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# Building Healthy Communities

## Through Community Foundations

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*A description of the health partnership  
between The California Endowment and the  
League of California Community Foundations*



THE CALIFORNIA ENDOWMENT

**T**his document describes a new health partnership between The California Endowment and the League of California Community Foundations. It is written to inform and encourage the continued creation of partnerships between private foundations and community foundations, and to stimulate exploration of other regional collaborations between health conversion foundations and groups of community foundations.

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# Introduction: A Unique Health Partnership

In 1999, The California Endowment and the League of California Community Foundations initiated a multi-year partnership aimed at improving the health of individuals, families, and communities throughout California. This is a regranting initiative that involves community foundations distributing funds supplied by The California Endowment to a wide variety of local programs and agencies. Several attributes of the partnership may be of interest to readers of this document:

- It involves the largest partnership to date between a health conversion foundation and a group of community foundations. It illustrates the value that health-focused private foundations can achieve by engaging organized groups of community foundations to implement large-scale initiatives via programs tailored to local circumstances.
- It draws upon, and aspires to contribute to, the body of learnings generated through the series of productive private foundation and community foundation partnerships initiated in the 1980s and 1990s.
- It focuses on health, and seeks to uncover and test new programmatic approaches for addressing unmet health care needs in a high-population state characterized by enormous diversity in culture, race, and socio-economic status. These approaches include a “community inspiration” process used to encourage broad local input in the creation of innovative program proposals.
- It reflects a desire to manage the relationship between all participants on a peer level. For example, it features the transfer of responsibility for key programming and evaluation activities from The California Endowment to community foundations. It also expresses a purposeful intent to convene and involve community foundations—regardless of their size or years of existence—as equal partners in achieving The California Endowment’s project objectives.

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## **Pioneering Private and Community Foundation Partnerships**

Increasingly, national and regional foundations are exploring strategies to deepen their impact in American communities. One strategy pioneered by national funders including the Charles Stuart Mott Foundation, the Ford Foundation, the W. K. Kellogg Foundation and the Lilly Endowment has involved partnerships with community foundations. These partnerships have grown around a range of interests and issues over time, and have contributed both community gain and valuable learnings to the philanthropy field.

In the mid-1980s, the C.S. Mott Foundation began its Neighborhood Small Grants Program, a regranting initiative designed to encourage community foundations to fund development programs in low-income neighborhoods.

During a 20-year period, approximately \$55 million was committed to this goal, as well as to support endowment building, administrative support, and technical assistance.

Ford Foundation's first effort targeted at small community foundations involved an initiative which ran from 1987 to 1994, and involved 27 community foundations and \$13.5 million in grants. Funds were used to jump-start endowments and encourage a proactive and strategic approach to grant-making, helping to create strong organizations capable of community leadership.

In 1988, the W.K. Kellogg Foundation and the Council of Michigan Foundations began a program to develop the infrastructure of community foundations statewide and to involve as many young people as possible in philanthropy.

The Michigan Community Foundations Youth Project is a 20-year project involving \$65 million that has led to the creation of 25 new community foundations.

The Lilly Endowment initiated its support of community foundations in 1990 with the establishment of the GIFT program (Giving Indiana Funds for Tomorrow). In 1990, there were less than a dozen community foundations in Indiana with combined assets of under \$100 million. At the end of 1999, GIFT contributed to the growth of a field of 95 community foundations with combined assets of \$1 billion.

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# About the Partners

## **The California Endowment**

Established in May 1996, The California Endowment was created as a result of Blue Cross of California's conversion from a not-for-profit to a for-profit organization.

The mission of The Endowment is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.

Responding to the needs of California's diverse racial and ethnic populations, The Endowment focuses on three key health care areas: multicultural health, access to health care, and health and well-being. These three broad areas provide significant opportunities for addressing some of California's most challenging health issues.

To ensure access for all, The Endowment has adopted a grassroots, regional, community-based approach for its grant-making activities. This orientation helps The Endowment understand the unique assets and needs of California. It has five regional offices and a staff of 16 program officers recruited for their local knowledge and expertise. Since its inception, The Endowment has funded more than 1,200 grants totaling \$470 million to community-based organizations throughout California. It has assets of approximately \$3.7 billion.

