

# The Philanthropic Collaborative for a Healthy Georgia: Building a Public-Private Partnership With Pooled Funding

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## Key Points

- This article explores the origins and structure of the Philanthropic Collaborative for a Healthy Georgia and examines its first initiative: to encourage the development of school health programs in Georgia public schools serving low-income children without access to health services.
- Over the last decade, the collaborative has brought together more than 20 private, community, and corporate foundations to respond to the state's health-related challenges. One of its objectives is to provide a structured learning framework that enables foundations to be more informed and effective in their own grantmaking.
- The collaborative also pursues opportunities for foundations to collectively fund strategic initiatives jointly identified in the learning process. These collectively funded initiatives often involve cross-sector collaboration with state agencies to further align resources and scale the potential scope of impact.
- The founders viewed the collaborative as an experiment to test the feasibility of pooled funding to support health initiatives in partnership with the public sector. The collaborative's evolution over a decade demonstrates lessons in trust, flexibility, and shared vision that may be relevant to others exploring pooled funding as a means of aligning resources to achieve greater impact.

## Introduction

Partnerships can vary in size, the nature of the parties involved, and the scope of their work. But at their core, partnerships share some fundamen-

tal elements. In the philanthropic world, partnerships are usually voluntary and bring together parties with mutual goals and some level of shared responsibility. Some foundations have partnered with other private philanthropies as well as with public agencies. These arrangements show a continuum of operational collaboration.

Over the past decade, macro-level drivers – deteriorating economic conditions, mounting social needs, and implementation of health care reform – forced some funders of social services to re-examine their budgets and their methods of allocation. As a result, some funders in both the private and public sectors recognized that greater scalability and broader impact might be achieved through jointly aligned efforts.

## Jointly Building Scale

While foundations emphasize best practices to guide their grantees in capacity building, they now are realizing that their own internal capacity and organizational effectiveness can be strengthened by teaming with others to address areas of common interest (Pond, 2015). The extent of collaboration among private foundations can vary substantially. Pooling resources can coordinate philanthropic efforts and move a field of work around a specific social issue at a faster pace than parallel grants focusing on individual grantee organizations (Fine, 2015). While trends indicate a growing interest in collaboration among independent foundations as a means of addressing large, complex problems, there is scant published

evidence for frequent pooled funding (Kasper, Kimball, Lawrence, & Philp, 2013), particularly involving large dollar figures (Philp, 2011). The Foundation Center's 2012 survey indicates that even among the minority of foundations that do collaborate, coordinated efforts make up a very modest share of their total funding – almost a third of collaborative funders report that just one percent to two percent of their funding goes through collaborations (Kasper, et al., 2013). Enthusiasm for collaboration is often stymied by practical considerations, including difficulties in building and managing multipartner initiatives.

In the search for models to expand scale of impact, private foundations also recognize government as a potential strategic partner capable of tackling pressing community needs. Traditionally, foundations have been seen as the innovators while government partners have been viewed as a vehicle to scale implementation of workable solutions, given the scope of government's service-delivery systems (Abramson, Soskis, & Toepler, 2014; Ferris & Williams, 2012). Aligning shared interests to address complex social problems can potentially bring together the seemingly complementary assets of private philanthropic organizations and government agencies; the literature, however, indicates such cross-sector partnering remains "novel" or "episodic," particularly in the health sector (Abramson, Soskis, & Toepler, 2012a; Ferris & Williams, 2012).

### Challenges to Partnering

Even when partnering parties are from the same sector, extensive collaboration can pose challenges. Shared interest is not enough to guarantee success in a joint initiative. Divergent organizational culture and mandates need to be addressed to build a trusting partnership.

The top challenges to cross-sector partnerships cited in the literature are resentment by foundations toward being considered a limitless source of money to fill budgetary shortfalls (Abramson, et al., 2012a); divergent timing and planning horizons; identifying partners (Ferris & Williams, 2013); and maintaining organizational independence (Ferris & Williams, 2012).

