GRANT MAKERS IN HEALTH

Grantmakers In Health Funder Collaboration Survey Report

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INTRODUCTION

In a moment defined by drastic cuts to health and social services, disappearing public health data, increasing costs of health care, and resurgent infectious diseases, funders must act with unprecedented urgency and scale to protect the most vulnerable and preserve hard-won health gains. Meeting this crisis demands deep, authentic engagement with communities, strong collaboration among funders, and bold partnerships that extend beyond philanthropy. Health funders have mobilized during past emergencies, including the COVID-19 pandemic, the Medicaid unwinding, and climate-driven disasters, but the breadth and stakes of today's challenges eclipse anything in recent memory. Given the importance of partnerships to effective response, it is striking how little we know about funder collaboration and what strategies are most impactful.

As a result, Grantmakers In Health (GIH) conducted research to better understand health funder collaborations and related successes and challenges. In the first phase, GIH commissioned Davis Research to conduct a survey exploring health funders' partnerships with community-based organizations, other funders, and other sectors. The survey was conducted in March and April 2025 via an online questionnaire with telephone follow up. In the second phase, GIH conducted six in-depth interviews in September 2025 with funders who cited successes with their partnership approaches.

The sample size of the first phase consisted of 183 health funders, the majority being GIH Funding Partners. Sample characteristics including size of the organization, asset size, and type of funder are included in the graphic below:

FIGURE 1. SURVEY SAMPLE OVERVIEW

SIZE OF ORGANIZATION	
< 10 EMPLOYEES	51%
10 TO < 50 EMPLOYEES	32%
50+ EMPLOYEES	17%

ASSET SIZE	
< $200M	57%
$200M or more	37%
NOT SURE/PREFER NOT TO ANSWER	6%

GEOGRAPHIC FOCUS	
STATE/LOCAL	66%
NATIONAL (US)	11%
FEDERAL/MULTI-REGION	5%
INTERNATIONAL	5%
OTHER	13%

TYPE OF FUNDER	
PRIVATE FOUNDATION	62%
COMMUNITY FOUNDATION	6%
CORPORATE PHILANTHROPY	6%
PUBLIC GRANTMAKING CHARITY	14%
OTHER	12%

KEY FINDINGS

1. **The vast majority of funders participate in the three types of partnerships explored in the survey.** Ninety-six percent of funders surveyed collaborate with community organizations, 99 percent with other funders, and 80 percent collaborate with sectors outside philanthropy.
2. **While nearly all funders collaborate with community organizations, significantly fewer share power with them.** On a continuum of increasing community engagement (see Figure 2 below), 41 percent of funders placed themselves in the "collaborate" category, which involves community partnerships at each stage of a project and bi-directional communication. Eighteen percent of funders reported a "shared leadership" model, where final decisions are made at the community level. Similarly, 68 percent of funders involve community groups in priority setting, where only 37 percent involve community groups in funding decisions.
3. **Partnerships are considered important for addressing large-scale societal issues.** Sixty-three percent of funders who collaborate with other sectors listed addressing root causes of health disparities as a benefit of these partnerships. As one respondent shared, "it's [one] of the most powerful ways to make lasting systems change. Bigger changes are possible when many people and organizations work together toward a shared vision." Thirty-four percent of funders who collaborate with other funders feel that the primary benefit of such collaboration is addressing large-scale or systemic issues.
4. **Successful partnerships are often time-consuming, complex, and require flexibility.** Time is a major challenge of successful partnerships, especially with community-based organizations, where strengthening relationships and building trust often takes much longer than predicted. Flexibility is required for all involved as timelines, people, and outcomes often change. Several funders with a strong commitment to partnership viewed these challenges as acceptable tradeoffs to realize the benefits of long-term relationships.
5. **Effective partnerships require significant internal work.** Effective partnerships begin with cultivating a culture inside the funders' organization that values collaboration, is open to feedback from collaborators, understands how they are perceived in the community, and is willing to adjust internal processes to support shared efforts. Funders must also recognize their own limits so they can set clear expectations with others from the outset. Finally, strong partnerships require an ongoing commitment to listening and learning, systems for gathering partner input, and the flexibility to adapt as new insights emerge. Again, funders who engage in deep partnerships consider this work as a necessary part of partnerships.

