



Local Foundations

Description

Recognizing the challenges associated with traditional funding, local foundations can play a pivotal role in providing an alternative funding source to local health departments (LHDs) that offers more flexibility in delivering programs that meet community needs and addressing the social determinants of health and health equity.

Benefits

- Local funding sources mean more customization of community needs.
- Local foundations are deeply invested in the community, along with the local health departments, providing an opportunity to work together to achieve a shared vision of health.
- LHD staff can get involved directly with the foundation, such as by serving on the board. This may result in funding for the LHD, but more broadly, this allows LHD staff and leadership to guide funding decisions that serve the health of the community.
- Consider the role of a foundation in your funding strategy: they have flexibility funding and are at forefront of thinking of health in ways that benefit the community. Foundations may also be able jump-start projects more quickly.
- Local foundations are looking for new ideas and how to make a difference. There is a willingness and appetite to try new things, which isn't always available with traditional funding.

Challenges/Considerations:

- While there's an opportunity for LHD staff to be directly involved with the foundation, it can be very time-consuming.
- The foundation must be credible. A foundation won't fund something that isn't good for the community and doesn't align with their mission. An organization interested in approaching private foundations must ensure there is potential alignment, and also demonstrate an ability to meet program goals.
- Foundations may only fund one-year grants initially, before they consider awarding multiyear grants.
- While recognizing their importance, private foundations are not typically interested in operational funding; most of the money must go to the program. This can be difficult for small agencies that also need to increase their capacity to fulfill a project's goals and activities.

Recommendations for Action/ Ready to Start:

- **Don't be afraid to approach foundations.** Remember that they are interested in funding initiatives that are good for the community, so they are looking for innovative programs that meet community needs. It is, however, up to the applicant to demonstrate credibility, so use data to tell a story of how the proposed program will strengthen the community. Show clear goals and plans for how the money will be used.

- **Reach out to the foundation boards and get to know the members.** Begin to build relationships by introducing yourself and your sector, and the funding needs that may dovetail with the foundation's funding priorities. Many foundations are seeking partnership opportunities, so health department leaders could ask to present ideas to a community foundation that may share funding priorities to advance the health of the community.
- **Consider serving on the board of a foundation** to play a more integral role in setting priorities; educate other members on public health topics; advocate for an increased presence of board members from the health and public health sectors; and seek to influence the hiring of a CEO or executive director who understands health equity and can implement a strong and unifying vision for the community.



Barton County Health Department, KS

The Value of Local Health Department Representation on Foundation Boards

The [Barton County Health Department](#) in Kansas serves a small, rural community of fewer than 15,000 residents. Of the notable demographics, the population of Barton County tends to skew older, since many young people leave for school and to find jobs in other regions. Of the senior population, a sizeable proportion also falls below the poverty line, given the overall lack of opportunity in the area, and this is further exacerbated by business closures due to COVID-19. As a result, many initiatives of the health department and other partners focus on meeting the needs of the elderly and poor.

The Barton County Community Foundation was started by a community member who wanted to provide a way for residents to be able to give back and have a mechanism to apply for funding to support their activities. Joel Dermott, Health Officer of the Barton County Health Department, saw an opportunity to help guide the Foundation to address their areas of concern, particularly in public health. Mr. Dermott, an active citizen in the community, knew all of the board members, and when the Foundation reached out, he accepted a position

himself, as they were growing their staff. The board itself was fairly diverse, with members representing multiple sectors, although still concentrated in business and government. However, they had a common desire to help.

The Barton County Community Foundation's decision-making process on funding can be informal, but the board ultimately wants to help its community's residents, and wants to ensure that the money provided will be used appropriately. The overwhelming criteria for considering which initiative will be funded is to assess what will provide the biggest return on investment, as well as what would have the greatest impact. Another key consideration is sustainability, and if the project can be funded over a period of years, allowing the initiative to grow and flourish. The reputation and credibility of the foundation rests on the trust it has cultivated with community members.

While the Barton County Health Department has not been funded directly by the Foundation, Mr. Dermott served a vital role as a public health champion for the board. He brings a public health lens to the decision-making process and connects the dots in helping board members understand how addressing the structural determinants of health can favorably impact the community. Having an awareness of concerns around health, as well as current activities, means that Mr. Dermott is well positioned to act as an intermediary in connecting board goals with other community partners and individuals.