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The literature also shows that decision-making authority can be a thorny issue. Foundations typically manage their grantmaking independently, while government agencies must maintain transparency and public accountability (Ferris & Williams, 2013). A foundation's autonomy may be threatened if its input is not sought along with its capital resources. Independent foundations set their own strategic priorities and agendas over a long time frame. But in cross-sector partnerships, shared initiatives can be disrupted before completion if the public partner is subject to changing political currents and shifting budgetary priorities (Ferris & Williams, 2012; Mackinnon & Cynthia, 2010). Further, foundation leaders express concern that entering into a cross-sector partnership may stifle their role as advocate and possible government critic (Abramson, Soskis, & Toepler, 2012b). On the flip side, governments worry about the potential appearance of excessive private-sphere influence (Ferris & Williams, 2012). Operational differences in autonomy and accountability pose challenges, but can be overcome by building trust and effective communication on a case-by-case basis.

### Fostering Collaboration

Despite valid concerns, the promise of enhanced scalability of impact can make collaborating an

attractive strategy. Given the uniqueness of each partnership, shaped by the partners involved and the scope of the undertaking, there is no one-size-fits-all formula for collaborative endeavors. There are indicators of a trend toward increasing formalization of collaborations (Ferris & Williams, 2013), but the literature indicates a continuum of collaborative models (Abramson, et al., 2012a, 2014; Person, Strong, Furgeson, & Berk, 2009).

The degree of alignment between partners' goals and strategies and their shared responsibility for implementation intensifies across the continuum. Along the less-engaged end of the spectrum, partners may participate in convening and educating stakeholders and possibly funding research, policy analysis, and pilot programs (Abramson, et al., 2012a, 2014; Person, et al., 2009). Along the more structured end of the continuum, partners may develop, jointly fund, and implement pilot programs or coordinate expanded capacity building of existing programs (Abramson, et al., 2012a, 2014). These activities move toward full-fledged collaboration with clearly defined and agreed upon shared roles and responsibilities. Without established trust built upon a previous working relationship, it is likely that new partners will need to move through the continuum.

The maturation of the working relationship often benefits from an intermediary, which is frequently responsible for matching the parties, helping to overcome institutional or cross-sector barriers, and leveraging resources to accelerate partnership success (Ferris & Williams, 2012, 2013). These liaisons may have subject-matter expertise (academic or research centers), be organizationally charged with these duties (state-level offices of strategic partnerships), or provide third-party administration or management (nonprofits). As a champion of the initiative, they are driven to ensure the right partners are present at the right time (Mackinnon & Cynthia, 2010; Pond, 2015).

The Philanthropic Collaborative for a Healthy Georgia<sup>1</sup> brings together many of these emerging collaborative dynamics – pooled funding from multiple private foundations; full-fledged cross-sector collaboration; and utilization of a third-party intermediary to foster the fledgling collaborative. The collaborative's formation and work provide an opportunity for those interested in aligning public and private resources to better understand the opportunities and challenges associated with using pooled funds from multiple foundations to support initiatives of a cross-sector partnership.

#### Members of the Initial Steering Committee

Dr. George Brumley  
*Zeist Family Foundation*

Bobbi Cleveland  
*Tull Charitable Foundation*

Dr. Rhodes Haverty  
*Georgia Health Foundation*

Warren Jobe  
*Georgia Power Foundation*

Pete McTier  
*Robert W. Woodruff Foundation*

Alicia Philipp  
*Community Foundation for Greater Atlanta*

Evonne Yancey  
*Kaiser Foundation Health Plan of Georgia*

#### The Origins and Structure of the Collaborative

"I had an idea for a long time that it was foolish for foundations to be secretive about what we do and how we do it," recalled Dr. Rhodes Haverty, a member of the Georgia Health Foundation board of directors (personal communication July 30, 2013). "We could achieve much more if we joined with other philanthropic communities to have more money and make a bigger impact." In September 1999, private, corporate, and community foundations from throughout Georgia attended a conference hosted by the Georgia Health Foundation, Georgia Power, and the Georgia Health Policy Center in the Andrew Young School of Policy Studies at Georgia State

1 See <http://ghpc.gsu.edu/affiliates-initiatives/philanthropic-collaborative/>

University. At Rhodes' invitation, then-Gov. Roy Barnes challenged attending foundations to work with state government to address Georgia's health care problems.

Spurred by the challenge, Alicia Philipp, executive director of the Community Foundation for Greater Atlanta, convened a small steering committee to discuss the role of philanthropy in improving the health of Georgia's residents. According to Bobbi Cleveland, executive director of the Tull Foundation and a steering committee member, the committee acknowledged "very few foundations in the state think about health in its broadest sense" (personal communication, July 9, 2013). Committee members also recognized that neither the public nor private sector could solve Georgia's health problems alone. The group agreed that philanthropy could play a meaningful role with the goals of promoting public policies, encouraging the state to implement best practices, and aligning investments to supplement the public sector.