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## **The League of California Community Foundations**

The League of California Community Foundations was created in 1994 to advance community philanthropy throughout California. By fostering collaboration among the state's community foundations, and supporting the development of new community foundations in unserved parts of the state, the League aims to ensure that every community has access to the benefits of community foundation services and resources.

The League consists of 20 member community foundations and six associate members. At the end of 1999, these community foundations held charitable assets of \$4 billion, and, in that same year, the League's members and associates made grants exceeding \$275 million. The League contains a diverse membership with the oldest foundation established in 1915 and the youngest in 1998. Member assets range from \$1.2 billion to \$700,000.

The League serves as a statewide information and assistance resource for existing, new, and emerging community foundations. It also represents the interests of community foundations at the state level, ensuring that legislators, policymakers, and regulators understand the unique and vital role community foundations play in fostering the well-being of individuals, families, and communities throughout California.

The League is continually seeking opportunities to develop new resources for community foundations and to improve awareness of community foundations within the general public and among prospective donors, opinion leaders, and other philanthropists. Its goal is to expand the base of philanthropic resources that are locally controlled and locally deployed for community improvement.

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# About the Partnership

## Background

America's health care is the most expensive in the world. At the same time, it is also the most inequitable. Nationally, the number of medically uninsured is now 43.4 million, or more than 16 percent of the population. Significantly, 11 million children lack medical insurance. A World Health Organization study released in June 2000 found that the United States spends more per person on health care than any other country in the world, yet ranks 37th in the overall quality of care provided.

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**The starting point:**

**A mutual interest  
in strengthening  
community foundation  
capacity to engage  
in community-based  
health philanthropy.**

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In California, the population of the state is changing dramatically and growing older. These demographic shifts challenge health systems to be more responsive to the complex needs of diverse populations, and to address the varied social and environmental factors that affect the health care of communities. At the same time, a number of significant forces are reshaping California's health environment. The public and private sector transition to managed care, intense market competition, and the welfare reform process are just some of the trends converging to create new challenges for California's underserved populations.

The California Endowment and the League of California Community Foundations Health Partnership developed from a mutual interest to strengthen the capacity of community foundations in California to engage in community-based health philanthropy. This resulted in a multi-year initiative which involves the regranteeing of nearly \$7.6 million by community foundations to fund innovative local health care initiatives.

The partnership provides The Endowment with a way to ensure that community foundations statewide engage a diverse and inclusive array of local leaders and community-based organizations to improve the health of their populations. It also provides the League with the means to build its capacity as a statewide philanthropic organization, ensuring the effectiveness and overall success of this regranteeing initiative, as well as potential future initiatives.

## Overview and Objectives

The California Endowment, the League and its members believe a number of important and durable outcomes will be realized as a result of their partnership. These include:

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- Increasing the capacity of community foundations throughout the state to engage in effective, community-driven health grant making, convening, and problem solving.
  - Growing new, and supporting emerging community foundations to reach and serve all California communities.
  - Developing a statewide network of community-based philanthropic partners to work with The Endowment as local conveners, as sources of information on community health needs and resources, and as partners in collaborative grant making.
  - Strengthening the League of California Community Foundations as the statewide coordinating mechanism for community foundations in order to provide a vehicle for peer-based learning, transfer best philanthropic practices, and disseminate information and ideas.
  - Developing proven and promising health-related interventions in communities across the state, using the regranting mechanism to improve the health status of individuals, families, and communities.

From the beginning of this relationship, The Endowment engaged the League and its community foundation members, strategically focusing on these desired outcomes rather than program tactics and activities. This was a critical element in the evolution of the partnership.

Providing this wide strategic berth allows individual community foundations to apply their experience and judgment to best achieve local results, and creates room for creativity and risk taking. At the same time, it fosters a shared vision that facilitates a sense of unity and a common direction for all participants.

The partnership's focus on strategy has allowed participating community foundations to develop truly innovative health care initiatives by working closely with their communities. It also has allowed them to develop capacity-building plans that accommodate their unique and varied infrastructure needs. Most importantly, it has built trust, mutual respect, and goodwill among all the parties in the relationship—The Endowment, the League, community foundations, community stakeholders, and the communities themselves—providing a base for continued impact on California's health.