COLLABORATION WITH COMMUNITY ORGANIZATIONS

Nearly all (96 percent) of respondents reported funding or working with community organizations, with little variation by asset size or type of foundation. Respondents were asked to locate their organizations on the Community Engagement Continuum (Principles of Community Engagement, U.S. Department of Health and Human Services 2011). The continuum portrays five increasing levels of community involvement as shown in the graphic below:

FIGURE 2. COMMUNITY ENGAGEMENT CONTINUUM

Increasing Level of Community Involvement, Impact, Trust, and Communication Flow

OUTREACH	CONSULT	INVOLVE	COLLABORATE	SHARED LEADERSHIP
Some Community Involvement *Communication flows from one to the other, to inform* Provides community with information. Entities coexist.	*More Community Involvement* *Communication flows to the community and then back, answer seeking* Gets information or feedback from the community. Entities share information.	*Better Community Involvement* *Communication flows both ways, participatory form of communication* Involves more participation with community on issues. Entities cooperate with each other.	*Community Involvement* *Communication flow is bidirectional* Forms partnerships with community on each aspect of project from development to solution. Entities form bidirectional communication channels.	*Strong Bidirectional Relationship* Final decision making is at community level. Entities have formed strong partnership structures.
Outcomes: Optimally, establishes communication channels and channels for outreach.	**Outcomes:** Develops connections.	**Outcomes:** Visibility of partnership established with increased cooperation.	**Outcomes:** Partnership building, trust building.	**Outcomes:** Broader health outcomes affecting broader community. Strong bidirectional trust built.

Source: Principles of Community Engagement, Second Edition, NIH Publication No. 11-7782. United States Department of Health and Human Services. Washington, DC: June 2011.

Forty-one percent of funders placed themselves in the "collaborate" category, which involves community partnerships at each stage of a project and bi-directional communication. Only 18 percent of funders reported a "shared leadership" model, where final decisions are made at the community level.

Community involvement takes various forms, including board membership, strategic committees, listening sessions, grant review committees, research participation, and participatory grantmaking. Funders were asked whether they included community groups in priority setting and decisions about funding. Sixty-eight percent of funders include community groups in priority setting, while 37 percent involve them in decisions about funding.

Funders reported various steps they have taken to build trust and establish relationships with communities, as seen below:

FIGURE 3. HOW FUNDERS BUILD TRUST WITH COMMUNITIES

Additionally, funders were asked to identify the top two factors necessary for fostering trust and mutual respect in partnerships with community stakeholders. The top two factors identified were open and transparent communication (46 percent) and acknowledgment of community expertise and leadership (38 percent).

Funders reported supporting community partners for a variety of initiatives, as shown below:

FIGURE 4. HOW FUNDERS SUPPORT COMMUNITY PARTNERS

Funders with assets over $350 million (81 percent) are more likely to support policy/advocacy than funders with assets under $50 million (60 percent). Similarly, larger funders (75 percent) are more likely to support research and evaluation by community organizations than smaller funders (49 percent).

Challenges to successfully engaging community groups were both internal and external. The greatest internal barriers include funder staff capacity (39 percent), competing organizational priorities (16 percent), board priorities or perspectives on community engagement (13 percent), among others. External barriers include the overburdened nature of community groups (44 percent) and the limited funding available to them (29 percent).

Respondents were asked to describe a success in partnering with community groups. The majority of respondents mentioned program-related achievements, including new programs, expanding access to pre-existing programs, and increased representation of community members in programs. Other successes included thought-leadership from community coalitions, policy or legislation changes, and bringing other funders to the initiative. Others cited internal changes to make grants more accessible and responsive to community needs.

EXAMPLES OF SUCCESSFUL COLLABORATIONS WITH COMMUNITY GROUPS

"… a mobile food bank … was so successful it led to a hunger-free coalition in that county. The key was that we provided the training for setting up the food pantry and mobile food bank … It started as a local food bank and now … has grown to an organization that covers the whole state and is a philanthropic organization of its own.

"Our (initiative) … was community-centered from the beginning, with listening sessions, surveys, etc. to gather input on priorities, a community-based committee to finalize priorities and establish strategies, and then to make funding recommendations to our board, which fully trusted the committee recommendations. We also used significant social and human capital to address the community priorities. And designed and funded a fellowship for resident leaders to strengthen their skills and knowledge.

