



Navigating Change and Accelerating Promising Practices

**Lessons Learned from the Health Legacy
Collaborative Learning Circle (HLCLC)**

HLCLC PARTNER ORGANIZATIONS

Danville Regional Foundation | Interact for Health | Paso del Norte Foundation | PATH Foundation

with support from **Healthy Places by Design**

CO-AUTHORS

Kirsten Dueck and Sarah Strunk

CONTRIBUTORS

Michael Kelly, Jaime Love, and Annie Martinie

EDITOR AND DESIGNER

Sarah Moore

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Background

In late 2016, four health legacy foundations partnered in response to a national funding opportunity from the Robert Wood Johnson Foundation's *County Health Rankings & Roadmaps* program. The vision was to create opportunities for learning across similar organizations around the country in order to 1) test and expand assumptions about promising approaches for addressing common population health challenges; 2) explore organizational best practices related to programming and operations; and 3) understand the roles and impacts that health legacy foundations have in their communities.

The PATH Foundation, based in Warrenton, VA, led the development of an initial concept plan for funding. Danville Regional Foundation in Danville, VA; Interact for Health in Cincinnati, OH; and Paso del Norte Health Foundation in El Paso, TX joined the PATH Foundation in its application. The PATH Foundation recruited these peer organizations based on comparable size, desire to learn from and with each other, and orientation toward community action and multi-sector collaboration.

In addition to these similarities, our foundations also had important and beneficial differences. HLCLC partner organizations represented various ages and stages of institutional evolution, ranging from three years (PATH Foundation) to more than 20 years (Paso del Norte Health Foundation). HLCLC partners also consisted of a combination of "friends" and "strangers."

All of us had worked with at least one other member in the past, but no one had worked with everyone. This combination of known and unknown was one key to our success: enough familiarity to build trust,

HEALTH LEGACY FOUNDATIONS

According to Niggel and Brandon (Health Affairs, January 2017), health legacy foundations (also known as "conversion foundations") are created from the assets from the sale, lease, merger, or other configuration of the assets of nonprofit hospitals, health systems, health plans, and specialty care facilities, often creating billions of dollars in new charitable wealth. The results of these conversions are significant. In 2010, health legacy foundations awarded a total of \$1.1 billion in grants, with an average of \$3.7 million paid out per foundation.

and enough novelty to generate new perspectives. Finally, the HLCLC representatives, who were all program staff, had similar organizational roles but varying levels of experience. This gave longstanding grantmakers an opportunity for a "refresh" while exposing newer program officers to more seasoned professionals.

An important early turning point was the decision to seek and retain a consulting partner to act as a recorder, thought partner, facilitator, and co-author of site visit case studies and other dissemination products. After reviewing multiple proposals, we unanimously selected Healthy Places by Design, known then as Active Living By Design. The inclusion of this kind of partner—one who was highly experienced in the field of health policy and philanthropy but not employed by a health foundation—was instrumental to our success. Healthy Places by Design could stand inside the circle with an outside perspective while keeping the conversation and the process moving forward.

Collective work on the funding proposal, development of the RFP, and selection of the consultant gave us hands-on opportunities to develop relationships and build trust with each other early in the process. With Healthy Places by Design on board, one of our first tasks was to identify a set of learning questions. We initially developed the questions to help focus site visit agendas and reflection discussions. In time, we became less concerned with answering the learning questions and more interested in exploring the themes and new questions that emerged more organically from the site visits and from our subsequent reflection.

HLCLC Partner Organizations



DANVILLE REGIONAL FOUNDATION

<http://www.drfonline.org/>

Established 2005

Danville, VA

Service Area: The City of Danville, VA; Pittsylvania County, VA; and Caswell County, NC

Number of Staff: 10

Total Assets: \$237 million

Qualified Distributions: \$10.4 million

Mission: Danville Regional Foundation is a catalyst for innovation and an agent for transformation. Understanding that significant community change takes time, the Foundation invests for the long term in efforts that promise sustained positive impact for the Dan River Region. The Foundation is committed to development, promotion, and support of activities, programs, and organizations that address the health, education, and wellbeing of the region's residents.

Focus Areas:

- Education
- Economic/Workforce Development
- Health & Wellness
- Community Development
- Nonprofit Capacity Building

HLCLC Representative: Annie Martinie,
Senior Program Officer: amartinie@drfonline.org



INTERACT FOR HEALTH

<https://interactforhealth.org/>

Established 1997 (as the Choice Care Foundation)

Cincinnati, OH

Service Area: 20 counties in 3 states (IN, OH, KY) surrounding Cincinnati, OH

Number of Staff: 28

Total Assets: \$220 million

Qualified Distributions: \$9 million

Mission: To serve as a catalyst to improve health by promoting health equity in our region through community engagement, grants, research, education, and policy.

Focus Areas:

- Reducing Tobacco Use
- Regional Opioid Response
- School Based Health Centers
- Thriving Communities
- Policy

HLCLC Representative: Jaime Love, Program Officer:
jllove@interactforhealth.org



PASO DEL NORTE HEALTH FOUNDATION

<https://pdnhf.org/>

Established 1995

El Paso, TX

Service Area: El Paso and Hudspeth Counties in TX; Doña Ana, Luna and Otero Counties in NM; and Ciudad Juárez in Chihuahua, Mexico

Number of Staff: 13

Total Assets: \$239.2 million

Qualified Distributions: \$11.2 million

Mission: The Paso del Norte Health Foundation leads, leverages, and invests in initiatives, programs, and policies that promote health and prevent disease in the Paso del Norte region.

Focus Areas:

- Healthy Eating and Active Living
- Tobacco and Alcohol Prevention
- Mental Health and Emotional Wellbeing
- Healthy Kids
- Health Leadership

HLCLC Representative: Michael Kelly,
Vice President Programs: mkelly@pdnhf.org



PATH FOUNDATION

PATH FOUNDATION

<http://www.pathforyou.org/>

Established 2013

Warrenton, VA

Service Area: Fauquier, Rappahannock, and northern Culpeper Counties in VA

Number of Staff: 13

Total Assets: \$250 million

Qualified Distributions: \$4.1 million

Mission: The PATH Foundation strengthens the health and vitality of our community.

Focus Areas:

- Access to Health
- Childhood Wellness
- Mental Health
- Senior Services

HLCLC Representative: Kirsten Dueck,
Senior Program Officer: kdueck@pathforyou.org



The Process

The core elements of the collaborative learning process were a series of site visits to each of the HLCLC partner's communities and monthly conference calls in between. The site visits featured case studies of past and current work that was relevant to the challenges that communities faced, meetings with community partners, discussions of policy implications, and approaches to evaluation.

Programmatic interests targeted for in-depth learning included healthy eating and active living, school-based health, access to care, the use of community health workers, economic development, community safety, and mental health. In addition, site visits and conference calls gave us an opportunity to explore each partner foundation's practices related to equity, evaluation, and use of backbone organizations.