The collaborative began as a forum for bringing foundations together to explore the health-related challenges facing Georgia. Its mission is to enable foundation staff and trustees to be more informed and targeted in their grantmaking activities, individually as well as collaboratively with each other and with public-sector partners.

The formation coincided with what GrantCraft calls an "opportunity moment" (Mackinnon & Cynthia, 2010, p. 11). At the inaugural meeting on Aug. 31, 2000, representatives from more than 20 foundations met with the governor and officials from Georgia's Medicaid and public health agencies to exchange ideas about forming public/private partnerships. Following this meeting, the Georgia Department of Community Health, with endorsement from the governor, agreed to match, dollar for dollar, funds committed by the collaborative for projects of mutual interest. Taken together, these funds could be used to support local projects with strategic and potentially long-lasting impact on high-priority health-related issues. The steering committee seized this opportunity to leverage its philanthropic investments

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and began to build a network and organizational structure that would serve the collaborative for years to come.

#### *The Structure*

The Philanthropic Collaborative is a loosely structured, evolving group open to all Georgia foundations – private, community, and corporate. There are no membership fees or dues, no formal organizational structure or bylaws, no 501(c)(3) status. Without an executive director or paid staff, the collaborative is guided by a steering committee, which is led by a voluntary convener (distinguished from a chair). This convener brings the group together at regular intervals to sustain momentum, keeps the collaborative focused on achieving its learning objectives, and seeks opportunities to incubate project initiatives. Bobbi Cleveland has served as convener since the collaborative's inception.

### Collaborative's Learning Agendas to Date

- School health
- Rural health
  - Cancer
- Childhood obesity
- Health care safety net for metro Atlanta's uninsured

Typically, the collaborative pursues one health issue, or “learning agenda,” at a time. The foundations identify a topic of common interest; a task force then initiates a formal assessment of need and opportunity. While all interested foundations are invited to participate on the task force, one foundation serves as the task force lead. Through independent research, including literature reviews, interviews, and an environmental scan, the collaborative learns about the selected health topic and related challenges specific to Georgia. The task force then sponsors symposia, workshops, and policy papers to share the acquired knowledge with grantmakers. Potential strategies and opportunities for private philanthropy to impact these problems are examined.

#### *Translating Learning Into Action*

At the end of the learning agenda, the task force determines whether to recommend proceeding to a collective funding initiative. If the recommendation is adopted by the collaborative, the task force articulates the specifics of the initiative and each foundation is given an opportunity to pool its funding with other contributors.

These collectively funded initiatives focus on opportunities to impact health care programs and practices and to leverage systemic change. Very few foundations have sufficient resources to independently achieve these outcomes. In designing a collective grantmaking initiative, the collaborative also seeks to leverage its investment by attracting other funding sources, including government funds and local matching funds. Foundations that participate in the collaborative's learning agenda often individually fund related projects as well.

An expanded work group, typically chaired by the leader of the learning-agenda task force, oversees

the initiative. Membership in the work group is broadened beyond the interested foundations to include relevant community stakeholders and subject-matter experts identified during the learning agenda. These other members provide guidance on the design and implementation of the initiative. Depending on foundation interest, the number of contributing participants varies by initiative (ranging from three to 20), as does the total amount contributed to the collective fund (\$25,000 to \$2 million). As a result, the scope of the program varies. These initiatives typically take two to three years to fully implement.

“You need to meet people where they are and have as big a tent as possible, with no expectations.”

– Bobbi Cleveland,  
Tull Foundation

“Working with funded communities to evaluate impact is always a learning experience,” says Karen Minyard, executive director of the Georgia Health Policy Center, which conducts the evaluations on behalf of the collaborative. “The collaborative appreciates that when doing this kind of work, not everything will be a success.”