"Trust-based transfer of 10 percent of our assets to community-led group in (area).

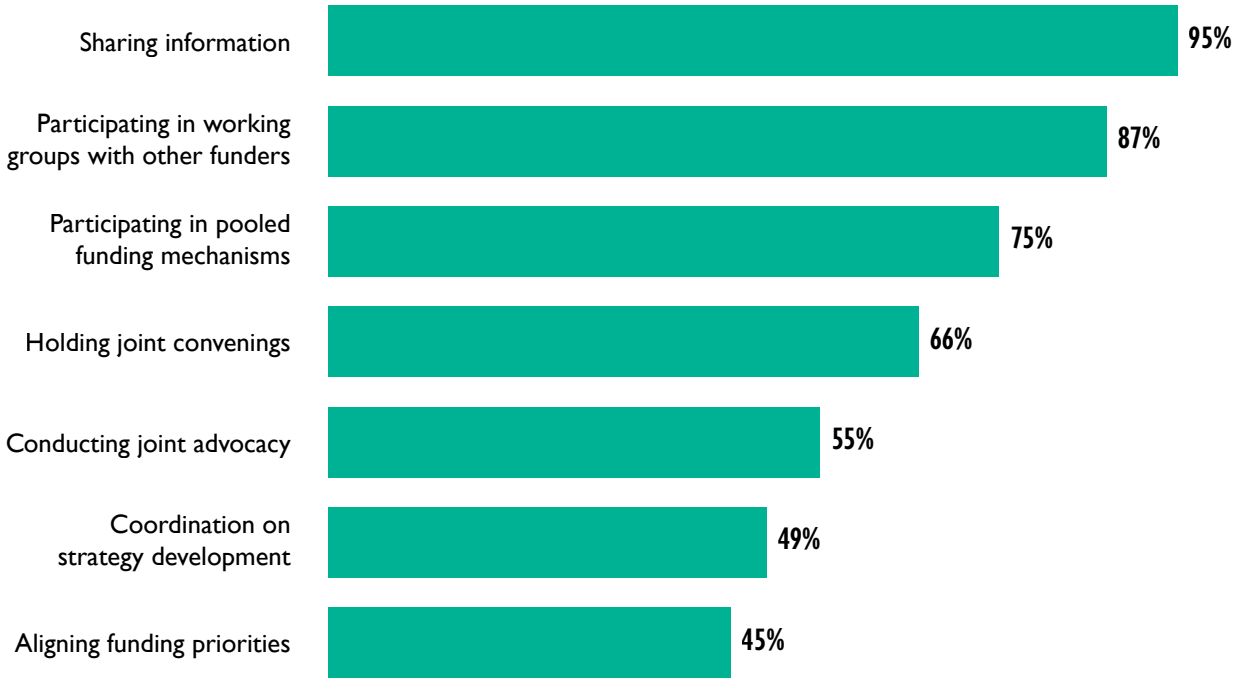
"Increased register voters by 60,000 … among citizens in zip codes with considerable disparities in voter registration and turnout.

COLLABORATION WITH OTHER FUNDERS

Almost all funders (99 percent) said they collaborate with other funders with frequency divided almost equally among very often (31 percent), often (35 percent), and occasionally (30 percent). The size of the funder was correlated with how often funders work with their peers. Sixty-nine percent of large funders (assets above $350 million) and 71 percent of mid-size funders ($50 million to $350 million in assets) report collaborating "very often" or "often" compared to 50 percent of smaller funders (assets under $50 million), who are more likely to collaborate only occasionally (44 percent)—a significant difference from both mid-size and large funders.

Like community collaborations, collaborations among funders take many forms as shown below:

FIGURE 5. FUNDER COLLABORATIONS



About a third of funders (34 percent) feel the primary benefit of funder collaboration is addressing large-scale or systemic issues. When asked about secondary benefits, three benefits were cited in almost equal proportions: building stronger networks and relationships within the philanthropic community (43 percent), leveraging expertise and knowledge of other funders (40 percent), and amplifying impact by pooling resources (39 percent). Expanding reach to underserved communities (31 percent) and reducing duplication of efforts among funders (31 percent) were also mentioned as secondary benefits of funder collaboration.