HLCLC was intentionally designed to be structured enough to proactively identify and address specific topics of interest, yet flexible enough to absorb new ideas that emerged during the collaboration. As relationships and trust grew, we added other complex and sensitive issues to our list of learning interests, such as community engagement and capacity-building, program and portfolio exit strategies, grantee and board relations, program staff roles, succession planning, and change management.

Each visit spanned two days and followed a common format that included an overview of the host foundation's history, structure, mission, programs, and personnel; an introduction to the community to orient visiting partners to its demographics, culture, challenges, history, and assets; and community visits to meet with partners, programs, grantees, and signature initiatives supported by the host foundation and related to HLCLC partners' shared interests.

In between, there was scheduled and unscheduled time for reflection, conversation, and deepening relationships as a cohort. Each visit concluded with a debrief session among the HLCLC partners in order to identify and explore emergent lessons and themes and to discuss agenda ideas for the next site visit. Each of the participants left with a notebook full of ideas that had already been tested by another foundation and further explored through inquiry, analysis, and discussion among the HLCLC partners.

Each HLCLC partner organization designated one or two core representatives who participated in all of the site visits and conference calls, providing continuity throughout the process. Up to three additional representatives from each foundation attended the site visits, ensuring that each core member was joined by colleagues to share in the learning. This helped maintain momentum for reflection and action when HLCLC representatives returned home and shared their experiences with colleagues, foundation leadership, board members, and community partners.

HLCLC partners had the unusual experience of "seeing inside" the work of a peer institution and gaining insights about challenges and successes.

At the onset of the process, the HLCLC partners looked forward to leaving their home communities to learn about new ways of working. As visitors, they had the unusual experience of "seeing inside" the work of a peer institution and gaining insights about challenges and successes. At the same time, the process of hosting was equally valuable and allowed each foundation's staff to "stress test" their own initiatives and see them through the eyes of intelligent, knowledgeable, and analytical peers.

The HLCLC was not without challenges. Foremost among these was time. HLCLC partners dedicated significant time to this process for planning, travel, and reflection. While the investment was invaluable, it required intention and personal commitment from the HLCLC representatives as well as support from organizational leadership. Site visit hosts had the added challenge of organizing and coordinating meaningful experiences in their communities, and preparing their staff, grantees, and community partners for the visits.

Although it was time-intensive, HLCLC representatives reported tremendous value from this process, including deepened relationships with grantees and community partners as well as the ability to see the successes, challenges, and impacts of their investments through a fresh lens. Another challenge was balancing the initial goals of the project with the enthusiasm to follow new leads as they emerged. Determining how to share new tools, ideas, and approaches with colleagues and partners back home was also important to explore.

Sustaining the intense participation of multiple learning partners over many months also posed challenges. Early on, partners agreed that the learning circle would consist of the same core staff members, and could expand and contract to include others with subject matter interest and specialties. This enlivened the visits and ensured greater traction of new ideas over the long term. Engaging an external facilitator and thought partner was vital in helping HLCLC partners address these challenges.

The full impact of HLCLC may not be known for years, since the lessons learned from this process will change organizational practices, operations, and programming over time.

The full impact of HLCLC may not be known for years, since the lessons learned from this process will change organizational practices, operations, and programming over time. Yet, even as the process winds down, HLCLC partners have reported insights that will influence our work as grantmakers now and in the future. Those perspectives are presented alongside the community stories in this report.

The background of the page features a faded, high-angle photograph of two women. The woman on the left is seen in profile, facing right, wearing a patterned top. The woman on the right is also in profile, facing left, wearing glasses and a dark top. They appear to be engaged in a conversation. The overall color palette is warm, with shades of orange and beige.

Community Transformation

VOICES FROM THE HLCLC SITES

Four site visits provided valuable examples from which HLCLC partners were able to see the impact of our peers' work on the ground, test assumptions, and refine our thinking about successful models and approaches to population health improvement. In some cases, the site visits also shattered myths and misperceptions about the nature of health improvement efforts in rural communities, border towns, and inner cities. With gratitude to the foundation staff, grantees, and community partners who shared their successes and challenges with us, we offer a few examples of programs, initiatives, and investments that served as invaluable learning labs during our HLCLC site visits.

BUILDING COMMUNITY CONNECTIONS AND CAPACITY



THE HEALTH COLLABORATIVE

“We consider it our investment strategy in health.”

Elyse Jardine is the full-time Project Manager for The Health Collaborative (THC), a three-year-old coalition that takes a long-term view by focusing on policies, systems, and environmental (PSE) changes that have been shown to improve health and health equity. Formerly a Danville Regional Foundation (DRF) Fellow, Elyse is housed at the Institute for Public Health Innovation, and her position is jointly funded by DRF, Virginia Cooperative Extension, and Centra Health. In this role, she is responsible for marketing, communications, evaluation, community engagement, process and project management, meeting support and facilitation, and community outreach for THC.

Annie Martinie, Senior Program Officer at DRF, helped start THC when she joined the foundation in July 2014, and she held that role on a de facto basis for THC's first few years. "When I started," she shares, "there were ongoing conversations led by the Chamber of Commerce about our County Health Rankings, which were dismal. On my second day, I met with Laurie Moran, CEO of the Chamber at that time."

"She said, 'This is extremely important work, but our health issues are broad and complex. This isn't mine to lead alone. It will require collaboration across many sectors.' I spent a lot of time getting to know people in the region. They were all doing very important work, but were largely operating in siloes. A few months later, we started bringing people together. And we chose Healthy Places by Design (then Active Living By Design) to help facilitate our process because of their approach to technical assistance, support, and guidance. They've helped lay out what community coalitions could look like, define a prioritization process for our work together, and helped us identify what projects could be supported."

“This is extremely important work, but our health issues are broad and complex. This isn't mine to lead alone. It will require collaboration across many sectors.”

Brett Jackson, Executive Director of Gateway Health, one of THC's leaders, concurs with the value of an outside facilitator, noting, "Most everyone who showed up when we started came with a list of things they wanted and the money they needed. [Healthy Places by Design] helped people put their personal desires aside, trust the process, and consider it a communal effort."

Partners are quick to highlight the many benefits of having DRF serve, for the first several years, as THC's backbone organization. Brett reflects, "They make us more efficient as a community. By bringing us together, we get there faster and stronger." Evelyn Riley, Executive Director of the Nonprofit Network, concludes, "DRF's culture of seeing the possible was something we modeled, too."

With help from Healthy Places by Design, DRF organized and paid for a dozen community leaders and partners to travel together to Louisville, KY nine months into their coalition's development process. This helped build relationships and envision what could be possible. "That's where we saw a shift in the conversations we were having at THC meetings," reports Elyse. "Everyone was more open. It also helped us think about short-term projects we could start. Some morphed into longer-term projects like the Youth Agriculture and Entrepreneurship Program and our Health Equity Report."

Today, THC has 233 members from 150 organizations and five action teams, each of which operates with a PSE lens.

From the beginning, THC partners have been clear that they don't want to start another 501(c)(3) nonprofit organization, so DRF provides the connective tissue to help move things along. Today, THC has 233 members from 150 organizations and five action teams, each of which operates with a PSE lens. Alexis Ehrhardt, Executive Director with the Center for Community Engagement and Career Competitiveness, observes, "THC has offered space for people who haven't been connected in the community to plug in. It's one of the most accessible ways to do that in this community. Anyone with an interest or passion in the field can get involved."