Once an initiative is implemented, it is evaluated to assess impact and lessons learned. The foundations desired an ongoing reporting system so that any grant-related challenges are identified early and interventions can be offered to the grantees. In some initiatives, funds are allocated for outside technical assistance to grantees; in others, peer learning is the best available intervention. While success and failure have not been predefined, participating foundations are eager for both positive and negative lessons learned during the grant-implementation process to use in their own future grantmaking. Each initiative is a one-grant-cycle effort, so there are no negative consequences for grantees reporting challenges during the initiative – and foundations have been eager to address these challenges. Success of the pooled-funding effort from the view of the foundations is informally measured by continued participation in the collaborative. Initiative success is

measured in terms of the impact and reach of the grantee efforts; no data have been collected from the grantees' perspective of the pooled-funding initiative.

### *Administrative Support*

Many Georgia foundations are relatively small, with few or no paid employees and no subject-specific program staff. To assist with the research, administrative, and evaluation tasks for each health initiative, the collaborative contracts with the Georgia Health Policy Center, one of the initial conveners of the group that ultimately formed the Philanthropic Collaborative. In keeping with the collaborative's flexible structure, center support varies by initiative with the collaborative "buying only what is needed," says an initial steering committee member, Evonne Yancey, formerly with Kaiser Foundation Health Plan of Georgia (personal communication, July 3, 2013).

Support from the policy center includes researching issues and best practices; identifying and accessing recognized experts in Georgia and out of state; developing policy briefs; organizing symposia and workshops; managing grants and administering funds; coordinating implementation of jointly funded initiatives; monitoring funded projects; providing technical assistance to grantees; and evaluating impact. Based on the foundations' interests, the center informs the members about what works and under what conditions, and how philanthropy can fill funding gaps. Georgia State University serves as fiscal agent for the funds that are contributed by foundations for these initiatives.<sup>2</sup>

### **The Initial Test: School Health**

The Philanthropic Collaborative's first initiative focused on encouraging the development of school health programs in Georgia public schools serving low-income children without access to health services. The process used by the collaborative in pursuing its school health initiative illustrates the framework applied to subsequent priority health challenges.

"Having a research arm that is perceived as neutral is absolutely critical."

– Jim Ledbetter,  
former executive director,  
Georgia Health Policy Center

### *Learning*

School health was chosen for several reasons: the compelling needs of children in Georgia, the recently established state funding allocation – \$30 million in 2000 – for expanded school-nurse programs, and strong evidence that healthy children are better learners.

The 12-member task force consisted of nurses; representatives from foundations; public school administrators; and representatives from the Georgia Department of Education, the state Department of Community Health, and the Georgia Health Policy Center. Community representation was anticipated through the proposal process. Chaired by Cleveland, the task force reviewed the evidence-based literature and most promising practices, which were summarized in an issue brief.

In Atlanta in October 2000, the task force sponsored the Philanthropic Symposium on School Health. National, state, and local experts gave presentations about the health status of Georgia's school-age children, local and national school health models, and opportunities for foundations to fund school health initiatives in the state. The symposium ended by formulating three questions:

- What role can Georgia's philanthropic community play in helping to implement basic school health programs throughout the state?
- How can the philanthropic community support expansion of basic school health programs to encompass a more comprehensive array of services, tailored to meet localized needs?
- Does the philanthropic community have an interest in sustaining school health programs?

<sup>2</sup> In the spirit of partnership, the university agreed not to charge an indirect cost rate for any project funded by the Philanthropic Collaborative.

*The task force was also committed to ensuring that matching grants preserved the integrity and independence of individual foundation efforts; were flexible and encouraged innovation; maximized existing infrastructures; and avoided supplanting existing publicly funded programs or creating excessive administrative burdens.*

#### *Matching Grants Program*

The Philanthropic Collaborative endorsed the School Health Matching Grants Program as its first major initiative. Capitalizing on \$500,000 of matching funds from the Georgia Department of Community Health (GDCH), foundation and community dollars were used to support a public-private collaboration aimed at enabling communities to expand their basic school-nurse program into a more comprehensive and coordinated school health program.