Two programs in particular stand out as examples of small investments that have made a great impact in serving the health of community groups in need. One program is based on the Meals on Wheels model, which provides needed resources in rural areas. The initiative was started by a husband-and-wife team who wanted to address a problem in their community. They obtained kitchen permits, and began to deliver food and other provisions to families and seniors in need. Another program focuses on helping wounded veterans and connecting them with counseling and mental health services.

As a small operation, the Foundation has encountered a number of ongoing challenges. One major challenge for the foundation has been in simply receiving applications. The foundation gives out both individual and organizational grants and believes that there may be a perception that the application process is intimidating.

Another challenge for the board is the time commitment. There is a lot of work that goes on behind the scenes, and the Foundation is fortunate to have a board that is willing to put in the time. Considering the age of the board members and the overall community, there is a concern about who will replace the current members. This is a common theme in rural communities: there is a core group of people who are involved in many initiatives, but succession planning and sustainability are ongoing concerns. At this point, the Foundation is not big enough to hire even a part-time employee to manage administrative duties, so all of the work falls to the committed members of the board.

While working within a small jurisdiction may mean that there's a smaller tax base from which to pull funding, it also means that there is a true essence of "community," in that people tend to know each other and community-minded people have the opportunity to work together on behalf of improving their community. From the local health department's perspective, this civic mindedness is essential in working collaboratively to protect the public's health. The biggest facilitator of working with the Foundation is personal relationships. Individuals — and so by default the organizations they represent — get along well and collaborate effectively, without rivalries and factions. Even though there may be competition for dollars, there is a heightened awareness and desire for improved community outcomes, and thus, there is a greater sense that everyone is playing on the same team.

While the Barton County Health Department, the Barton Community Foundation, and the Barton community itself are truly exceptional in the level of collaboration and individual desire to help their neighbors, Mr. Dermott has done a tremendous job in carving out the role of the health department and public health. While he is the first health-centered individual on the board, the value that he brings to the role has meant that it is likely that there will be public health representation in the future.



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Richmond and Henrico Health Districts, VA

Leveraging Foundation Funds to Kickstart Innovative Programs

Danny Avula, health director for the [Richmond and Henrico Health Districts](#) (RHHD), noted at the start of his tenure that the local foundations were not providing much funding to local governments. There was a cultural feeling that the role of philanthropy was to support the non-profit sector and allow the government to get its funding elsewhere. While this approach did help to support many of the health department's initiatives, there were other priorities that needed to be addressed as well. Recognizing that private funds would allow for greater flexibility, Dr. Avula spent his first couple of years cultivating relationships with foundations to help them understand the breadth of what the health department does, and that the mission of health philanthropy and public health are very much aligned.

As a result, local foundations currently play a key role in the health department's funding strategy. RHHD looks to local foundations to help jump-start new projects, try out new ideas, and ensure a solid evaluation model is in place. This strategy is what was used to help build out Community Health Worker (CHW) efforts, as well as develop and expand several Resource Centers, which are clinics that operate in public housing or other low-income neighborhoods. Initially, direct grant funding was used to recruit and hire CHWs as part of the startup, but in subsequent years, as there was more evaluation data to share, the local health department took the successes to the city council to increase their investment moving forward. The Richmond Memorial Health Foundation also contributed to early investments and the health department was able to use its reputational capital to make a case for additional foundation funding based on its credibility.

The Resource Centers came first, a result of mapping health outcomes and consistently seeing higher incidence of various communicable and chronic diseases in public housing. The health department was able to convert vacant apartment units into clinics, involving community residents in the design of the space, including the selection of paint colors and using artwork from local students for the walls, and listening to what they wanted in a community clinic. Community residents also helped to design the service delivery model, noting that if the focus of the clinic was primarily on sexually transmitted diseases — one of the key outcomes that the health department wanted to address — then people may be discouraged from using the clinic's services, due to embarrassment or stigma. They also flagged the need for elderly citizens to have a place for questions and to take basic vitals, like blood sugar and blood pressure.