Danville Regional Foundation site visit to the Youth Agriculture and Entrepreneurship Program at Cardinal Village in Danville, VA.

INSIGHTS

Collaboration is hard to measure.

The HLCLC partners fund community change efforts in various ways and use different language to talk about our work, but we discovered that each of our organizations has a core value of supporting collaboration: convening partners, developing a shared agenda, and driving collective action and measurement. All four of our foundations try to reshape the conversation to focus on promising practices and engage a diverse set of voices to ultimately achieve long-term improvements in health.

We recognized that no two coalition building efforts are alike, and informal connections develop that increase community capacity and result in projects that we may never see. Evaluating the success of collaboration requires innovation and flexibility. Although we each have preferred ways of investing in collaboration, it is counterproductive to force a particular structure or process. Each foundation has had to change its internal practices to adapt to a community's needs.



THE INSTITUTE FOR HEALTHY LIVING

“This is how collaboration can snowball.”

The Institute for Healthy Living (IHL) at the University of Texas El Paso launched in 2014 to lead the development, coordination, and evaluation of collaborative, sustainable solutions that promote healthy eating and active living (HEAL) in the region. As a backbone organization, it provides technical assistance to the Paso del Norte Health Foundation's (PdNHF) HEAL grantees as well as capacity building support, communications assistance, coalition leadership, and policy development. Not surprisingly, fulfilling these responsibilities requires multidisciplinary staff with a range of backgrounds, including basic and clinical research experience in nutrition, physical activity, obesity, public health, and social work, among others.

IHL is also leading the formation of local coalitions and enhancing their impact. For instance, it formed the HEAL Alliance, which convenes a range of existing coalitions and task forces. According to Janine Gallinar, Deputy Director for Programs and Policy, IHL's involvement has helped align local efforts. IHL's support for policy development includes making a district-wide case for a consistent policy that prohibits high school students from leaving campus during the school day, which promotes healthier school lunch choices and improves student safety.

As an evaluator, IHL has assessed dozens of PdNHF projects since 2015, made hundreds of site visits, and worked with thousands of children and volunteers. Leah Whigham, IHL's Executive Director, reports that their evaluations have reached over 60,000 adults in the region. According to Leah, "Evaluation gives us a way to work in the future and helps PdNHF become a much better-informed grantmaker." For example, a recent evaluation of two school gardening programs showed that neither changed students' fruit and

vegetable consumption. These results helped generate recommendations to align active gardening programs with curricula that include behavior change.

Finally, IHL fosters collaboration. Following a year of work to evaluate the region's food system, IHL played an instrumental role in convening the El Paso Food Summit. Key stakeholders convened to discuss the results and identify best practices across the country. Local organizations are now better aligned as a result of the summit. For example, partners are working with local grocery stores to help people shift their purchasing behavior, and these activities have generated interest from the USDA.

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Similar collaboration has happened as a result of the El Paso Food Policy Council. Prior to its establishment, county staff were trying to develop a policy related to food access, but they were working in siloes. After contacting IHL, they agreed to receive training on policy development and to work more collaboratively with community partners. Janine reflects, "It's instrumental to include all of those voices. A lot of people doing work in healthy food don't necessarily have the capacity to bring people together. But we can. And it improves the quality of our policies."

From the beginning, sustainability has been an important focus. IHL has worked with PdNHF to develop a five-year plan to diversify its revenue. In the future, IHL will continue to serve as a backbone and lead evaluation efforts. In addition, by relocating to the university campus, IHL is now closer to opportunities to teach, pursue research grants, partner on other evaluation and training projects, and develop products, such as HEAL curricula. And IHL has already been asked to join a five-site research grant funded by the US Department of Transportation.

PROMOTING SCHOOLS AS HUBS FOR HEALTH



FRESH

“It was the ‘yes’ that unlocked everything.”

With healthy weight as one of its community’s top challenges, the PATH Foundation (PATH) recognized that a comprehensive approach was needed. As the foundation was forming, staff learned about the School Health Initiative Program (SHIP) in Williamsburg, VA, and encouraged Fauquier County Public School District leaders to join them in learning more. The result? A promising adaptation called Fauquier Reaches for Excellence in School Health (FRESH). PATH has made a five-year commitment to this program with budgets re-negotiated annually.

With 11,000 students enrolled in 21 elementary, middle, and high schools across the county, project leaders knew they needed to start slowly and intentionally. One year of planning led to the FRESH pilot project during the 2016-2017 academic year. David Jeck, Superintendent of Fauquier County Public Schools, acknowledges, “We had our share of hiccups and false starts, but we expected that.” Kirsten Dueck, Senior Program Officer at the PATH Foundation, adds that the superintendent’s willingness to try something new was key. “It was the ‘yes’ that unlocked everything.”

Pam Pulver is FRESH Program Supervisor and brings five years of experience as the Science and Health and PE Supervisor for Fauquier Public Schools. She has served as the project’s key visionary and champion.

Improving the quality and choice of fresh food in cafeteria meals is one project goal, and it’s no easy task. The United States Department of Agriculture (USDA) allocates only \$1.25 a day for student lunches, so just breaking even can be a challenge. According to Natalie Ortiz, FRESH Chef, “We started by going after low-hanging fruit.” One way to increase access to fresh fruit and vegetables was by joining another school system’s contract negotiation process. Taste testing to expose youth to new foods and marketing to make school lunches more appealing have also been critical. And other big wins were created by working closely with the food services director and cafeteria staff on menu development and cooking-from-scratch techniques.

One way to increase access to fresh fruit and vegetables was by joining another school system’s contract negotiation process.

FRESH’s second, complementary goal is to integrate physical activity into regular classroom curricula as well as after-school clubs. This is the job of four Fitness Integration Team members (FITs), working collaboratively with each other and with regular classroom teachers. The FITs have developed standard lessons that will be posted on Blackboard Learn and available to all teachers across the district.

INSIGHTS

Take time to learn from and share with other grantmakers.

HLCLC confirmed the value of connecting with outside funders. In philanthropy, we often learn and adapt internally. Though we sometimes share externally through papers, presentations, and articles, we don't often have opportunities for meaningful conversations with other funders. Connecting with peers from different regions truly broadened our perspectives. Even with similar initiatives, such as community health worker programs or efforts to address mental health and stigma, each foundation's approach was unique. Group reflection provided a forum for understanding what could be adapted and replicated elsewhere, and what was unique to a particular community's context. In addition, being part of the broader learning collaborative allowed HLCLC partners to learn over time, building upon their previous knowledge.

In short, spend time with colleagues from other communities. Be truly candid about opportunities and challenges. Work through solutions together. Times change, and we need to evolve. Introspection can be a great way to reflect, but engaging with others while reflecting is even more enlightening.



PATH Foundation site visit to Eva Walker Park in Warrenton, VA.