A request for proposals was issued in February 2001; requirements represented both state and collaborative interests (State of Georgia, 2001). Depending on the needs of the community, proposals could be submitted for one, two, or three years of consecutive funding. Eligible applicants – including government entities, public schools, and nonprofit organizations – were invited to submit proposals that targeted low-income, medically underserved children and focused on three areas of interest:

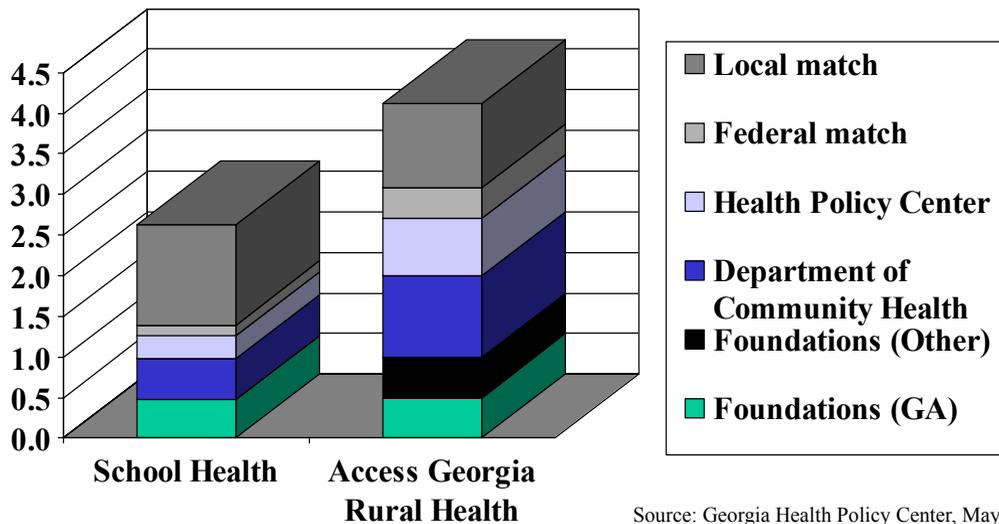
- School-linked clinical services designed to prevent health problems and injuries from hindering learning and interfering with school

attendance (State of Georgia, 2001). Services could range from basic (e.g., immunizations) to expanded (e.g., preventive dental care, mental health coverage) to comprehensive (e.g., lab tests, medical nutrition therapy);

- Activities designed to meet student cognitive, emotional, behavioral, and social needs; and
- Collaborative partnerships with schools, families, and community agencies.

Proposals were objectively reviewed and ranked by a committee composed of an equal number of foundation and GDCH representatives. Evaluation criteria, listed in the request for proposals (State of Georgia, 2001), included assessment of need, local commitment of resources, collaboration of relevant stakeholders, long-term sustainability, strong local leadership, and public will. The task force was also committed to ensuring that matching grants preserved the integrity and independence of individual foundation efforts; were flexible and encouraged innovation; maximized existing infrastructures; and avoided supplanting existing publicly funded programs or creating excessive administrative burdens.

Thirteen grants were awarded; six provided one year of funding, one spanned two years, and the others were three-year grants. Awards ranged from \$13,125 for one-year grants to \$149,219 for three-year grants. Recipients were located throughout the state and reflected extensive involvement from a variety of community stakeholders: school systems, boards of health, family connection groups, a medical center and medical center foundations, and a regional health care system. Communities used funds to develop coordinated school-health programs that reflected their local needs and resources. Funds were used for a variety of purposes, including supplies; screening and clinical services; database development; and distribution of educational and training materials. All grants focused on serving low-income and medically underserved children and demonstrated collaboration with other community resources to expand the scope of health services provided to students.

**FIGURE 1** Philanthropic Collaborative for a Healthy Georgia Matching Grants Program Funding Sources

Source: Georgia Health Policy Center, May 2002

Each community also committed local matching funds to further expand the impact of the collaborative's grants. Total investment in the initiative reached \$2.5 million, \$975,000 of which was contributed by 20 foundations and the Georgia Department of Community Health. (See Figure 1.) These funds enhanced the \$30 million for expanded school-nurse programs approved by the state Legislature the previous year.

### *Impact on School Health*

The grants were monitored through site visits, which found positive changes in the quantity, quality, and variety of services being offered. In addition, new community-based partnerships were initiated between schools and family and child services, health care providers, and local businesses. These community networks not only increased access to health resources, but also provided networking opportunities for community support and, in some cases, additional funding.

To help quantify and better understand the impact of the grants, a formal internal evaluation was conducted shortly after the initiative ended in 2004 to examine the program's impact on services delivered, health care quality and access, collaborations and partnerships, and sustainability. It also identified challenges and lessons

learned for future initiatives. Findings confirmed that several grantees used the collaborative's funding to provide basic health services to school-age youth (Philanthropic Collaborative for a Healthy Georgia, 2005). These services encompassed health screenings, clinic services, education and training, and counseling. Of the students served, approximately 75 percent were considered low income based on poverty levels and eligibility for free or reduced-price school lunch.