The most frequently reported challenges to funder collaboration include differences in funding strategies or approaches (58 percent), misalignment of priorities or goals (36 percent), insufficient time or capacity to collaborate (33 percent), and lack of communication/coordination mechanisms (20 percent).

Examples of successful collaboration with other funders centered around four main themes: 1) sharing expertise, learning together, and hearing about community needs from other funders; 2) increased funding for programmatic initiatives beyond the capacity of a single funder; 3) expanding the scale of programmatic initiatives; and 4) legislative wins such as new government funding or policies. Many funder collaborations began during emergencies such as COVID-19, natural disasters, or local hospital closures and continue to address other issues.

EXAMPLES OF SUCCESSFUL COLLABORATIONS WITH OTHER FUNDERS

> "In April 2020, we launched a rapid response grant round with four other funders. The other funders had a better idea of community needs, so took the lead on offering invitations and following up with organizations. Our foundation had more resources and infrastructure, so we managed the grant application, review, and award process (and … reporting) and we contributed the majority of the funding for the initiative."

> "Some of our best collaborative work with other funders has come in the form of conducting research and analysis of data to inform policy change and advocacy. This has many benefits, including increased credibility by virtue of solidarity, informing the field, policymakers and advocates, and the ability to engage more qualified national experts as a collective than one could afford independently."

> "We are part of a national funders collaborative… which brings philanthropic partners together to share lessons learned, promising practices, and research insights. Through this collaboration, we've gained valuable perspective on emerging strategies and aligned efforts across states. One notable success … was the adoption of new policy and grantmaking strategies that we might not have considered without this shared learning."

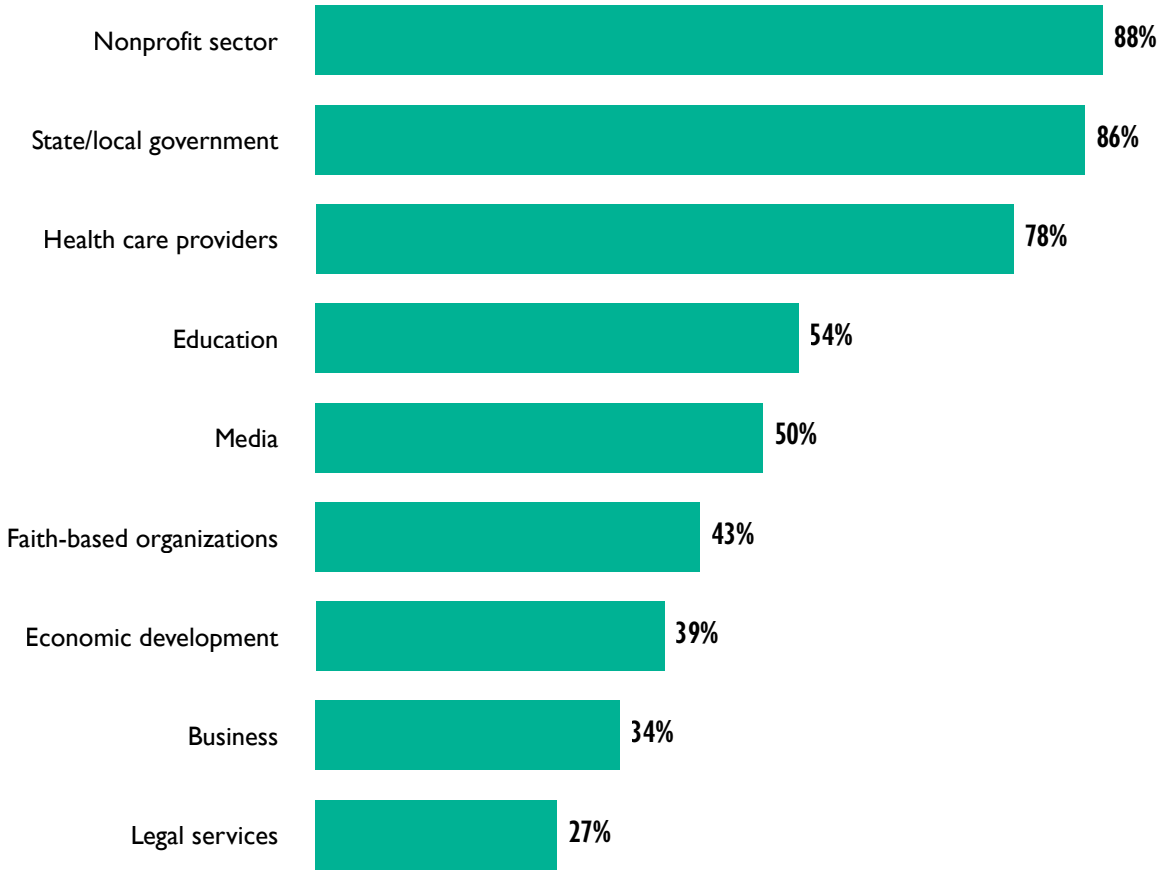
> "We established a funder collaborative nearly 10 years ago… Our foundation contributes $135,000 annually. In the 2023–24 legislative session, the grant partner realized close to $1 billion in state and federal investments, (and) a number of policy wins. The ROI alone is phenomenal let alone the impact for residents across the state."