The FITs customize the lessons to include fun games and activities (like playing hopscotch) to teach second graders fractions, as well as using movement- and music-infused instruction to help first graders learn to spell. Julie Gagnon, Principal of Brumfield Elementary School, one of the pilot sites, thinks they're making good progress. "The teachers are the academic specialists and know their students' special needs. The goal is for teachers to do this on their own."

FRESH's work was accelerated in the first year by hiring a full-time program administrator to oversee logistics; a chef to work with the school district's nutrition director and cafeteria staff; and four FITs to partner with classroom teachers. But it has taken far more than that to achieve success. According to Pam, "We hired great people, and for the first few months it didn't go like we had planned. We learned about the importance of buy-in, repetition, ownership, and constant adaptation." Support from the highest levels has been key. Kirsten Dueck shares, "The school board didn't just go on a site visit. They participated in planning and signed onto it as policy. People for whom it was an abstraction are now seeing it in action."

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FRESH has generated a new level of coordination and integration among parents, teachers, administrators, the school board, and the school health advisory committee—coordination that has started to unleash systems thinking. As a result of FRESH, Kirsten and others expect that the next version of the district's School Wellness Policy will be much different than its predecessor. And the long-term vision for FRESH is equally inspiring: to engage entire schools in impacting children's health, achieving buy-in among all key stakeholders. "We're striving for a time when this is no longer novel—when teaching, learning, physical, and mental health are integrated," she concludes.



SCHOOL-BASED HEALTH CENTERS

“It’s a place you’d want to send your kids.”

In 1997, there were no school-based health centers (SBHCs) in Greater Cincinnati. Thanks to Interact for Health (Interact) and hard work by many partners, the region is now a model for the nation. Currently, 35 sites serve 45 schools in nine districts, and plans for two more are underway.

SBHCs are health hubs that serve children in local schools and often surrounding communities as well. With most operated by Federally Qualified Health Centers (FQHCs), sustainability is built into the model from the onset. Management, staffing, and legal authority are vested with the county health provider, which can then bill for SBHC services. Start-up funding for primary care, dental, mental health, and vision facilities can be costly, and multiple investors, including corporations and foundations, provide seed funding.

According to Francie Wolgin, Senior Program Officer at Interact for Health, the organization has invested approximately \$24 million in SBHCs over the years, mostly to support planning and start-up expenses. “You don’t want to look at it as a short-term thing. You’re not going to get it done in two or three years,” she shares. Another caution? “We have a saying here: ‘Don’t want the project more than the people want it.’ If you don’t see it as a business opportunity, it’s not going to work.”

Interact’s investment is paying off in immediate and significant ways. For example, spending on hospitalizations and emergency room visits for children with asthma declined significantly after the first SBHC was opened in 1999.

Similarly, vision screening of all three- to five-year-olds enrolled at the Oyler SBHC showed that 68 percent required glasses; this finding, and subsequent action to fill prescriptions for glasses, has prevented headaches, absenteeism, poor performance, and delayed learning. And two years ago, only 10 percent of children at Oyler School were ready for kindergarten; after aligning health, housing, and food, readiness increased to 83 percent.

School nurses are a critical part of SBHCs’ success. As school employees, they are the first to see and refer children to SBHC services. It is not uncommon for 30 students to be treated in a six-hour window. And 4,300 children were seen last year in Oyler’s vision clinic, including youth from two other schools.

Two years ago, only 10 percent of children at Oyler School were ready for kindergarten; after aligning health, housing, and food, readiness increased to 83 percent.

Each child has a lifelong parental consent form on file with the SBHC, allowing them to be seen during the school day without a parent’s presence. This prevents costly delays and parents’ absence from work. The practice has been particularly useful in rural SBHCs, which often serve as a hub for all community health services and mitigate the need for long commutes for pediatric care.

Darlene Kamine is Executive Director of the Community Learning Center Institute, an organization that leads the ongoing engagement of the Greater Cincinnati community in the development of all schools as community learning centers. “What makes this transformational,” says Darlene, “is not our good ideas; it’s that the community identifies their needs. It brings awareness, excitement, and hope. There were frustrating hiccups at the beginning, but they were tolerated because the community was part of it.” She adds, “What will it take to make every one of our public schools a place you’d want to send your kids? That’s what we’re trying to create.”

INVESTING IN RESIDENTS AS COMMUNITY CONNECTORS



THE COMMUNITY HEALTH WORKER PROGRAM

“He was calling 911 because he had no food.”

Housed at the Institute for Advanced Learning and Research, the Community Health Worker (CHW) program is a collaboration between Gateway Health, PATHS (a FQHC), SOVAH Health, Danville Redevelopment and Housing Authority, Danville Regional Foundation (DRF) and The Health Collaborative. Spawned by a desire to better serve the area’s “super users” of local emergency rooms and increase access to primary care, local leaders discovered a model worth replicating during their site visit to Louisville, KY in 2015. In response, the foundation supported the creation of a CHW program with an investment of \$3.9 million over three years.

Now in its second year of operation, the program has 12 employees across three organizations and is building networks in neighborhoods with significant health disparities. Referrals come from local physicians, emergency departments, the health department, local EMS, and CHWs themselves. So far, no one has been turned away.

Crystal Deshazor, a CHW Team Lead, shares, “The most rewarding thing is to see a client be self-sufficient in their health. We try to do everything in our power to get them the resources they need.” At the same time, CHWs are providing important feedback to providers about how difficult it can be to navigate the very systems that are supposed to help people.

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Project leaders and the CHWs have big goals for the program, including lowering emergency room visits by 50 percent. Early successes are promising. According to Marlo Burton, a CHW, “I had one client who was calling 911 because he had no food. I was working after hours to make sure he had food.” Marsha Mendenhall, one of the founding partners and COO of PATHS, adds, “I’ve dealt with the same problems of lack of transportation, food, and clothing... of knowing how to get to the next step in life. I just want to see everyone do better in life.”

In addition to identifying and attempting to meet the health and social service needs of under-resourced populations, the CHW program also provides an important pipeline for workforce development. Prospective CHWs receive job and skills training that can prepare them for future positions in the healthcare industry. Cindi Poteat, with the Danville Redevelopment and Housing Authority, oversees CHW recruitment and training. She looks for people who are connectors. "You have to be sure you fit into their community. You have to meet clients where they are. You can't tell them what they need. You have to go in and listen."

"You have to be sure you fit into their community. You have to meet clients where they are. You can't tell them what they need. You have to go in and listen."

Not surprisingly, the program has had to overcome a number of front-end challenges, such as complying with the three health systems' consent requirements, liability guidelines, and hiring protocols. Amanda Young, CHW Project Director, shares, "It took us sitting down with the hospital's corporate legal team and asking what we could do to make it a yes." Additional realities include extensive front-end training of prospective CHWs to help build professional skills and, in some cases, life skills; CHW turnover, some due to career progression; and maintaining a consistently high case load. "With this program, you have to be completely flexible," Amanda reflects. "Things come up. You have to figure out what's working and what's not working."

Monica Crews, Director of Medical Management for Gateway Health, one of the founding partners, concludes, "The whole program has been amazing, and seeing how all of the partners have come together for the benefit of the community is phenomenal."