### **Assessment of the Collaborative's Culture**

Those involved with the Philanthropic Collaborative informally assessed elements of the group's composition, structure, and work that may translate beyond the Georgia context to others exploring mechanisms to pool funds from multiple partners to align and leverage resources. While recognizing that local context – including the past work history of various funders – varies, the collaborative's participants believe key lessons include the trust and flexibility, which they credit as central to the longevity of the effort; but they recognize these same factors may pose challenges in future transitions.

"Project One went so well that we decided to keep our luck going if we could," recalled Dr. Rhodes Haverty (personal communication, July

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30, 2013). Since the school health initiative, the collaborative has addressed four additional health issues with varying levels of foundation involvement and support. The success of the collaborative's first initiative was attributed to several guiding principles that have continued to sustain collaborative involvement. Above all, the group attributes sustainability to the flexibility it affords participants. This flexibility allows foundations to assess alignment of their individual objectives with collaborative-identified interests on a case-by-case basis. Other key attributes include:

- *Shared leadership.* The collaborative embraces a sense of shared leadership among its participants and provides opportunities for individuals to champion a particular issue, cause, or initiative. “It's the Philanthropic Collaborative and we are all members,” says Yancey. “We all have a voice, not only about funding, but about sharing insights and raising questions” (personal communication, July 3, 2013). The chair of the initiative-based task force must work closely with the convener, who ideally assumes that role through more than one learning agenda to offer stability and continuity.
- *Passion.* According to Haverty, the most important ingredient for success is:
 

... passion for a subject on the part of one individual who can communicate it to others and goes out of their way to knock on doors. This must be a person who has drive, passion, willingness, and time to do what is needed, with some pot of money available to invest, ideally on the Board of Trustees of a credible foundation. He or she has to be liked, have some common sense, be educated, and have contacts with people who have and who spend money (personal communication, July 30, 2013).

Members of the collaborative display this passion for the collaborative itself, and for topics of specific learning agendas.
- *Trusted relationships.* As Cleveland says,
 

At the end of the day, it's about establishing relationships among colleagues for sustainable collaboration. Philanthropy is very much a relationship business. We get together regularly and have strong personal and work relationships. We learn from each other, and are willing to share knowledge and contacts (personal communication, July 9, 2013).

The collaborative's founders had a history of meeting regularly for lunch and at annual conferences to share ideas and frustrations. The creation of the collaborative formalized and expanded this base network. As the network expanded – all foundations in the state were welcomed to participate – personal relationships developed and trust was strengthened.
- *No obligations.* From the inception, the collaborative's members agreed that foundations could financially contribute or opt out with each new initiative. “The collaborative recognizes that organizational culture and focus of funding differ among foundations,” says Jim Ledbetter, former director of the Georgia Health Policy Center (personal communication, August 1, 2013). He adds that the collaborative respects foundations' differing funding cycles and the varying authority each executive has

to commit funds. There is also flexibility in the group's decision to choose which initiatives to fund. Even after a learning agenda is undertaken, the collaborative may decide to not immediately fund the initiative. For instance, the collaborative wanted its potential contributions to complement public resources, but after the cancer-prevention topic was studied, the collaborative determined planning cycles were not aligned on the issue. Instead of a full-blown initiative, the collaborative sponsored a funding workshop to assist nonprofits trying to raise money for cancer prevention. Involvement in the collaborative was a stretch for many foundations. Pooled funding around health issues was a novel mechanism in Georgia, and health-related initiatives were outside the primary domain for some participating foundations. For every collaborative project, the budgeted amount was raised, the funds were pooled, and the initiative was implemented.

- *Adaptability.* Managing a loosely configured group demands that participants remain fluid, flexible, and nimble. This sense of evolution pertains not only to the group's structure and functioning, but also extends to its day-to-day work. The collaborative respects the differing constraints, missions, and funding philosophies of the participating foundations. Early in the childhood obesity initiative, for example, it became clear that each foundation had different grant requirements and due dates for financial and programmatic reports. This put an excessive burden on the fiscal agent, Georgia State University. The collaborative's administrative arm requested the collaborative create one report. Participating foundations identified a core set of content requirements that would meet their needs while easing the burdens of grantees and the fiscal agent.
- *Sunset provision.* At the end of each initiative, the steering committee meets to assess the impact and value of the just-completed effort. The option to "sunset" the collaborative is always put on the table for consideration. "We take nothing for granted," says Cleveland, "and continue to ask: What is the opportunity for

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philanthropy to collectively influence health?" (personal communication, July 9, 2013).