COLLABORATION WITH OTHER SECTORS

Eighty percent of funders surveyed collaborate with sectors outside of philanthropy, although less regularly than collaboration with other funders. Forty-two percent of funders collaborate with other sectors occasionally, 31 percent often, and 18 percent very often. Half of funders that collaborate with sectors outside of philanthropy describe their relationship as primarily strategic, aligning with long-term goals, while only 14 percent describe their relationship as primarily ad hoc based on an emergency or urgent issue. Thirty-four percent say their relationships with other sectors are equally strategic and ad-hoc.

Health funders collaborate with a wide range of sectors as can be seen in the graphic below:

FIGURE 6. CROSS-SECTOR COLLABORATIONS WITH HEALTH PHILANTHROPY

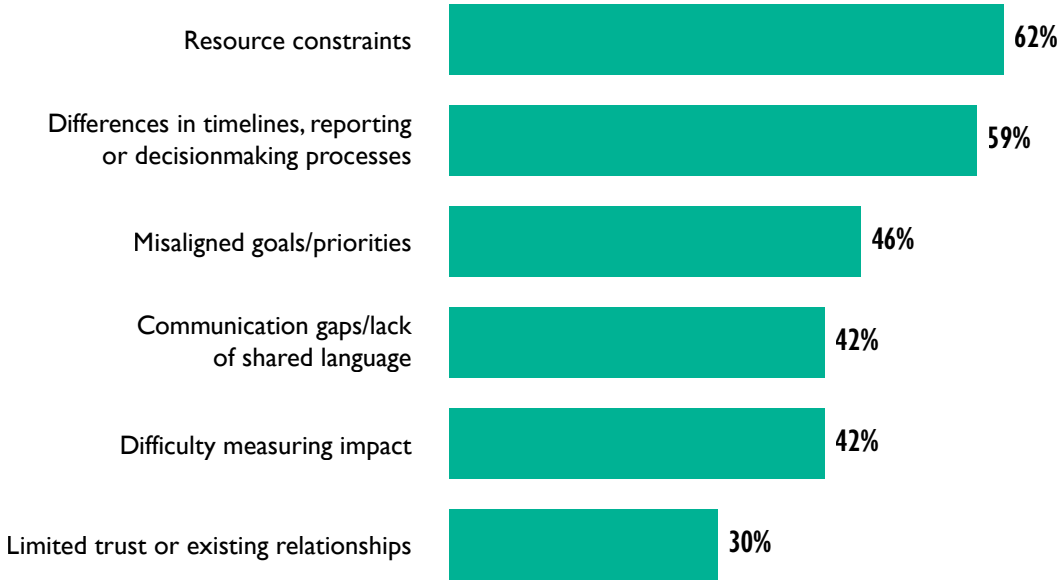


The most common ways funders engage in cross-sector collaboration are through participation in work groups or task forces (88 percent), sharing information (87 percent), and joint research or data-sharing (55 percent). Less-cited methods include pooled funding (44 percent) and joint/advocacy and lobbying efforts (37 percent).