THE COLONIAS PROGRAM

"We want them to feel welcome."

More than half a million people live in over 2,300 colonias along the Texas-Mexico border, many without running water, sewer systems, paved roads, storm drainage, electricity, or internet connectivity. There are 323 colonias in El Paso County alone, and about 25 percent of them lack water and sewer systems. When violence broke out across the border in 2008, the colonias experienced a huge influx of immigrants, with some households tripling to 12 people. This created significant public health concerns. Yet there is no reliable information on who is living in the colonias; this is a transient population, and outsiders are not trusted. Those who work in the colonias prioritize meeting residents' needs and avoid probing questions.

Since 1991, the Texas A&M Colonias Program has developed and delivered solutions that increase the quality of life for residents living in colonias and in economically distressed areas. With its strongly networked social infrastructure, the Colonias Program partners with community-based organizations as well as local, state, and federal agencies to implement sustainable solutions. It works in 18 counties along the border, spanning 1,254 miles, 2,500 colonias, and more than 750,000 people. The program averages 900,000 health related-contacts annually. There are 350 registered promotoras in El Paso, and 500 in the region; in addition, there are many more promotoras who are not registered.

Pema Garcia is the Regional Director of the Texas A&M Promotoras Program, which provides access to an array of social programs like educational attainment, job training, referrals, economic development, health literacy, community development assistance, health and human/social services, and education.

INSIGHTS

Stretch your definition of community expertise.

Prudent foundations avoid unduly influencing a grantee's decisions, especially about human resources, but are often able to provide helpful supports. For example, we identified grantees that hired culturally-competent employees from the community who were committed to their neighbors. Their local expertise overrode a lack of formal training or degree.

Time and time again, we saw residents—including youth, budding entrepreneurs, retired professionals, and others—who cared about and connected with their community in order to maximize impact. Philanthropy should embrace the idea of grantees employing residents with lived experience and provide training and development opportunities, as needed, to help those residents build additional skills. Above all, keep listening to what community members say they need, and recognize them as the subject matter experts that they are.



Community Health Workers in the Colonias Program supported by the Paso del Norte Health Foundation in El Paso, TX.

"If there's not a program already developed, we develop it," she reports. Its work is targeted at, but not limited to, vulnerable populations, especially youth, women, and older people. Its ongoing goals are to reduce isolation, enhance residents' ability to become self-sufficient, and improve quality of life.

The Paso del Norte Health Foundation (PdNHF) funds two programs run by Pema and her colleagues. De Mujer a Mujer is an evidence-based curriculum that teaches women self-help techniques to reduce the incidence of depression and strengthen their family's core. And MoreCounts/MasCuenta is a comprehensive, family-focused project that integrates proven behavior strategies through evidence-based curricula to increase fruit and vegetable consumption and improve portion control, increase physical activity, and create an environment that promotes healthy eating and active living without bias.

According to Pema, some promotoras focus on programs, and others address advocacy. For example, the Texas A&M Promotoras Program was instrumental in helping pass El Paso's smoke-free ordinance in 2006. Successful strategies were replicated in Socorro, which then passed a similar policy. Teams of two promotoras met with council members and discussed the benefits of smoke-free policies. The promotoras also worked at different levels—with parents, businesses, youth in schools, and city officials.

A driving tour of the colonias reveals a range of dwellings. Some are well-constructed, middle-class homes while others are small shacks made of pallets. Pema confirms that every structure is different. Because residents don't have credit when they come to the United States, they may build one or two rooms and add on as they are able. "Residents get creative to get what they need. Rather than fix their windows, they'll put a board up. Others will add a room or two onto a mobile home," she says. This is an isolated community, "with no services, no grocery store, no parish." One family donated their home to serve as a community center, but it was hard to keep it going, and it eventually closed. Sustaining programs and resources can be challenging in other colonias, too. In Socorro, plans to redevelop former military property were thwarted by administrative turnover.

However, some bright spots remain. For example, one of the buildings now serves as a community resource center that provides a variety of services for seniors, including bingo, meals, gardening, and ESL classes.

FOSTERING RESOURCEFULNESS



THE FAUQUIER FREE CLINIC

“We’ve got the best dental equipment in the county.”

Rob Marino is Executive Director of the Fauquier Free Clinic, which launched in 1993 to meet uninsured, low- to moderate-income residents’ need for health care. Rob joined the organization in 2000 as its second leader. Since then, it has expanded significantly in response to the community’s growing needs.

Three years ago, the clinic moved from a small, one-story building to a much larger facility that is more centrally located. Thanks to support from the PATH Foundation (PATH), the clinic pays just a dollar a year to lease the space from FHS Services, PATH’s parent company. This allowed the clinic’s leaders, board, and volunteers to focus nearly all of their attention on raising money for new, state-of-the-art equipment as well as ongoing operating expenses. With just four full-time and 10 part-time staff, a majority of clinical services are provided by volunteers. Rob notes that “good equipment encourages them to come back.”

Today the Free Clinic is open five days a week. In 2016, it saw 2,161 patients in approximately 8,000 visits. It offers medical, dental, and mental health services to adults and pediatric patients alike, as well as regular consultations from specialists such as orthopedists and neurologists. The clinic operates with a high quality of care and a sense of professionalism and respect while still being adaptable and resourceful. For example, the clinic quickly added pediatric dental services in early 2014 in response to the abrupt closure of the health department’s pediatric dental service just a few months earlier. Because Virginia did not expand Medicaid coverage under the Affordable Care Act, this move would have left uninsured patients with few options for care.

Despite administrative challenges, the clinic received \$6.8 million in free prescription medicines for its patients last year.

Similarly, in response to the dramatic need for mental health counseling, the clinic now offers access to mental health professionals remotely, via telehealth. This helps ensure adequate coverage in a rural county where the ratio of mental health providers to residents is 1:1,500—approximately half that of the rest of the state. And instead of incurring the liability and expense of housing a licensed pharmacy, the clinic secures free medications donated by established drug programs. Despite the administrative challenges, the clinic received \$6.8 million in free prescription medicines for its patients last year.

INSIGHTS

Be willing to fund the slow, sometimes invisible efforts that lay the groundwork for sustainable impact.

As health foundations, we want to support efforts and organizations that have the potential to make lasting improvements to population health. Keeping the big picture in mind and working methodically toward a long term goal takes patience and dedication. It's also useful to think of community work as an ecosystem—funding only the top of the chain may be more disruptive than visionary. Some of our local organizations bring the best value to the health of communities by doing the everyday work of responding to residents' immediate needs. On our HLCLC site visits, we saw examples of small grants that were transforming neighborhoods in tangible, quantifiable ways. We also saw multi-year, multi-million dollar investments that aspire to impact the health of future generations. Both matter. As community-based health legacy foundations, we can and should accommodate both in our strategies.



PATH Foundation site visit to the Haiti neighborhood in Warrenton, VA.

