HEAL REIMAGINED
What does it take to move the needle on preventable chronic disease?
- Communities need to be engaged in designing programs
- Coalitions and collaborations need to engage community members and not just organizations
- Need to share learnings across successful collaborations
- Need to do work at the policy level
- Need to support safety net nonprofits. They're connected to the communities and understand the needs, but they face the same challenges that our communities face.
  - Nonprofits are at risk of being displaced, or shut down because they can't afford the space. We need to work together philanthropy and nonprofits to support transforming the nonprofit sector.
- Need to rethink the model of the nonprofit: paid little, but rewarded by the good work you do. It leads to burnout and isn't sustainable. Lots of turnover hurts nonprofits
  - Invest in people's salaries, pay a livable wage. Even the current "living wage" is not livable.
  - Support health and wellness policies that support staff. Invest in the development of the team, instead of "changing players" all the time.
    - Education policies that pay for building up skills
    - Flexible work schedules
    - Retention of staff builds trust with clients and pushes better health outcomes

Describe your funding models and the results you've seen
- Ken Birdwell Foundation:
  - Core support grants for small organizations – complementary orgs in a community. Believe in the organizations and that they have expertise in the issue they're addressing. Org leaders present grant proposals to each other and they decide on the funding for each other.
  - Model was the result of a 10 year experiment - Founder saw harm of 1 year grants. did experiment to promise 10 year grants, but didn't see much shift. Tried a different model - funding a new program from the ground up. Also didn't get much better results. Then realized that the orgs needed capacity building funds.

- Hellman Collaborative Change:
  - Bringing various stakeholders together, regardless of how they feel about each other, to build solutions together. Looking to support cross sector collaborations across a variety of topics
  - Lots of issues in the Bay Area, major inequities. Nonprofits can't survive and thrive, leaders burning out, high housing costs. One entity/sector/funder can't solve it all. We need to work in partnership. Risk involved in that. Appreciate that and the messiness of collaborative work.
    - Takes longer for the work to move, but that's okay.
    - Launch track for early phase collaborations that are coming together; Growth track for collaborations that are looking to scale what's working.
    - They've heard from nonprofits - capacity building grants were needed in addition to core support.
They developed a capacity building model. Wanted to develop a model that identified assets of the partners, and what were the needs of the collaboration.
- Experiment, they’ll see at the end of 2 years: did it increase relationships? Did it drive impact? How did it contribute to scale?
- Take a learner’s approach, value from learning from grantee partners.

Questions and Comments:

- How do you decide on which nonprofits to fund (Ken Birdwell Foundation)?
  - Look at neighborhoods that are experiencing rapid change or about to, and then look for orgs in these neighborhoods that have a 500k - 2.5M budget. Located in the community they’re serving, operating for 3 years, learning culture internally.
  - They do a general survey of human service organizations. The community will tell you what it needs, they’re the experts. They end up working with orgs on hyper specific needs in a community.

- What’s the path for startup groups to become sustainable?
  - Having a strong development team and strong story, able to engage with the community and build a grass roots movement.
  - KBF funds data management systems, things that help an org tell their story better.
  - Funders have an opportunity to sustain the work nonprofits do in collaboration. If we want to see systems change, we need to support orgs regardless of size, need to support advocacy work to tell their story and influence hearts and minds of policy makers
  - Funders have great relationships with each other - what are the ways that funders are creating safe spaces so funders can meet with nonprofits to learn from them?

- There's no quick fix - issues playing out stem from systemic racism from 400 years. We have to keep moving and stay with change even when it happens slowly.

- What are people’s views of social enterprise? What would it take for grantmakers to make an investment in social enterprise/worker owned cooperatives?
  - It's a way to create sustainability and revenue for organizations. Not a new idea, but it's a whole different business model. Takes a lot of work and resources to figure out how to do it. It would require a culture shift for a nonprofit.
  - Not every org’s mission would make sense to do this. But where there are opportunities to do this, and it makes sense to do, then KBF encourages it.
  - Philanthropy has an opportunity to shift mindset around risk to invest in social enterprises and reinvest wealth in communities. VC looks at risk differently, they accept it and when it doesn’t work out, they move on. Can’t move the needle on equity if we don’t take risks.
  - Tech sector has idea of failing forward and that you learn from your mistakes and make a better product.