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# Key Partnering Components

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**With all community foundation participants as full partners, each has a stake in making the initiative successful. Established as well as new community foundations have an incentive to share and learn from each other.**

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## **Equal Participation for All**

In the spirit of the partnership, The Endowment and the League of California Community Foundations engaged in a discussion of the philosophy and methodology for disbursing grant monies to participating community foundations. It was felt that the usual methodologies applied to allocating grant monies such as geographic population or a community foundation's asset base had the potential to create an atmosphere of competition rather than cooperation. After careful consideration, The Endowment, the League, and its members agreed that all community foundations should be viewed and treated as equals, and award parameters were established in a manner consistent with this decision. The result was that all participating community foundations received grants up to \$400,000 at the beginning of the program.

This initial distribution of funds has helped the partnership achieve a sense of cohesion quickly. With all community foundation participants as full partners, each has a stake in making the initiative successful. Established as well as new community foundations have an incentive to share and learn from each other.

## **Community-Inspired Grant Making**

Three closely related goals formed the basis for the regranting phase of the partnership.

- To respond to one or more priority community health needs.
- To expand the capacity of the state's community foundations to engage in health-related program activities.
- To establish a functioning peer partnership between The California Endowment, the League of California Community Foundations, and its members.

To achieve these goals, The Endowment and League members embraced a "community inspiration" strategy, working with an array of stakeholders to identify regional and community health priorities, as well as program priorities. A broad and inclusive definition of health guided the proposals:

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*Health is a state of individual and community well-being. The achievement of good health includes physical, mental, psychosocial, spiritual, behavioral, and environmental wellness, ready access to the full array of preventive and treatment services, and sufficient information with which individuals and communities can make choices which encourage and support well-being on an equitable basis.*

Working with their communities, the foundations engaged in three levels of community-inspired activities to focus their proposals.

**Ascertainment.** During this activity, community foundations worked with local resources to collect and study existing data on community health; convened community health and human service providers as well as other diverse community leaders; and held community meetings and focus groups. The overarching aim was to ensure that the proposed projects truly addressed a significant need and reflected the priorities of their communities.

**Due Diligence.** This activity was intended to ensure that the community-inspired priority needs and projects were viable from a grant-making perspective. Here, the community foundations thought carefully about the potential for achieving tangible health-related outcomes, the sustainability of potential projects, and the opportunities for leveraging existing community health resources.

**Strategic Analysis.** This activity involved sifting through possible projects, taking into consideration need and potential positive impact on the community's population. This analysis also focused on the opportunities for potential projects to advance the visibility, credibility, and capacity of each community foundation.

The result of this collaboration was a portfolio of 25 community-inspired health projects submitted for consideration to The California Endowment. Reflecting the multicultural diversity of the state, these projects seek to address a wide range of community needs—from outreach and education, to environmental health, to dental care, to public health issues such as infectious disease.

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### **League Leadership**

The League of California Community Foundations is guided in this partnership by a Health Projects Working Group made up of League members. The working group guides all aspects of the project, advises the principal investigator, and serves as liaison to a League Steering Committee which provides oversight and integration with other League activities. The initial working group included the following community foundation executives:

**Sandra Hernandez**, M.D.  
The San Francisco Foundation

**Thomas Peters**, Ph.D.  
Marin Community Foundation

**Robert Kelly**  
The San Diego Foundation

**Tom Miller**  
Glendale Community Foundation

**Judy Spiegel**  
California Community Foundation

**Sterling Speirn**  
Peninsula Community Foundation

**Karen Kallay**  
Orange County  
Community Foundation

**Alan Pardini**, the League's Senior Advisor, serves as Principal Investigator for the partnership.

### **Peer Review Process**

Similar to the philosophy and process for determining the initial allocation of grant funds, The Endowment, the League, and League members saw value in structuring the partnership based on a peer review process. This involves foundations working with each other to support and approve all aspects of the local regranting and program review process.

Approaching the relationship this way is a first for both The Endowment and the League's members, and involves a learning curve for all. A peer review structure requires extensive coordination, a substantial investment of time, and a high level of trust among all participants. Having an equal stake in disbursed grant monies also helps community foundations view themselves as equal participants and provides an added incentive for making the partnership work.

Importantly, a by-product of the peer review process has been the development of a statewide network of community foundation program officers who will be able to work with each other as well as with The Endowment in the future.

### **The League's Intermediary Role**

Within the framework of the grant's objectives and the outcomes established for the partnership, The Endowment delegated key strategic, technical, monitoring, and evaluation responsibility to the League. Fundamental to the partnership between The Endowment and the community foundations has been the League's role in strategy development, providing technical support and assistance to participating community foundations, and monitoring and evaluating all aspects of the regranting programs.