Small infusions of resources can make a big difference to the clinic and its patients. A full-time mental health counselor began working at the clinic in October 2016, and now Rob and the rest of the staff can't remember what it was like when she wasn't there. "She functions like a case manager. She helps integrate medical care and dental care with social services and other basic needs, like access to healthy food," Rob shares. With no Federally Qualified Health Center (FQHC) in the area, the clinic fills an important need.

The PATH Foundation has had a tremendous impact on access to health care in just a few short years.

From owning the clinic building to providing opportunities for Rob Marino to increase his skills as a nonprofit leader, the PATH Foundation has had a tremendous impact on access to health care in just a few short years. And Rob confirms other, more subtle ways in which the foundation's support has been instrumental, adding, "The Community Health Needs Assessment provides the data I need. I use it with funders. That's huge. And they've supported convenings to encourage organizations to collaborate rather than compete around issues."

His caution for nonprofit leaders and their funders? "You really have to resist the urge to design programs to get grants. Operating funds are so useful, but most foundations don't want to fund that." In contrast, the PATH Foundation makes operating grants to nonprofit organizations that have adopted best practices so they can make decisions based on clients' best interests.

ADDRESSING MENTAL HEALTH



THE THINK.CHANGE INITIATIVE

“This is the community’s table.”

Enrique Mata is a Senior Program Officer at the Paso del Norte Health Foundation (PdNHF). He is also a public health professional, a registered nurse, and a community builder. All of these roles make him a natural leader for one of the region’s most challenging issues: mental health. Accordingly, for several years he has led PdNHF’s work in its mental health priority area. It started in 2012, when PdNHF identified two goals: one, reduce the bias associated with mental illness, and two, transform regional behavior health systems into fully integrated systems of care. These proved to be audacious goals due to many factors, including a severe shortage of licensed clinical psychologists in the area—just 38 when the Think.Change initiative started.

In 2013, PdNHF led a regional assessment of stigma associated with mental illness. PdNHF commissioned a situational analysis of the region and conducted a literature review, best practices compendium, county-level mental health profiles, key informant interviews, and focus groups. All of these activities led to the development of recommendations related to stigma reduction in the region.

An important first step focused on increasing availability of evidence-based programs such as Mental Health First Aid. PdNHF also invested in building organizational strength by supporting leadership training and board development activities.

For example, as a result of the El Paso County Sheriff’s Office work to implement more progressive policy and practice changes within the jail system, inmates in distress can now call “blue shirts”—mental health professionals in every jail—at any time. And PdNHF has helped NAMI El Paso grow and thrive. According to Patti Fernandez, its Program Director, “We’re trying to show that soon we’ll be ready to be completely independent [from a fiscal sponsor].”

“As a community, not just as a foundation, we’re asking whether we can we move the needle. And we now have a baseline.”

In 2014, PdNHF supported a survey assessing stigmatizing attitudes toward those with mental illness. Over time, PdNHF hopes to show statistically significant reductions in stereotyping and prejudicial attitudes. Enrique reports, “We now look at more ‘move the needle’ kinds of metrics. Are more people responding positively to the idea that most people with mental illness can get well and return to productive lives? As a community, not just as a foundation, we’re asking whether we can we move the needle. And we now have a baseline.”

Building this sense of community has taken time, and Think.Change is helping to lead the way. Through this initiative, PdNHF is using a Collective Impact framework and research-informed constructs to reduce stigma. Community partners are working together to identify appropriate indicators to measure progress toward the initiative's goals and objectives. Intentional efforts to break down barriers have helped. For instance, while PdNHF supported El Paso County's behavior health systems assessment, it required co-funding from local partners in order to increase their buy in. And unlike others, this initiative's logo does not identify PdNHF. "It was designed to engage folks and to say, 'This is the community's table,'" Enrique notes. Over time, this collaboration led to the development of the El Paso Behavioral Health Consortium, which now has a mission, a strategic plan, and a leadership council.

A 2017 evaluation shows that the collaborative is years ahead of other similar groups in Texas and elsewhere in the United States.

A 2017 evaluation shows that the consortium is years ahead of other similar groups in Texas and elsewhere in the United States. Enrique reflects on its progress with pride. "The first year, our goal was just to get everyone to talk to each other," he says. Patti reflects, "One of the beauties of this platform is we were able to come together and realize it's not just severe mental illness. We ended up becoming the watchdog, to ensure that as organizations were making decisions, they considered what the family needs and what the individual needs."

Patti acknowledges that gaps remain. But "now we're empowering families with a list of resources. And we're making referrals to organizations. Communication is more open." Yet communication issues, such as language and cultural challenges, also impact the consortium's efforts to address mental health stigma. "We don't know everything," Enrique concludes, "but we're exploring behaviors and environment rather than illness."

INSIGHTS

Effective evaluation balances evidence and innovation.

Understanding successful strategies and evidence-based practices was one of the core objectives of the HLCLC. As grantmakers, we're uniquely positioned to provide cover for people and organizations willing to experiment and innovate. Evaluation is the one area in which HLCLC partners differ the most—in some cases, quite significantly. And although our approaches to evaluation are different, we share the common goal of understanding the impact of our investments without imposing a level of specificity in evaluation that would discourage innovative thinking.

This is a delicate balance. To do this, we strive to create a culture of learning in our communities and to encourage courageous and innovative decision making. We've seen that small-town solutions, which are often human-scaled, collaborative, agile, connected, authentic, and experimental, can be just as effective in addressing systemic challenges as large-scale, evidence-based initiatives that are implemented in bigger communities. We support planning and research efforts that dig deep into important issues to understand their unique context, allowing us and our grantees to be more informed even when developing strategies that have not yet been scientifically proven. We also recognize that if grantees and initiatives are to be sustainable, they must have data that show they are making a difference. Finally, we acknowledge that we take risks with the understanding that we may not see the impact for years to come.

Still, access to mental health care remains a glaring challenge along the border. The El Paso Internship Consortium program (EPPIC) is one way in which PdNHF is taking a long-term approach to this issue. EPPIC focuses on building the pipeline of licensed clinical psychologists by providing one-year psychology internships in the area. This five-year commitment strives to create an accredited internship program in order to recruit more licensed psychologists to the area. While the program has a long way to go, Enrique views it as a tremendous success, and EPPIC will soon be submitting evaluation data in order to become fully accredited.



OPIOID USE PREVENTION

“What role you decide to play makes a huge difference.”

According to Kelly Firesheets, former Senior Program Officer at Interact for Health (Interact), the organization got into opioid prevention almost by accident. When assessing rural grantees' progress in addressing alcohol abuse, they noticed that many were not meeting their goals. "People started telling us, 'No one is drinking anymore; people are taking these pills! There's a doctor in a trailer who is handing out pills to everyone.'"

Subsequent policy efforts to close these "pill mills" may have inadvertently contributed to the opioid crisis, which has taken Interact's service area by storm. "Between 2010 and 2014," Kelly recalls, "we watched opioids roll into the city core from the eastern counties. You could just see it come in." A large initiative in northern Kentucky became the blueprint for establishing coalitions elsewhere. Now there are active coalitions in nearly every one of Interact's twenty counties. In addition, Interact launched two Requests for Proposals (RFPs): one related to coalition planning and coalition building, and another focused on harm reduction. Data has always been a primary focus, and Kelly is proud of the fact that Interact for Health has been collecting data since 2011.