As more and more community members took an interest in the clinics and the services they were providing to the community, their desire to get involved increased. They were interested in working and they needed jobs. The health department recognized the inherent value of engaging residents who were interested in becoming aligned with the public health mission and leveraging their knowledge and expertise — and the Community Health Worker program was born.

It started on a small scale with a couple of part-time workers, it was tremendously fulfilling for the residents, and it allowed the health department to bridge the gap into the community more effectively than it had before. In addition to serving as health advocates for their communities, the program has also served a stepping-stone for some members to get involved in other community efforts, including a member joining an advisory group to provide a community voice for bringing a grocery store to an underserved neighborhood. "There are multiple Community Health Workers who serve on various organizational and advisory boards. In fact, one of our former CHWs served as Chair of Housing Authority's board. It's been amazing to see the leadership roles that some of these folks have stepped into and they have fundamentally changed the way that we work as a health department."

Facilitators of the Work

- **Building out a long-term engagement strategy.** In the case of Richmond and Henrico Health Districts, it took a couple years of talking, explaining, and relationship-building until there was an invitation to apply for funding. Those early years were spent working on the relationship, helping them understand what the local health department does, and building alliances with philanthropy leaders who could in turn advocate to their boards.
- **Appealing to individual and organizational areas of interest.** Ultimately, what spurred action between the local health department and the Community Foundation was alignment of one of the board members' interests around family planning that opened the door.
- **Leveraging the domino effect.** Once the Community Foundation was willing to provide funding support, this opened the doors to other foundations, who similarly have backgrounds in focusing on nonprofits. Even foundations that don't typically fund health initiatives have gotten involved, as the local health department has advanced its work in addressing the structural determinants of health. In some cases, the foundation may not fund the health department directly, but may partner with other foundations to support the work together, allowing the health department to access money going to other organizations, yet tied to a particular project. This has allowed the health department to braid funds among the various funding streams. Similarly, as the work around the structural determinants of health and other public health topics grew with the Health Foundation, that agency was able to play a role in educating other foundations to help win their support.
- **Hiring a grant writer.** To ensure sustainability of the first investment projects as well as develop new ones, the network of funders needed to continue to grow. The health department hired a grant writer to allow for more focus on obtaining philanthropy dollars and had the ability to craft narratives. Having someone on staff whose job it was to apply for grant and founda-

tion funding and tell stories about community needs was a tremendous asset to the health department.

- **Implementing a continuous cycle of philanthropy to government dollars.** The health department has employed a strategy of project sustainability by progressively executing a model of starting with foundation funding, ensuring solid evaluation of the program, and then taking that data to local government leaders to share their successful partnerships with the foundations and the positive outcomes that had been accomplished.

Working with three-year funding cycles, the health department would approach local government during the third year to make a case for additional funds. They shared the work to date, and informed them that the funding would be ending. The ask is framed as a desire to continue the projects, but the reality of working with foundations is that they won't fund the same project in the long term, so to continue to meet community needs, government money is needed to help support the initiative. This strategy has been successful through many initiatives and the health department has seen a progressive expansion of their local budget in Virginia.

Barriers to the Work

- **Building an understanding of what the LHD does.** At the start, there was barely a pathway for local government to even apply for foundation funding. Health department staff had to keep cultivating relationships with program officers

and helping them understand the work and challenges of local health departments. Since the prevailing thought from the foundation's perspective was that health departments acted as clinical service providers, they were more likely to fund a frequent anchor and a Federally Qualified Health Center (FQHC) than a government run entity. Early engagement focused on helping them understand the roles the health department plays, not just in providing clinical services to individuals, but understanding whole-population health issues, such as addressing infant mortality. The health department provides both a service and a vision in trying to advance the community health metric.

- **Perceptions around where money for the health department should come from.** As a government entity, perceptions around funding were based on streams from other government entities at the local, state, and federal levels. Early conversations showed an inherent distaste about funding government when the thought was that support should come from the federal assembly or federal government. Demonstrating a diverse strategy that includes local foundations that may perceive their own funding as focused on local philanthropy is a challenge.

These models have both been in place for the past decade and have heavily relied on foundation funding at the front end. Through evaluation efforts, the health department was able to successfully advocate for local government support to sustain the work, ensure a lasting commitment to meet the needs of residents, and address the structural determinants of health.

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The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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