While serving as a single point of contact for The Endowment, the League has also been a reliable and consistent point of contact for its members. It has supported the partnership by serving in the practical roles of convener, educator, trainer, and representative, becoming a virtual forum for the networking and sharing of ideas and best practices. It successfully created a collaborative working atmosphere for foundations with a wide range of experience and backgrounds. Above all, throughout the activities of each phase of this program, the League has worked to leverage the knowledge and resources of its members as a whole to advance the interests of all participants.

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# A Three-Phased Approach

The California Endowment and the League of California Community Foundations Health Partnership is being undertaken in three phases. These phases embody a multi-year investment strategy to increase the capacity of the state's community foundations to improve community health.

**Phase I** was supported by an \$800,000 planning and development grant in March 1999 which laid the groundwork for the following phases. Resources provided in this phase were used by the League and its member community foundations to accelerate peer learning and best practices.

The League conducted a thorough inventory of its member community foundations' practices in two areas: health grant making and program activities, and community accessibility and responsiveness. The statewide inventory was complemented by an assessment of national trends and practices in these areas. This national data provided the content for considering what was "state-of-the-art" as well as informing the field about the range of options and investment opportunities in responsive and accessible health grant making. In addition, the inventory established a qualitative baseline for each of the community foundation's activities, providing a platform for assessment of the partnership over time.

Mini-grants were also provided to community foundations during Phase I to support the planning of their community-inspired health activities. These mini-grants were a first step toward engaging each community foundation's board and staff, as well as a broad set of community representatives, in a dialogue on community health needs.

Technical assistance was provided through the League's "Growing Community Foundations Program" (GCFP). Using the peer-learning model, GCFP utilized the knowledge and information of League members, who served as faculty and mentors, providing practical, focused, technical assistance, and training.

During this phase, the League and community foundations also established a peer review process through which the portfolio of community-inspired regranting and capacity-building projects funded in Phase II were developed and refined.

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*A Three-Phased Approach, continued*

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**Phase II focuses on community-inspired health programs; Phase III on deepening, expanding, and evaluating the partnership.**

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**Phase II** was initiated in late 1999 with funding to build community foundation internal capacities and to conduct community-inspired health program activities. A total of \$7.6 million was made available—this total amount was allocated via grants of up to \$400,000 for each participating community foundation. This phase commenced with agreement on a portfolio of community-inspired regranting and capacity-building projects. The League has first-line responsibility for monitoring the grants made in Phase II. Working with The Endowment program staff, the League developed a reporting process that ensured widespread community foundation participation in generating information and learnings on community health. These learnings will help grow the state’s body of knowledge regarding community foundation best practices. (A summary of program activities and directions developed in Phase II is included in the Appendices section of this report.)

**Phase III** will deepen and expand the partnership’s capacity-building efforts with existing League members as well as emerging community foundations in California, and also provide support to the League’s continuing role as a vehicle for peer learning. With funding of \$2.238 million from January 2000 to December 2002, it builds directly on the first two phases with particular emphasis on ensuring that the regranting and capacity-building projects undertaken in Phase II are successful. It also provides support to expand health grant-making capabilities into 10 new and emerging community foundations that will reach areas of California not currently served by League members.

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During Phase III, the League will also coordinate a statewide evaluation of the partnership between The California Endowment and participating community foundations. An independent contractor will develop the partnership evaluation design, with the League's peer review working group refining this design. This three-year effort approaches evaluation through a learning and best practices perspective in order to make the findings useful and relevant to both community foundations and The Endowment.

Questions that will be addressed include: How has the partnership affected the capacity of the participating community foundations in the state? How has it affected the capacity of the League as a philanthropic support organization? How has the community inspiration process been institutionalized into the ongoing activities of participating community foundations? What are the cumulative effects (direct and indirect) of regrating funds to community health? How can the partnership inform and affect the work of The Endowment now and into the future?

These evaluation outcomes represent long-term benefits for all communities in California. They may also foster additional opportunities to attract new private and public resources to improve individual, family, and community health.

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### **Health Care Grant-Making Experience**

The results of the community foundation inventory conducted in Phase I revealed a range of experiences in terms of health care grant making. As anticipated, older and larger foundations were more likely to have conducted grant making in this area. In general, the data suggested a considerable opportunity to grow the capacities of California community foundations with regard to community inspiration and health grant-making practices. This data also pointed to a great desire on the part of these community foundations to become fully engaged in this area of philanthropy. Following is an overview of the findings.