The most powerful part of the collaborative is the ability to align funding from multiple sources and to refer potential grantees and projects to other funders.

In addition, Interact plays an instrumental role in a funders' collaborative that is focused on addressing the opioid epidemic. While there is a small pool of shared funding (approximately \$500,000), Kelly reflects that the most powerful part of the collaborative is the ability to align funding from multiple sources and to refer potential grantees and projects to other funders. "That wouldn't have happened organically," she says.

The collaborative has also kept momentum going during Interact's transition year. "This year's priorities and activities got postponed by strategic planning, and many were deferred for a year. It's hard to start things when you can't promise the community you'll be there next year," she admits. "The funders' collaborative gave me the opportunity to do things in the meantime. I feel like the great value of my work in communities is hustling and deal making, not grant making."

With opioid use prevention now one of Interact's areas of focus, the work will continue, perhaps with even greater urgency.

With opioid use prevention now one of Interact's areas of focus, the work will continue, perhaps with even greater urgency. Just how it will do so is still unanswered. "Collective impact is everywhere in our city," Kelly observes. "This, though, needs to be nimble and responsive. And how we define success with such a wicked and complex problem is a big deal." One challenge is determining how much to do internally, how much to contract out, and how to structure and scale a backbone organization to provide support. Ashlee Young, former Interact for Health Evaluation Officer, concurs. "How do you structure something sustainable that will continue beyond the next five years?" she asks. "What role you decide to play in these huge things makes a big difference."

STIMULATING A BROAD VISION OF HEALTH



ECONOMIC DEVELOPMENT ALONG THE DAN RIVER

“What we do is key to quality of life.”

According to Corrie Teague Bobe, Assistant Director of Economic Development for the City of Danville, VA, a site visit to Greenville, SC in 2011 helped Danville leaders envision what was possible. Revitalization of the Dan River Region began in earnest. Since then, the Danville Regional Foundation (DRF) has invested about \$25 million in the River District and \$10 million in mission-related investments.

This leveraged another \$35 million investment from the City of Danville and \$127 in private investments, including construction for market-rate housing, affordable housing, and new commercial development. It also includes investments in other downtown buildings and waterfront events, like the Science Center's Digital Dome, the new riverfront YMCA, and the River District Festival. There are also wayfinding signs, pavers, trees, and other streetscape projects as well as vast improvements to the river front and Riverwalk trail. Future enhancements will include more streetscape projects, a new pedestrian plaza along the river front, a mixed-use parking deck at the site of the former Downtowner Hotel, a dog park, a synthetic ice rink, and more.

With a year-round staff of 64 that increases to 180 in the summer, the city's parks and recreation department has been a key partner. Bill Sgrinia, its director, works with Corrie and her colleagues on many issues and initiatives. Noting a few important turning points for the community, Bill says, "Building the YMCA and demolishing the Downtowner Hotel really showed the community we were serious. We learned about how a riverfront park could be a huge economic driver."

“We learned how a riverfront park could be a huge economic driver.”

It appears these investments are paying off. The occupancy rate downtown is now around 90 percent. More than 360,000 people use the Riverwalk annually. And developers are being pushed to work in a new way, like contracting with women- and minority-owned businesses and providing incentives to increase access to healthy food and opportunities for physical activity. In addition to overseeing the city's libraries, Bill's role as the director includes other less traditional responsibilities, such as introducing public art to the community and expanding the trail system. As an ambassador for health, he understands that his job is broad and organic. "We do seem to be involved in a lot of things," he says, "but we've also made a conscious decision to be attached to the issues that are important to our community. We're problem solvers! We're addressing community issues through our services."

“We’ve made a conscious decision to be attached to the issues that are important to our community. We’re problem solvers! We’re addressing community issues through our services.”

Bill and his colleague, Emily Ragsdale, Facilities and Services Planner for Danville Parks and Recreation, are also careful to note that progress sometimes happens in small steps. For instance, working with a variety of partners, they recently advocated for a Complete Streets policy. The first step was inviting city staff to attend a workshop conducted by Smart Growth America. Staff got excited about the concept and decided that creating an internal policy was the best place to start in order to avoid red tape and bureaucracy. The next step is fine tuning the policy and seeking approval from the city council. “It was a hurdle just getting to this,” Emily notes, “but they see that it’s not creating much more work, and it’s not making projects more difficult.”

INSIGHTS

Design the end as carefully as the beginning.

When building new programs, adopting multi-year initiatives, and considering overall strategic direction, it’s important to consider the potential for harm to our communities as well as the benefits of our influence and funding.

During our site visits, the HLCLC partners tended to focus on the programs and partnerships we’re most proud of and in which we invested significant time, money, and effort. We began asking ourselves and each other whether we were giving equal consideration to what comes next. Will we exit, and if so, how? Will the initiatives continue without us or come to a planned end? What criteria will be used to know when and how to do that, and what are our continued obligations to the people associated with those programs? How will we and our grantees adapt if the foundation has a change in staff, leadership, or funding priorities?



COMMUNITY REVITALIZATION AND SAFETY

“We put a piano in the park!”

On a sunny weekday in April, Eva Walker Park is nearly empty. But just a few hours later, it’s bustling with the energy of a late afternoon pick-up basketball game. The 5.7-acre park is an important and historic place. Once private property, the Gerber family donated this land so neighborhood youth could have a safe play to play.

Today, a rolling greenway, grassy hills, large shady trees, playground equipment, and a basketball court offer a welcoming place for residents of Haiti Street, one of the city’s poorest neighborhoods. Its two dozen homes include long-time residents living in multi-generational housing, many of them rental homes. Safety, mental health issues, and drug use have been among the neighbors’ top concerns. More recently, they have added gentrification and fear of displacement to the list. Habitat for Humanity, which has made a ten-year commitment to the Haiti Street neighborhood, hopes to prevent that by increasing resident engagement, creating a range of safe and affordable housing options, and supporting coalitions that help meet the community’s needs.

Town-sponsored movie nights, sports programs, and other activities help bring families together. A large open gazebo at the park’s entrance serves as a natural gathering place for everyone. Its centerpiece is a single piano that is painted with brightly-colored children’s handprints. The question begs to be answered: what is a piano doing in a park?

John Thompson is a long-time resident, church deacon, retired high school teacher, and member of the PATH Foundation's Social Responsibility Committee. His wife grew up in a house nearby. Many years ago, her mother was outraged about inequitable school busing practices, so she did something about it. Today, all Warrenton children have guaranteed transportation to public schools. She was also concerned about the lack of safe places for local children to live, so she helped lobby for and create a park in her backyard—Eva Walker Park, which bears her name.

Deacon Thompson is visibly moved as he describes the park and what it has meant to residents in the area.