More than 8-in-10 funders agree that the top two benefits of cross-sector collaborations are leveraging expertise and insights (90 percent) and strengthening networks and relationships (85 percent). Other benefits of cross-sector collaboration include building public awareness and advocacy for health initiatives (73 percent), expanding reach to underserved populations (69 percent), addressing root causes of health disparities (63 percent), and gaining access to new resources and funding opportunities (51 percent).

Multiple challenges were cited by funders involved in cross-sector collaborations as shown below:

FIGURE 7. CHALLENGES OF CROSS-SECTOR COLLABORATIONS



Like collaborations among funders, examples of successful collaborations with other sectors primarily involve the creation of new programs or increasing access to pre-existing programs. Policy or legislative changes were also mentioned as successes as well as the creation of new products like reports, surveys, trainings and toolkits.

EXAMPLES OF SUCCESSFUL CROSS-SECTOR COLLABORATION

"… we partnered with academic institutions to conduct a comprehensive analysis of [our state's] public health infrastructure. The resulting report … brought together leaders across sectors to align public health priorities, and many of its recommendations, including significantly increased public health funding, were ultimately adopted. This collaboration was successful because it combined credible research, cross-sector leadership, and a clear path to policy change.

"Worked with the state, a town, community members, and a Federally Qualified Health Center (FQHC) to establish a satellite FQHC in our community which is a health, mental health and dental professional shortage area. It took many, many years.

"We have developed long-standing productive relationships with our local Chambers of Commerce which have resulted in both programmatic and policy collaborations, including the inclusion of some of our key policy priorities in their formal policy agendas, i.e. Medicaid expansion, immigrant and refugee inclusivity and welcoming statements.

"We've increased media coverage of our issues thanks to ongoing relationship development with media outlets, influencers, and journalists.

RESULTS OF IN-DEPTH INTERVIEWS ON SUCCESSFUL PARTNERSHIPS

After analyzing the results of the initial study, GIH interviewed six health philanthropies who had described successful collaborations in the first phase of the study. The general consensus was that partnerships aren't easy (often called "messy" in interviews) and require multiple trade-offs. Nonetheless, all respondents were convinced that partnerships were necessary in order to address the larger systemic issues that prevent many people from achieving their full potential—either in health, economic status, or other areas. Some of the main findings from these interviews are described below.

Time was by far the most often cited input for successful partnerships, regardless of the type of collaboration (community-based organization, funder, cross-sector). Funders consistently cited the time of existing staff, or lack of staff, as a constraint in building and maintaining partnerships. Some funders addressed this challenge by having dedicated staff members guide collaborative work and ensure communications among all partners, which provides important institutional knowledge and expertise for the foundation over time. Even with dedicated staff, the workload is still intense.

Strengthening relationships and building trust with community-based organizations is time-intensive, and several respondents said it took much longer than predicted. One funder mentioned that the up-front joint exploration time took almost twice as long as initially planned. And, once collaborations are established, implementation often takes longer than predicted as all partners, including the funder, learn how to move forward in new areas. Importantly, several funders cited the importance of paying community members for their participation in collaborative work as an essential part of their partnership and trust-building strategy.

Some of the most successful partnerships cited by funders were established decades previously. In contrast, other successes were started in emergencies where the urgency of addressing immediate needs led funders and partners to act more quickly.

Adopting a **collaboration mindset** can be difficult for funders, especially if there's no internal mandate to engage in partnerships. Changing from a "go-it-alone" approach requires the buy-in of staff and board members to change previous ways of operating and, ultimately, cede control in order to share or transfer leadership to grantees. The loss of control is a trade-off to move toward larger objectives of building strong community-based organizations and changing entrenched societal and policy systems. One newer foundation said it was relatively easy to establish an internal culture of collaboration because they began their operations with this mindset, but older foundations might have a more difficult time due to entrenched practices. As a reminder, only 18 percent of funders in this study had a shared leadership model— where final decisions are made at the community level—showing that this model is still far from mainstream among funders.

The theme of **listening** to community groups came up repeatedly in the interviews. One foundation mentioned having community members serve as researchers to conduct surveys and conversations, which

eventually led to new strategic initiatives for the foundation. Another foundation used community-led research to better understand a specific topic, translated the results into usable information for community groups and other stakeholders, and started regular meetings on the topic to continue learning about and addressing community needs. Another funder mentioned their community advisory council as a key mechanism for continued listening and learning.