- Nine of the 25 community foundations in the League specified health as a grant-making priority.
- All of the community foundations were conducting program activities, many of which included grant making within the broad and inclusive definition of community health used by The Endowment and by the League as the underpinning of this partnership.
- All community foundations indicated that community health, as broadly defined in this partnership, was a major concern in their communities and a significant program priority for their foundations.
- Among the League's community foundations, the specific health issues and priorities being addressed varied widely with no common language or outcomes in place statewide.
- Twelve of the community foundations had program staff with deep backgrounds in health care, community health, and/or public health.
- Seventeen of the community foundations had health-related professionals on their boards of directors.
- All of the community foundations expressed a need or interest in building their internal staff capacity to expand their program work in community health.
- All of the community foundations indicated that they had access to health data, needs assessments, and other secondary data to guide their work in administering new health grants. However, nearly all also expressed the need for additional resources to analyze and synthesize the data in order to make it useful as a planning tool.
- All of the community foundations expressed an interest in working with their communities to identify priority health needs, to define promising intervention strategies, and to monitor outcomes of grants and other health-related program work.
- All of the community foundations indicated that they have relationships and/or formal health alliances in place in their communities to inform their community health agendas, though most indicated they would welcome the opportunity to broaden and further diversify their health networks.

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# Learnings to Date

There are many organizational factors that enhance and constrain philanthropic partnerships between community and private foundations. An important consideration is how to prevent and/or resolve conflicts that can arise when grant-making organizations with unique missions, cultures, and styles work together. Another challenge is working with a range of community foundations, small to large, established and emerging. In terms of this partnership to date, the following key learnings can be summarized:

- Structuring the initial distribution of funds to be inclusive of all community foundations brought an array of community knowledge and resources to the table quickly and effectively. Big and small, old and new, all participants shared and learned from each other. At the same time, the League was able to quickly develop its own capacity as an intermediary. In this role, it can act as a neutral convener of all community foundations and also create a sense of urgency to achieve goals and objectives.
- The decision to drive the grant proposals from a community inspiration focus reinforced The Endowment's desire to involve a diverse group of community leaders and influencers in the regranting process. The goal was to have the community and the community foundation both own the process. This drives accountability on two fronts and motivates parties to deal with obstacles and keep moving toward tangible results that benefit the community.
- The peer review process inherent in all phases of the partnership provided benefits to The Endowment as well as the participating community foundations. In general, the learning curve of the partnership was accelerated through peer review. This resulted in a more efficient allocation of resources. A sense of equity and fairness, essential to building trust, was quickly established. Tasks that seemed formidable, for example, preparing 25 proposals in a six-week time frame during Phase II, became doable. This "can-do attitude" has come to characterize the partnership and helps create a sense of energy, momentum, and involvement.

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*Learnings to Date, continued*

- Peer learning and focused technical assistance produce noticeable results in the form of accelerated community foundation growth and development.
- While there are many similarities, all of California's communities have distinct health needs and priorities. As a result, each community foundation's role is unique to its own community. This role is shaped by many factors—including how the community ranks its needs, the strength and capabilities of the nonprofit sector, the interests of its donors, and the historical role played by the community foundation. There is no "one size fits all" guideline for determining the appropriate role and approach for each community foundation.
- Community foundations across the state are at different developmental stages, each with differing capacities and resources. It is important to offer a broad range of technical assistance and learning resources to match this diversity of needs. Learning strategies along with organizational development approaches need to be organic and sensitive to the individual cultures of each community foundation.
- The League's community foundation members span the range from highly sophisticated to those in the earlier stages of development. The Endowment's commitment to structure this program with an emphasis on flexibility has permitted each community foundation to assess its developmental needs, and, in many cases, propose a resource strategy to advance it to the next level of philanthropic capability and effectiveness.