Deacon Thompson is visibly moved as he describes the park and what it has meant to residents in the area. He takes great pride in the community and serves as a facilitator, increasing residents' awareness of available resources and helping local service agencies understand their needs. He is in a unique and trusted position—a position you know he takes seriously when he pointedly asks, "The neighbors know me, not you. So what should I tell them when they ask me why you were in the park?" When asked what a philanthropy like the PATH Foundation can do to improve health in this neighborhood, he doesn't miss a beat. "Anything to open communication with people. The PATH Foundation has been willing to invest. That's a big step forward."

Lawrie Parker has lived in Warrenton for 35 years. She's a lawyer by training, and for 25 years she's used those skills—along with a hefty dose of resourcefulness and compassion—to lead the Piedmont Dispute Resolution Center. The center has worked in the Haiti Street neighborhood for several years, and it was instrumental in brokering community conversations between neighbors and local police officers.

Prompted by a dispute between racial groups, a Town Council member recognized the need for restorative action. Center-led activities included separate listening sessions with law enforcement and African-American residents followed by a joint session in which "people spoke from their hearts." Each identified how they wanted the others to view them. According to Lawrie, for both groups it was the same: "Don't just look at me and see the worst."

They realized they needed to engage more often and have done just that through conflict resolution training, shared meals, and a community fun day. Deacon Thompson affirms what this important work has meant to Haiti Street. "As a young black kid, guys in blue were looking at me as a bad guy. The attitude toward the law has changed. Haiti Street used to be a hotbed for criminal activity. Now we can fix that. It's been a very positive experience."

And what about that piano? Adapted from a similar project in Nashville, TN, the local Boys and Girls Clubs organized a piano painting day for neighborhood youth. "That instrument doesn't get [vandalized] because the community put it there. People know it belongs to them," says Paul Linz, Executive Director of Fauquier Habitat for Humanity.



PATH Foundation site visit to the Haiti neighborhood in Warrenton, VA.

FOCUSING ON HEALTH EQUITY



INTERACT FOR HEALTH AND ALL-IN CINCINNATI

“You can’t do the work without doing the work.”

According to Jaime Love, Program Officer at Interact for Health (Interact), the organization’s journey to authentically embrace equity from the inside out began in 2015. Leadership was starting to hear more about equity and wanted to engage in additional learning. As a result, they invited Yanique Redwood from the Consumer Health Foundation to speak at a meeting of Interact’s board and staff. “That energized our board around the importance of equity,” she says.

This meeting led to the formation of an internal equity committee. Seven staff members from all levels began meeting monthly to shape Interact’s equity agenda. In Fall 2015, six staff and two board members attended PolicyLink’s National Equity Summit, returning with recommendations for Interact’s Equity Values Statement, which the board of directors adopted in December 2015. Efforts to educate all of the staff followed, including sharing definitions and articles and training on implicit bias.

“It was a new topic and uncomfortable for some,” Jaime recalls. As the committee started talking to other foundations, they began to recognize the importance of achieving alignment with respect to language and understanding. As a result, Interact selected CommonHealth Action to conduct a two-day training for all staff. Jaime believes this was somewhat of a turning point, especially for those who hadn’t been involved in previous conversations.

“It was a new topic and uncomfortable for some.”

Meanwhile, things began changing internally. The equity committee developed a board recruitment grid to look at gaps and recruit for a more diverse group. It wasn’t an easy journey, but after a year, the board of directors decided to use the grid as part of its process. Interact also implemented other practices. For example, a book club and open space dialogue in response to current events made it more comfortable for staff to discuss equity. The entire board also had a full-day equity training. Jaime and her colleagues have seen a shift in conversations and in how people are talking about the work. Significantly, Interact recently changed its mission statement to reflect the new focus on health equity.

As Interact engaged in its own learning journey, All-In Cincinnati was forming to address equity within the region. Eileen Cooper-Reed, a former long-time Interact for Health board member and a consultant to All-In Cincinnati, describes this process. "About 25 of us went to the PolicyLink Equity Summit. When we came back, we met for over a year just to decide who we were and what we wanted to do. Whoever wanted to come could come. By the end of the year, we felt it was time to become a coalition."

One of her most important roles is to help All-In Cincinnati create the container for its equity work. "It's big and confusing," she says. "Because I'm not a part of those organizations, I can be objective about it. We knew that equity had to be addressed at all levels. That's going to be true in any community, regardless of their differences. And the degree to which you address equity internally is the degree to which you can address it outside your organization."

"We knew that equity had to be addressed at all levels. That's going to be true in any community, regardless of their differences. And the degree to which you address equity internally is the degree to which you can address it outside your organization."

All-In Cincinnati is guided by a core team that leads the coalition's work with funding from Interact for Health, the Greater Cincinnati Foundation, and the United Way. It primarily comprises people of color. According to Eileen, this is unusual for Cincinnati. "If you want to really do something with equity, you need voices that aren't typically represented. Otherwise, you'll miss the mark." Eileen is complementary of Interact's own exploration, noting that "You can't do the work without doing the work. It's not just another program—it's how to embed the issue of equity into what you're doing."

INSIGHTS

Equity starts within.

As grantmakers and investors, health foundations must be mindful of the tendency to look outward to diagnose problems and dictate solutions. During the year together as a learning circle, each of our foundations recognized the critical need to examine our own policies, practices, and assumptions underlying our grantmaking practices to understand how they may reinforce—or help dismantle systemic racism, inequity, and implicit bias.

We recognized that there is a need to operationalize equity internally, including developing a shared understanding, language, practices, policies, and principles, before requiring grantees to do the same. While this important work can be driven by staff or leadership, board buy-in and alignment are also critical.



Interact for Health site visit to Our Harvest Farm Co-op in Cincinnati, OH.



Tips for a Successful Learning Circle

- Recruit partner organizations with enough similarities so that lessons learned are relevant and translatable.
- Recruit partner representatives who are dedicated to the process, possess a range of experiences, and have leadership support for their participation.
- Identify core partners who are committed to engaging in all activities from start to finish. Consistent engagement from multiple partners from each organization promotes continued learning and reflection when representatives return to their home institution.
- Include a planning period to begin building relationships, trust, and a shared vision for the process and outcome. During this planning period, identify a reasonable set of learning questions to guide the work, and revisit and adjust them as the process evolves.
- Consider hiring an external consultant to keep the process moving. The consultant can provide a helpful, objective perspective, assist with site visit logistics, synthesize lessons, and facilitate reflection sessions.
- When designing site visit agendas, ensure a mix of activities and experiences, including time with foundation leadership and staff to discuss history, community context, and practices; meetings with grantees and community partners to see the foundation's investments in action and learn about their successes and challenges; and informal networking time for continued relationship building among learning circle partners.
- Document what you saw, heard, and felt during the site visits, as well as insights and follow-up questions. Revisit these periodically as individuals and as a group.
- Allocate sufficient time for reflection during and after the site visits. Recognize that this is an iterative process and that lessons learned from site visits may not begin to arise until you have left the community—or perhaps months later.
- Think about how you wish to use and share what you learn. Consider how you will disseminate lessons inside your own organization, across your community, and to other interested stakeholders.

TO LEARN MORE

Explore the HLCLC project page online for additional resources and contacts:

<https://healthyplacesbydesign.org/project/health-legacy-collaborative-learning-circle/>