SMALL GROUP DISCUSSION (FUNDER):

- KBF - every org that goes through review process gets a small grant to thank them for their time and the results of their capacity building survey.
  - Cohort has to be complementary, ready for capacity building
  - They use 3rd party tool for capacity building survey, very useful for the orgs that participate.

- If funders are going to use systems level change in their RFP's, then you should provide at least 5 years of funding.
- How do we support the capacity building needs of orgs applying and receiving funding from
SDDT? How do we build capacity for CBO’s that don’t have a deep understanding of chronic disease?

- Can the SSDT Advisory Committee help funders identify the unmet needs? They make recommendations to the city for what should be included in the program.
- How can we tell the story for statewide when this work takes so long?

**SMALL GROUP DISCUSSION (NONPROFITS):**

What new ideas for funding are you interested in exploring?

- Intersectional collaboration
- Statewide HEAL fund
- **Policy Advocacy**
- Funding infrastructure, outdoor facilities, food systems
- **Addressing social determinants of health like paying livable wages, housing**
- **Food systems**
- “healing environments/spaces before HEAL – holistic approaches
- Promote health equity within every public department
- **Invest in human capital – staff**

How can we leverage the soda tax to increase HEAL in SF?

- Living wage and health benefits for nonprofit staff
- Communication campaigns to achieve behavior change
- More requirements around “hiring/stipend”. Don’t require volunteerism for community-based educators/staff
- Education around cooking and community gardens, maintenance
- Media campaigns against the soda industry implemented by nonprofits with private funds
- Advocacy for more funds
- Require funding in CBO grants to set aside money for advocacy (including staff time and transportation)
- DPH model that is “fluid” at policy and infrastructure level.
- Work needs to happen at all levels (local, state, federal) at the same time.

What programmatic work has had the greatest outcomes for chronic disease prevention?

- Diabetes prevention program
- Culinary/cooking programs that are community and school-based
- Community gardens
- Culturally informed programs – overall wellness/safe space
- Peer-to-peer approaches for both program design and delivery
- Shift from treatment to prevention through health care systems and clinics
**WHAT** - What did you notice? What stood out from the meeting?

**RISK**
- Willing to take risks
- Willingness to be bold
- Failing Forward
- Embrace failure/risk as opportunity for learning/growth

Funders need to [take more risks. Invest like Tech!](#)
- The need for funders to talk to other funders
- Being okay to fail
- Funders should invest more deeply and boldly in non-profits

**COLLABORATION**
- Collaboration is critical
- Excited to hear foundations support collaboration
- Funders should influence each other to become more progressive
- Foundations being open to learning from grantees

**FUNDING PRIORITIES**
- Money for advocacy
- Advocacy – Need to invest in capacity and ability to do advocacy
- Innovative programs
- Health in all policies – how to get every city department to make health equity their job – land use/planning, transportation, public markets
- Panelist focused on process and values over concrete needs and gaps on the global scale
- Focus on social determinants of health
- Social enterprise for equity
- Long term funding (space to build relationships, collaborate)

**NOW WHAT?** – What action will you take as a result of what you learned today? What can you do differently to ensure the success of HEAL work?

**MORE COLLABORATION/COLLECTIVE IMPACT APPROACH**
- Collaborate with neighborhood orgs
- Collaborative change = (and needs) collaborative **FUNDING**
- Explicitly pay for collaboration in grants
- Convene mission-aligned programs for brainstorm
- Pay money to people coming to convener meetings
Community members and people with nonprofit background on funder boards
Educate orgs on collective impact models and best practices
Reach to senior orgs for potential mentoring

LEARN FROM EXPERTS/COMMUNICATION
Conversing and proposing to other groups will help with overpromising
Pivot more communication between funder and fundee
Build relationships between funder and fundee to help with overwhelming conversations
Read Decolonizing Wealth
Get informed by the people we serve. Open house.

STRATEGIES
Mobilization around social services policy changes (CalFresh, living wage, housing etc.)
Sourcing/purchasing locally from impacted communities
Funder review un-funded requests from SDDT RFP without making org reapply with new grant template.