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- California’s community foundation program officers have stated that stronger ties and collaborative learning with The Endowment are an important ongoing priority. In response, the League has proposed several activities designed to foster this evolving health partnership, including: inviting The Endowment program staff to convenings of community foundation programs, with joint planning of some programs; joint participation in activities associated with the learning network being developed around Phase II regranting and capacity-building projects; and co-hosting a series of regional program information exchange sessions.
  - The League’s ability to serve its members has grown as it has evolved through this partnership. This evolution benefits established members and will allow the League to better serve its new and emerging members, as well as private funders seeking an effective vehicle for working with the state’s community foundations.
  - In addition to the direct benefit to California’s population that will result from the regranting projects, there is the secondary benefit realized from diverse community groups working together, some for the first time. These collaborations can result in new and more efficient infrastructures, create momentum, and empower new forms of community action.
  - Health and well-being are key to stable communities. A results-oriented approach such as this partnership between The Endowment, the League, and League members helps to elevate successes, and makes health and social challenges seem less intractable. This type of approach encourages action where often there is a tendency to be overwhelmed by the complexity and scale of health-related issues. It also puts these issues on the radar screen of key state and national influencers.
  - The California Endowment and the League of California Community Foundations Health Partnership can serve as a model for other large private funders and health care conversions seeking to accelerate community impact by working with community foundations in their regions.

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*Learnings to Date, continued*

Of course, any philanthropic investment carries some risk. In an initiative that will be carried out in 25 sites by community foundations with different skills, histories, experiences, and capacities, complexity adds its own challenges. Some projects selected for funding under the regranting program may not succeed. Some desired project outcomes may take longer than anticipated to materialize. Some community foundations may not be up to the task of regranting at this scale.

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Above all, the issue of sustainability remains a challenge and a risk. Without a long-term funding commitment, it is possible that projects initiated or expanded with regranting dollars may not continue. All community foundations considered this risk as part of their community inspiration process; however, there is no guarantee of ongoing support for the programs initiated. Careful planning, realistic expectations, open exchange of information, and continual learning represent the best tools to mitigate the challenges inherent to this philanthropic partnership.

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# Conclusion: Promoting Partnerships

The Endowment and the League both believe this partnership proactively addresses a number of trends that will continue to positively influence the development of partnerships between private foundations and community foundations. As summarized by the Council on Foundations, these trends include:

- The intergenerational transfer of wealth, estimated between \$41 trillion and \$143 trillion, which will take place in the United States over the next 50 years.
- The dramatic increase in the number of community foundations from 1980 to 1999, the majority being smaller, local foundations with assets of under \$10 million.
- An increase in experimentation with new models of giving along with a growing preference by donors to keep granting local so they can be involved and see the impact of their grants.
- The changes taking place in the composition of the U.S. population—in 2000 one out of three workers is non-white, and by 2050 less than 50 percent of the population will be white.
- The country's movement away from a preference for funding large national social and welfare programs to a focus on state and local programs.
- The increase in the number of health care conversion foundations.
- The growing quest for community and connectivity among individuals.

The community foundation concept has proven to be a flexible, adaptable, and effective instrument for community good. The practical experience and learnings that community foundations capture as they work with their local populations to develop community-based health programs could be a source of inspiration for the country. Working together, private funders and community foundations could begin to move the states and nation to explore health care in a way that embraces the country's diversity. California, with its multicultural richness and diversity, seems an appropriate place to begin this journey.

## **Health Care Conversions Have Tremendous Potential to Benefit Communities**

Health care conversions result when nonprofit hospitals, health plans, and health systems "convert" to for-profit organizations. In order to protect the community investment in the original nonprofit, tax-exempt institution, conversion transactions have led to the creation of new foundations endowed with assets generated as a result of the change in tax status.

According to Grantmakers in Health's *"Philanthropy's Newest Members"* March 2000 report, there were 134 conversion foundations in 1999 with total assets of more than \$15 billion. Because these new foundations give almost exclusively for health-related programs in defined geographic areas, they are often the largest source of non-governmental health funding in a community or state. The report further notes that with the recent devolution of responsibility for health care from the federal government to states and localities, there is tremendous potential for these foundations to effect change.

# Appendices

## Community-Inspired Proposals

The 25 proposals included in the portfolio submitted by the League and its members to The California Endowment were reviewed by a panel of community foundation leaders. This peer-based review helped to ensure that all proposals were realistic, focused, and consistent with the long-term intent of the partnership.

Some community foundations chose to address a broad health agenda by strengthening the capacity and infrastructure of their community's health service network. Others proposed to assist underserved communities. Still others decided to tackle specific health problems such as substance abuse or infectious disease. In each case, the proposals embraced a process which deeply involved members of the community who partnered with the foundations to identify areas of greatest need. The wide range of program activities described below reflects the energy and imagination of the groups who collaborated in the process and illustrates their openness to seek new solutions to the unmet health care needs of California's diverse population.