Several funders mentioned the need to be **flexible** about the outcome of projects involving partnerships. In one particularly complex project involving cross-sector and community-based partners, a funder described their role as "coming alongside … and figuring it out together" and to "de-risk" the initiative for other partners and funders. While they weren't sure the initiative would be successful, they described the potential outcome as "At least we're learning. At best, we're doing something innovative."

Several funders mentioned the importance of **organizational self-awareness** as an important part of successful partnerships—meaning that funders need to identify and communicate their limits (called "non-negotiables" by one funder) before entering collaborative work. Another funder noted the importance of saying "no" when necessary, which they called "shielding (their) openness." Finally, one funder said it's not necessary to partner on everything, revealing limits on when to partner and what is possible for funders within partnerships.

One funder conducted an audit of their past grants with a focus on their partnerships with grantees. They learned that they hadn't always partnered well with specific groups and the feedback was sometimes hard to hear. As a result, they began a long process of changing their internal policies, conducting deep listening with community groups, and repairing/improving their relationships. These changes helped the foundation understand its role as a partner and the importance of letting grantees lead.

IMPROVING PARTNERSHIPS

Survey respondents were asked what would help them work more effectively with community-based organizations, other funders, and other sectors. More time and staff capacity was the most often cited answer, reinforcing the results from the survey and in-depth interviews. Many respondents mentioned the need for more documentation and sharing of successful collaborations, including partnership models used, how to maximize partnerships, data standardization and sharing, and documenting benefits and results. Other suggestions for improving partnerships are highlighted below.

EXAMPLES OF WAYS TO IMPROVE PARTNERSHIPS

"… more structured opportunities for funders to connect directly with one another and with community-based organizations to share strategies, emerging insights, and lessons learned. Cross-regional learning is especially valuable…

"At some point, foundations need to take a step back and be okay with letting go of some control or ownership. I'd love to see foundations actively working together on strategy rather than just a single project. I have seen this happen with some strategy planning sessions, but it is not the norm.

"Strategies for working across differences. For example, some local funders approach grantmaking and community work much differently. How do we get folks on the same page when our boards require different things? Some foundations are family foundations, other private. It is challenging working collaboratively because of competing goals.

"A shared goal that all partners can understand and see their role in with a final tangible destination that all can collectively work towards.

CONCLUSION

This survey shows that partnerships are ubiquitous for health funders, with 80 percent or more participating in the three types of partnerships explored in this survey. Differences appear, however, in why and how funders collaborate. In that vein, this study revealed several opportunities for philanthropy to improve partnerships to address both the current landscape and systemic inequities. These opportunities include:

- **Deeper engagement with community organizations:** Deeper engagement will give those most affected by current policies the skills and decisionmaking power to implement solutions for their communities and build strong organizations that can weather future crises. As study results show, most funders partner with community organizations but rarely cede decisionmaking and leadership.
- **Increased collaboration on policy and advocacy efforts:** Engaging in policy and advocacy has been a critical tool in the current moment, yet study results show that this area of partnerships is less frequent than other areas across the three types of partnerships (64 percent of community group collaboration, 55 percent of cross-funder, and 37 percent cross-sector). In addition, large funders (assets over $350 million) are more likely to collaborate on policy and advocacy initiatives than smaller funders (under $50 million) when collaborating with community groups and other funders.
- **Increased collaboration on research and data collection:** Funder involvement in data collection has become more important than ever due to recent federal decisions to stop collecting key public health data. Relatively few funders collaborate on research and data collection (63 percent with community groups and 55 percent with cross-sector organizations). Again, large funders are more likely to engage in joint research than smaller funders across both types of collaborations.

The study also found that collaborations are more complex and time-intensive than working alone, but these characteristics give partnerships more potential to address deeply entrenched policies and systems that impede improved health for all. As noted, funders involved in long-term, complex partnerships found that the difficulty of partnerships is an acceptable tradeoff for the potential results.

Given the current landscape—a time of broad disruption in access to health and social services—partnerships should be considered an additional strategic lever for philanthropy and adapted for maximum impact using the opportunities identified above as a starting point.

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