funders must connect with and learn from each other, to better understand what each other is doing, and to be explicit about their own activities.

Across interviews, a call for health foundations to do a better job of collaborating became clear. Philanthropy has traditionally valued independence, but the scale and complexity of the current challenges require new practices. Funders must connect with and learn from each other, to better understand what each other is doing, and to be explicit about their own activities. Whether described as collaboration, coordination, or collective action, these relationships are essential for aligning strategies and amplifying impact. Developing these field-level capacities will be essential to achieve the priorities articulated in this report.

At the same time, collaboration presents its own challenges. Foundations differ in size, geography, governance, and strategic focus, making sustained coordination difficult. Yet many leaders expressed a strong desire to overcome these barriers, recognizing that no single organization can address the challenges facing public health alone.

Looking Ahead

Taken together, these priorities point toward a future in which collaboration plays a much larger role in health philanthropy. Foundations have traditionally valued independence and flexibility, but the scale of today's public health challenges may require new forms of partnership and coordination.

The leaders interviewed for this study believe that stronger connections among foundations, public health organizations, and community partners can strengthen public health and position it to respond more effectively as future challenges emerge.

Foundations have traditionally valued independence and flexibility, but the scale of today's public health challenges may require new forms of partnership and coordination.

Greater transparency, shared learning, and coordinated strategies may allow philanthropy to amplify its collective impact.

If philanthropy can strengthen collaboration, rebuild trust, and invest in long-term systems change, it may help lay the groundwork for a healthier and more resilient future.

Although the road ahead is uncertain, many foundation leaders remain cautiously optimistic. The current crisis, they argue, could also serve as a catalyst for innovation and renewed commitment to the principles of public health. If philanthropy can strengthen collaboration, rebuild trust, and invest in long-term systems change, it may help lay the groundwork for a healthier and more resilient future. The challenges facing public health are significant, but they also create opportunities for innovation, alignment, and renewed commitment.

By developing a shared framework, investing in data and tracking systems, and strengthening communication and trust, health philanthropy can help stabilize and build an effective public health system for the future. Perhaps most importantly, by embracing connection and working collectively, foundations can position themselves to meet the demands of this moment. As one foundation leader asked, "How can we use this as an opportunity to envision something better…that the nation truly deserves?" If philanthropy can rise to that challenge, it may help lay the groundwork for a more resilient, equitable, and effective public health system in the years ahead.

REFERENCES

Alliance Healthcare Foundation, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, June 13, 2025.

Anchorum Foundation. *Anchorum Health Foundation Invests More Than $15 Million in Affordable Housing Efforts*. Santa Fe, NM: February 5, 2025.

Anchorum Health Foundation, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, May 30, 2025.

American Public Health Association, staff interview with Robert Hughes for *Philanthropy's Role in Advancing the Public's Health: Current Approaches and Opportunities for the Future*, July 22, 2025.

American Public Health Association. "What Is Public Health?" Accessed October 14, 2025. https://www.apha.org/what-is-public-health.

Bloomberg Philanthropies, staff interview with Robert Hughes for *Philanthropy's Role in Advancing the Public's Health: Current Approaches and Opportunities for the Future*, July 29, 2025.

Blue Cross and Blue Shield of North Carolina Foundation, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, June 2, 2025.

Blue Shield of California Foundation, staff interviews with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, June 5, 2025.

CDC Foundation, staff interviews with Robert Hughes for *Philanthropy's Role in Advancing the Public's Health: Current Approaches and Opportunities for the Future*, July 1, 2025.

CDC Foundation. *CDC Foundation Advances Overdose Response Strategy with Nationwide Support*. Atlanta, GA: February 13, 2022.

The Colorado Health Foundation, staff interviews with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future,* July 28, 2025.

de Beaumont Foundation, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, May 27, 2025.

de Beaumont Foundation. "About Us: Mission." Accessed October 23, 2025. https://debeaumont.org/about-us/.

Endowment for Health, staff interviews with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, June 6, 2025.

Farrell, Rosemary, and Katherine Hartley. "What's at risk when we lose public access to data and information," *HealthBeat*. September 4, 2025.

Foundation for Community Health, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, May 13, 2025.

Foundation for Opioid Response Efforts, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, June 2, 2025.

Frameworks Institute. "What Surrounds Us Shapes Our Health." Accessed 8, 2025. https://www.frameworksinstitute.org/issues/health/.

Friedhoff, Stefanie. Brown University School of Public Health. "Protecting the Public's Health: A Path to Healthier Information Ecosystems." Presentation at Grantmakers In Health 2025 Annual Conference on Health Philanthropy, New Orleans, LA, June 15, 2025.

Funder Forum on Accountable Health at George Washington University, staff interview with Robert Hughes for *Philanthropy's Role in Advancing the Public's Health: Current Approaches and Opportunities for the Future*, July 8, 2025.

Georgia Health Initiative, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, May 29, 2025.

Gibney, Victoria Hunter, and Cara Brumfield. *Federal Data Are Disappearing as Statistical Agencies Face Budget Cuts and Political Pressure*. Washington, DC: Center on Budget and Policy Priorities. September 29, 2025.

Grantmakers In Health, *2025 Strategy: Better Health for All through Better Philanthropy*, Washington, DC, 2021.

The Joyce Foundation, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*. July 14, 2025.

The Kresge Foundation, staff interview with Robert Hughes for *Philanthropy's Role in Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, May 28, 2025.