**California Community Foundation** is conducting two projects: The first is an in-depth and comprehensive analysis of available private and public funding that targets health programs in Los Angeles County. The results will enable the California Community Foundation to determine the best use of its funding dollars, and when shared with nonprofit providers and funders, enhance decision making on multiple fronts. The second project supports a three-year initiative promoting independence and quality of life for seniors in Los Angeles County augmented by a grant from the California Community Foundation already set aside for this purpose.

**Community Foundation for Monterey County** is establishing a regranting program to help substance abuse agencies in identifying, treating, counseling, housing, and moving substance abusers into healthier, drug-free lifestyles. Community foundation leaders also plan to make a grant to an established countywide health assessment agency to help it track, produce, and disseminate its biannual survey of county health, human service, and social service needs.

**The Community Foundation Serving Riverside and San Bernardino Counties** is regranting funds to enhance the health status of two currently underserved rural communities with a combined population of 36,500. Money will be used to identify specific health needs and to provide funding to address them including planning for children's health and immunization programs.

**The Community Foundation of Santa Cruz County** is using 40 percent of its grant to strengthen its infrastructure and enhance its local presence as a resource to the health care community. The balance of the grant will be used to increase the Foundation's grant making for health-related projects in Santa Cruz County. In addition, it will convene a highly visible task force to tackle the issue of medical coverage for the uninsured.

**Community Foundation Silicon Valley** is assisting poorer rural communities of southern Santa Clara County in developing a community-based plan to increase access to health services in the region. Funds will be used to create a South County Community Health Council. By the end of the first year, 15 community representatives will be recruited and trained to serve on the Council. By the end of the second year, the Council will define key priorities for improving access to health care. By the end of the third year, two of the Council's long-term priorities will be in the process of implementation.

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**East Bay Community Foundation** will augment existing funding available for health-related grant making to increase access to health care for children and their families. Additionally, the Foundation will leverage public dollars to launch a social marketing campaign aimed at building upon current initiatives, as well as creating a series of systems change initiatives, for children and youths in the East Bay. The Foundation has been shifting its grant-making focus toward a more community-based grassroots emphasis, and it also hopes to offer more resources to particularly underserved East Bay communities through one-to-one challenge grants and some 50 community-driven mini-grants.

**Fresno Regional Foundation** is regranting funds to local service providers to support three goals: an asthma education project targeting children from Latino farm working families in rural Fresno Valley; a dental health project for underserved residents, particularly children in rural Tulare County; an infectious disease program aimed at Southeast Asian residents of the Central Valley through a health care access and education project.

**Glendale Community Foundation** is funding five specific health-related projects. These include: an immunization program for children; expansion of an adult mental health outpatient program; psychological counseling for children of working poor parents; expansion of visiting nurse care; and creation of a Glendale Youth Council to give youths a voice in local affairs.

**Humboldt Area Foundation** is addressing the high incidence of anemia among children, and the poor dental prevention and access to dental services by children in low-income families. Funding will be used to organize quality improvement work plans to address these issues. Funds will also support coordination and communication between the projects and with the community at large.

**Marin Community Foundation** is regranting funds to create a Healthy Neighborhood Project for San Rafael's Canal neighborhood, a low-income community with a high immigrant population. A community-based nonprofit organization will be identified to serve as the intermediary to mobilize a community-based Health Leadership Forum. Comprising 36 Canal community leaders who will have completed a health leadership training institute, this Forum will guide the creation of a community health agenda.

**Orange County Community Foundation** is meeting one of four major unmet needs recently identified by the Orange County Health Needs Assessment. These include diabetes, asthma among juveniles, dental care, and mental health care. Other criteria include selecting an "orphan" project (not likely to be funded by government or other health care providers) which involves the target population in planning and implementation, and includes a strong health education component.

**Pasadena Foundation** is expanding the delivery of health services to underserved and uninsured children and adults. It will do this by convening a community Health Advisory Committee comprising local health agencies and providing staff support. Using this committee it will create a request for proposal process around selected health issues such as heart disease, teen pregnancy, and gang violence.