### Future Considerations

Despite its initiatives' successes, the Philanthropic Collaborative faces challenges:

- *Keeping health as a priority.* Health has not been identified as a priority by many foundations. Motivating foundations to invest in health may become more difficult, especially in light of the additional resources associated with the Affordable Care Act. The temptation to focus on "popular" health problems needs to be countered with a disciplined approach to selecting issues in which collaborative members can invest. Further, the collaborative defines "health" broadly, encompassing all factors related to disease, injury, and quality of life. Initially, when foundations and corporations considered "health" they thought more narrowly about traditional health providers, like hospitals. Over the years, discussions among participating foundations seem to reflect a greater understanding of the socioeconomic

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determinants of health. Yet it will require focus to identify the priority health needs of Georgians.

- *Leadership transitions.* Whether due to retirement, new job opportunities, or personal reasons, transitions are bound to occur in leadership of the state government and the Georgia Health Policy Center. Such transitions are stressful and time consuming. While there is less leadership turnover in foundations, every time a new person arrives on the scene, “we have to start from scratch to bring them along,” says Cleveland (personal communication, July 9, 2013). The collaborative has not yet formally addressed inevitable transitions in its leadership.
- *Evaluating the experience.* The collaborative's initial framework has guided its work for more than a decade. While proud of its successes, it could benefit from examining its approach to governance, operations, practices, and staff support. Is the governance structure ideal? Can

the collaboration be further strengthened? What is the optimal startup time for learning before engaging in action? Is the scope and scale of work commensurate with funding levels? Could grantees benefit from any alterations to the granting process?

### Other Measures of the Collaborative's Influence

The work of the collaborative can be measured primarily by the impact of the grantees' work from each initiative, and more subtly by the increased knowledge the effort has imparted to each foundation's individual grantmaking. But on an individual initiative basis, the influence of the collaborative has been even more far reaching.

#### *Impact on Policy*

While actively advocating for policy change is not a stated goal of the collaborative, the funding of one initiative – the Georgia Youth Fitness Assessment – did impact state policy. The task force for this initiative was chaired by the Healthcare Georgia Foundation. The Georgia Youth Fitness Assessment was funded from 2003 to 2008 with \$890,000 from private and public entities, including a \$100,000 grant from the Robert Wood Johnson Foundation. The assessment collected baseline data on physical fitness and activity from 5,248 fifth- and seventh-graders in 93 randomly selected Georgia schools.

The resulting report highlighted the problem of low levels of physical activity and fitness among schoolchildren. An estimated 30 percent of Georgia's children and youth had a body mass index high enough to be considered a health risk. In addition, a significant percentage of students failed to attain levels of cardio-respiratory fitness, muscular strength, flexibility, and endurance consistent with good health. The results of the 2006 Georgia Youth Fitness Assessment Report were presented to the Georgia Senate Health and Human Services Committee and communicated to stakeholder groups around the state.

The report served as a call for Georgians to become more engaged in childhood-obesity prevention. In 2009 the General Assembly passed the

Georgia Student Health and Physical Education (SHAPE) Act, which requires each school to conduct an annual fitness assessment for all students enrolled in physical education. Parents receive a report for their child and statewide findings are reported annually to the state board of education and the governor's office. The collaborative also provided funding for the initial implementation and evaluation of the SHAPE Act.

"Contributing to the success of this initiative," says Gary Nelson, president of the Healthcare Georgia Foundation, "was a reliance on science, evidence, and best practice to guide our thinking. ... This learning was followed by substantial financial commitment and good timing" (personal communication, September 10, 2013).

#### *Individual Spinoffs*

Participation in the learning agendas has spurred some foundations to pursue independent projects outside the Philanthropic Collaborative's joint initiatives:

- The executive director of the Rich Foundation, who sat on the board of the Children's Museum of Atlanta, was inspired by the childhood-obesity research to advocate for a childhood-obesity exhibit at the museum.
- Exploration of cancer-related issues spurred the Georgia Health Foundation to fund a statewide meeting focused on expanding cancer-related advocacy and philanthropy for nonprofits.
- Influenced by the collaborative's safety net project, the Jesse Parker Williams Foundation revised its guidelines to include organizations providing patient navigation-type services to help connect women and children with existing resources. Previously, funding had been largely restricted to organizations providing direct services.
- The R. Howard Dobbs, Jr. Foundation used information gleaned during the learning agenda in its site-visit reports when reviewing requests from community-based health clinics.