Melchinger, Hannah, Omer, Saad, and Amyn Malik. "Change in Confidence in Public Health Entities Among U.S. Adults between 2020-2024," *PLOS Global Public Health*, Vol. 5 No. 6, June 26, 2025.

Menachemi, N., Weaver, L., Caine, L., et al., "Indiana's Public Health Investment Holds Insights for Other States." *Health Affairs*. Vol. 43, No. 6 (June 3, 2024) 856-863.

Metz, Donald. "Insights About The Opioid Crisis." *Health Affairs*. Vol. 44, No. 9 (September 2, 2025) 1029-1212.

Mid-Iowa Health Foundation, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, May 22, 2025.

Mid-Iowa Health Foundation. UpLift – The Central Iowa Basic Income Pilot. Accessed October 9, 2025. https://www.midiowahealth.org/initiatives/basic-income-pilot-project.

Missouri Foundation for Health, staff interviews with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, May 12, 2025.

Montana Healthcare Foundation, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, April 29, 2025.

Montana Healthcare Foundation and ABMJ Consulting. *Economic Effects of Medicaid Expansion on Montana's Native Americans and Tribal Communities*. Bozeman, MT. 2025a.

Montana Healthcare Foundation. *Strengthening the Public Health System by Supporting Native American and County Health Departments*. Accessed December 5, 2025b. https://mthf.org/priority/strengthening-public-health/.

National Network of Public Health Institutes, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, July 9, 2025.

The New York Community Trust, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, May 6, 2025.

Public Health Communications Collaborative. "About Us." Accessed October 8, 2025. https://publichealthcollaborative.org/about/.

Public Health Institute, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, August 19, 2025.

Quantum Foundation, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, May 15, 2025.

Richard M. Fairbanks Foundation, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, June 9, 2025.

Rhode Island Foundation, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, May 1, 2025.

Robert Wood Johnson Foundation, staff interviews with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, July 11, 2025.

Salus Populi. "About Us." Accessed October 9, 2025. https://www.saluspopulisdoh.com/about-1-1.

St. David's Foundation, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, June 23, 2025.

St. David's Foundation. *Central Health Equity Overview: A Closer Look at Health Disparities in Central Texas*. Austin, TX. Accessed October 8, 2025. https://dashboards.mysidewalk.com/ctx-health-equity-overview.

St. David's Foundation. "Health Talk Radio Show Launches to Education and Uplift Central Texas Community." Accessed October 9, 2025. https://stdavidsfoundation.org/news-and-stories/health-talk-central-texas/.

Trust for America's Health. *Public Health Infrastructure in Crisis*. Washington, DC. September 2025.

Trust for America's Health, staff interview with Robert Hughes for *Philanthropy's Role in Advancing the Public's Health: Current Approaches and Opportunities for the Future*, August 6, 2025.

United Methodist Health Ministry Fund, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, May 23, 2025.

United Methodist Health Ministry Fund. *Updated Report Shows How 'One Big Beautiful Bill' will Impact Kansas*. *Hutchison*, KS: June 11, 2025.

W.K. Kellogg Foundation, staff interview with Robert Hughes for *Advancing the Public's Health: Current Philanthropic Approaches and Priorities for the Future*, May 5, 2025.

W.K. Kellogg Foundation. "Where We Work." Battle Creek, MI. Accessed November 20, 2025. https://www.wkkf.org/where-we-work/.

APPENDIX: FOUNDATIONS

Foundation	Location	Geographic Focus	Organizational Type
Alliance Healthcare Foundation	San Diego, CA	Regional	Private Independent
Anchorum Health Foundation	Santa Fe, NM	Statewide	Public Charity
Bloomberg Philanthropies	New York, NY	National	Private Independent
Blue Cross and Blue Shield of North Carolina Foundation	Durham, NC	Statewide	Corporate Foundation
Blue Shield of California Foundation	San Francisco, CA	Statewide	Corporate Foundation
CDC Foundation	Atlanta, GA	International	Public Charity
The Colorado Health Foundation	Denver, CO	Statewide	Private Independent
de Beaumont Foundation	Bethesda, MD	National	Private Independent
The Endowment for Health	Concord, NH	Statewide	Private Independent
Foundation for Community Health	Sharon, CT	Regional	Public Charity
Foundation for Opioid Response Efforts (FORE)	New York, NY	National	Private Independent
Georgia Health Initiative	Atlanta, GA	Statewide	Private Independent
Kresge Foundation	Troy, MI	International	Private Independent
Mid-Iowa Health Foundation	Des Moines, IA	Statewide	Private Independent
Missouri Foundation for Health	St. Louis, MO	Statewide	Social Welfare Organization
Montana Healthcare Foundation	Bozeman, MT	Statewide	Private Independent
Quantum Foundation	West Palm Beach, FL	Local	Private Independent
Rhode Island Foundation	Providence, RI	Statewide	Community/Public Charity
Richard M. Fairbanks Foundation	Indianapolis, IN	Statewide	Private Independent
Robert Wood Johnson Foundation	Princeton, NJ	National	Private Independent
St. David's Foundation	Austin, TX	Statewide	Private Independent
The Joyce Foundation	Chicago, IL	Regional	Private Independent
The New York Community Trust	New York, NY	National	Community/Public Charity
The W.K. Kellogg Foundation	Battle Creek, MI	International	Private Independent
United Methodist Health Ministry Fund	Hutchinson, KS	Statewide	Public Charity

GRANT MAKERS IN HEALTH

GIH.ORG