*Community-Inspired Proposals, continued*

**Peninsula Community Foundation** has three project objectives: to strengthen and expand the capacity of essential health care providers in San Mateo County to meet the primary and preventive health care needs of underserved and uninsured populations; to create one or two new community-based, nonprofit, free health clinics to better reach these populations; and to provide support for research, development, and implementation of innovative programs that can more effectively reach and serve these populations.

**Sacramento Regional Foundation** is developing a health partnership initiative among the region's major public and private health care providers to maximize, pursue, and redirect funds to more effectively address regional health priorities. In addition, it will create and implement a series of technical training sessions for local agencies and providers to identify and develop specific funding strategies and problem solving techniques. It will create an advisory board to assist it and regrant funds to qualified community groups to increase access to physical and mental health services in a growing region.

**The San Diego Foundation** is providing access to dental care among children ages 4 to 18 in San Diego County, particularly children of low-income families. The San Diego Foundation hopes to increase preventive dental visits and treatment of children by 20 percent at the sites served by the project grants. The Foundation also seeks to establish a permanent capacity to address community health needs.

**The San Francisco Foundation** is supporting two efforts, described as "The Environmental Health and Justice Project" and the "Community Accountability Project." The first project is intended to increase the capacity of community leaders and organizations to articulate and address the environmental health concerns in their communities. The second project seeks to strengthen The San Francisco Foundation's relationship with the local community through a series of town hall meetings and neighborhood forums. The Foundation will augment The Endowment grant funds by \$100,000 to support community-based organizations working to alleviate health hazards in specific communities.

**Santa Barbara Foundation** is using The Endowment grant as an opportunity to address and re-evaluate its existing health care grant-making program and to adopt a new model built around The Endowment guidelines. It chooses to fund all its capacity with its own money and to directly regrant The Endowment funding for programs that support prevention, access, supporting collaborations, and community education and advocacy.

**Sonoma County Community Foundation** is developing a community action plan for a healthy and safe community in collaboration with its local United Way and other community-based organizations. One such project will reduce the risk of abuse to 3,500 elderly residents of the county's skilled nursing facilities.

**Sonora Area Foundation** is using funds to establish a sustainable, ongoing information and assistance service to increase public knowledge and use of local health services. Money also will be used to improve transportation services for those needing health care as well as to formalize community networking, education, and advisory programs that will assist the Foundation with health-related grant making.

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**Ventura County Community Foundation** is playing a greater leadership role with community-based health organizations; strengthening relations between local health care organizations, and potential public and private donors; developing a "Community Health Partnership" grants program; and strengthening its Resource Center for Nonprofit Organizations.

**Community Foundation of the Napa Valley** is supporting a two-part project. During its first year, it will regrant funds for affordable direct health services for Napa County youths, while at the same time, strengthening its capacity to set agendas, inspire collaborations, and provide funding for community health care. During the grant's second year, it will fund coordinated and collaborative proposals for affordable, direct health services that grow out of the Foundation's developing partnership with its local health care community. A second-year request for proposal will be based on the experiences and findings of the first year.

**El Dorado Community Foundation** is improving health care for its Latino and senior communities by convening local health care providers and community organizations to design an appropriate health care delivery system. It will support all organizational efforts and seek at least one endowed health fund to sustain health care delivery to these two populations. Additionally, it proposes a community education program offering Latinos classes in English, health care, and culture, as well as sensitivity classes to local providers. These are intended to increase access Latinos have to important public services.

**North Valley Community Foundation's Youth Health Initiative** is building the Foundation's capacity for work on behalf of community-based health-related needs while funding collaborative efforts that provide healthy alternatives for youths. This grant will focus primarily on developing criteria for grant-making and encouraging appropriate health partnerships that can address the health issues of young people. A request for proposal will be developed with regranting funds awarded at the beginning of the second year.

**San Luis Obispo County Community Foundation** is using the partnership funding to support the countywide collaboration of over 30 nonprofit and governmental organizations called Action for Healthy Communities (AHC). The steering committee of the AHC will serve as the advisory group for distribution of the regranting funds, which will focus on targeted areas identified in a community indicators report conducted by AHC.

**Truckee Tahoe Community Foundation** is using 60 percent of its grant to enhance community collaboration in health in the North Tahoe region through regranting. The foundation will support agencies participating in a community-wide partnership to develop two Family Resource Centers to facilitate the delivery of health, social, educational, and recreational services to people in North Tahoe.

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