*"I cannot count the times I have used the learnings and the learning agenda of the Collaborative for the Betty and David Fitzgerald Foundation. In the years since I've participated, it's become a fundamental part of our grantmaking work."*  
(foundation executive)

#### *Serving as a Model*

The Philanthropic Collaborative's framework and lessons learned have intrigued both the philanthropic and public health communities, which are looking to tailor the collaborative's model to suit their own needs. One such application is the Convergence Partnership, formed in 2006 by the Robert Wood Johnson Foundation as a collaborative to strengthen and accelerate efforts among practitioners, policymakers, funders, and advocates to create environments that support healthy eating and active living. "The Philanthropic Collaborative is one of the models that was used in designing the Convergence Partnership," says Dwayne Proctor, team director for the foundation's childhood-obesity team (personal communication, May 16, 2013).

#### **Conclusion**

The Philanthropic Collaborative affords foundations the opportunity to:

- Come together regularly to learn from one another and outside experts. Learning focuses on the complexities of the health challenges facing the state of Georgia, best practices and successful intervention strategies to address these challenges, and private philanthropy's role in addressing these issues.

### Other Funding Initiatives of the Philanthropic Collaborative

*The Rural Health Initiative* (2001-2003) provided nine organizations, serving 37 counties, \$2 million in public and private funds to improve health status and access to care for rural Georgians. The collaborative's funds were leveraged further with local and state matching funds and a national foundation grant.

*The Cancer Prevention Initiative* (2002-2004) resulted in the development of a Framework for Community Based Cancer Prevention and Control, a tool that aids communities in efforts to reduce the incidence of cancer. The collaborative's \$25,000 investment was used in part to co-sponsor a fundraising workshop for regional cancer programs.

*Health Care Safety Net for Metro Atlanta Uninsured Population* (2008-present) began with a yearlong learning agenda to study Atlanta's safety net initiative, underwritten by \$47,500 in grants from seven foundations. The resulting project, funded by \$175,000 in grants from five foundations, involved convening five of Atlanta's primary safety net providers to determine how they might collaborate to improve access to care for Atlanta's uninsured. They launched the Patient Navigator Project in fall 2011 with funding from Kaiser Permanente.

- Raise awareness of and concern for health issues among the state's foundations, and to encourage them to respond to health needs as part of their grantmaking efforts.
- Pool resources to accomplish more together than possible on their own.
- Use private-sector dollars to leverage public-sector resources. Establishing true cross-sector collaborations impacts policy and funding decisions that affect the health of Georgians.

Its founders viewed the collaborative as an experiment to test the feasibility of pooled philanthropic and government funding to support health initiatives of a public-private partnership in Georgia. The test case, school health, was perceived as successful by the participating foundations and fostered a willingness to undertake additional initiatives – always on a case-by-case basis. In building its modest portfolio, the collaborative met the fundraising goals and objectives of each initiative over the past decade.

In addition to implementing pooled funding with multifoundation participation, the collaborative was able to align its investments to complement and leverage public funds. Even more strategically, the collaborative has achieved its mission of informing grantmaking in the state and building knowledge among Georgia foundations. Through a formalized learning process, participating foundations have gained confidence to invest in the

health domain, which was previously outside their funding priorities. The collaborative has been able to loosely structure and put into action previously informal bonds of friendship and trust among foundation officers. This was achieved through embracing a flexible model of participation and through utilization of a neutral, third-party intermediary to convene, facilitate, and shepherd the shared vision of improving the health and well-being of Georgians.

#### *In Memoriam*

On Jan. 23, 2014, the Philanthropic Collaborative lost a generous and extraordinary friend, Dr. J. Rhodes Haverty. Rhodes began his illustrious career as a pediatrician, and then served as the dean of health sciences at Georgia State University until his retirement in 1991. His dedication to improving the health of Georgia's children and the poor and underserved was reflected in the many projects and programs he encouraged the collaborative to undertake.

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