Reflecting on the Past to Transform the Future

Lessons Learned from Grantmaking in Promoting Health Equity and Responding to Crisis

AUGUST 2020

For 90 Years...For Children
Just months into 2020 and the W.K. Kellogg Foundation’s 90th anniversary year, COVID-19 disrupted systems and exposed longstanding health disparities as the data showed that people of color had greater risks of getting sick and dying from COVID-19.

While the W.K. Kellogg Foundation (WKKF) has funded programs to improve the health and well-being of children for nine decades, looking back at the evolution of our grantmaking provides lessons for how we can respond to challenges now – so that relief and rebuilding help to undo systemic inequities and improve the health of those suffering most. During my time at the foundation since 1987, many visionary colleagues have explored a variety of models and approaches for addressing deeply entrenched biases and longstanding health disparities due to racism. As they have pointed out, given the systems in place, the disproportionate impact of COVID-19 on communities of color is not surprising.

Speaking to the 2020 UCLA Fielding School of Public Health graduates, I reminded them that racialized systems, whether intentionally or unintentionally structured, create the disparities we see all around us. The systems that determine housing, education and financial services are producing the same wide gaps we’re witnessing in the health system.

Dr. David Williams, a member of WKKF’s Solidarity Council on Racial Equity, is one of the early grantees and partners whose work has contributed to the knowledge in this summary. As he said in a recent interview, the complexities of the social determinants of health – the conditions in the places where people live, learn, work, and play – explain the disproportionate health risks and outcomes that shape the lives of too many children and families.

Our founder, Will Keith Kellogg, believed that sharing knowledge was critical to changing conditions for children. In the following pages, we offer a snapshot of lessons from WKKF’s most recent decades to inform your thinking about how to understand and address health inequities in our communities and especially in times of crisis.

They continue to serve as a guide for our work. We invite you to explore them as a resource for yours.

La June Montgomery Tabron
President and CEO
Introduction

The Kellogg Foundation’s nine-decades of programming in health began with the Michigan Community Health Project. As described in “The First Eleven Years” this effort helped shape Mr. Kellogg’s belief that communities had the knowledge to lead the creation and application of solutions to their own problems.

What continues today as our approach to long-lasting change in communities is Mr. Kellogg’s theory of change, which he described this way:

“It is only through cooperative planning, intelligent study, and group action – activities on the part of the entire community – that lasting results can be achieved.”

Ninety years later, Mr. Kellogg’s words continue to guide our approach to change – and his wisdom still echoes across the work in communities.

Some of the Kellogg Foundation’s journey in health programming is illustrated in this Health Legacy essay. Additionally, three key international and national gatherings on the social determinants of health brought together health experts and community-based leaders to share models and lessons across gender, age, cultures, populations, geographies and institutions. These proceedings highlight a growing understanding of the interdependencies that shape community health:

Salzburg Seminar: The Social & Economic Determinants of the Public’s Health, April 2000

Salzburg Seminar: The Social & Economic Determinants of the Public’s Health, October 2001

Racial and Ethnic Health Disparities: Schools of Public Health Respond as Engaged Institutions, WKKF’s 75th Anniversary Seminar on Public Health, April 2005

As COVID-19 crossed the globe and led to closed international borders and stay-at-home orders, it has engendered a public health crisis unlike any other in generations. The pandemic highlights what has long been present yet invisible to many. Now the call for action to address health inequities is gaining traction in ever-widening circles.

Given our longtime work with communities, experiences in emergency grantmaking and partnership with researchers and advocates to address health and social inequities, we offer the following framework and lessons from our journey.
Response, relief, recovery and rebuild

Our framework for flexible, responsive grantmaking – in response to crises such as natural disasters, acts of bioterrorism or public health pandemics – is built around four pillars: **Response, relief, recovery and rebuild.**

- **RESPONSE:** Support grantees and partners to respond to emergency issues as well as address immediate threats and needs of communities in order to save lives.

- **RELIEF:** Support grantees and partners to help meet temporary needs and provide interim resources to impacted families and communities.

- **RECOVERY:** Support grantees and partners to help communities in their short-term recovery efforts to return to some sense of normalcy.

- **REBUILD:** Support grantees and partners in long-term rebuilding and restoration efforts toward stability of organizational, physical, environmental, economic and social environments.

This framework guides and builds upon our strategic grantmaking response to COVID-19, and build upon the following reflections from the foundation’s most recent past.

Looking back to move forward

In the past twenty-five years, Kellogg Foundation health programming was infused with addressing the social determinants of health. During this time, the foundation executed a variety of different health equity strategies, including:

- Increasing the pipeline of health care providers of color
- Transforming public health systems to be driven by community needs,
- Improving the health outcomes of specific populations,
- Informing policies and practices for school-based health care,
- Engaging in community-based public health partnerships,
- Exploring scalable models in learning laboratories to increase access to healthcare services, and
- Increasing access to oral health care with dental therapists as a new provider.
What’s offered in the following pages are the summary lessons from some of the resulting community-based health initiatives during this time, including *Community Voices* and *Turning Point*. These reflections demonstrate the evolution of funding strategies toward promoting health equity. This deep bench of knowledge has informed our responsive strategy in the ongoing wake of the impact of health inequities being realized from COVID-19.

In addition, there are key lessons from WKKF’s emergency grantmaking to three disasters: Sept. 11, 2001, Hurricane Katrina and the earthquake in Haiti. All learnings have guided and informed our strategic choices in response to COVID-19 towards a more equitable recovery and reimagining the possibilities for communities.

While initiatives, clusters and programmatic strategies have varied in emphasis, approach or specific focus, three important lessons from grantee experiences are strikingly similar across the board. As a result, today they are embedded in all of our work and we refer to them as WKKF’s DNA – elemental to all we do and essential for achieving transformative change for children.

**Developing Leaders as They Serve Their Communities**

- Community leadership exists and it needs resources and platforms to grow to have staying power; and it lays a solid foundation for innovative, authentic systems level change.
- Equitable solutions require community members at the decision-making table as equal partners and it cannot be a sporadic act.

**Engaging Communities in Solving Their Own Problems.**

- Community engagement is imperative to ensure success of projects/initiatives as well as long-term sustainability of impact, especially in efforts of transforming public health systems and healthcare systems;

**Advancing Racial Equity and Racial Healing**

- Achieving optimal health status and creating a robust public health system, we must address injustices (social determinants) caused by racism.

**This is Our DNA**
WKKF Health Equity Programming Timeline

Initiatives include:

- Building pipeline of health professionals of color to mirror the population served
- Increasing communities of color and community-based health organizations’ capacity to address the imbalance in health service availability
- Emphasizing vast inequities exacerbated by social determinants for children of color
- Developing inclusive health framework to address root causes

1980s
- Identified people of color as immensely underserved population in health services
- Frightening health outcomes among communities of color

Health Professionals Pipelines
- Comprehensive Community Health Models in MI
- Turning Point: Collaborating for a New Century in Public Health
- Community Voices: Healthcare for the Underserved

1990s
- Health Through Action
- School-based Health Care Policy Program
- Dental Therapist Project

2000s
- Helping communities serve the underserved
- Access to care (doulas, midwives)
- Affordable services (birthing centers)
- Health workforce & leadership development
- Policy education & change

2010-2015
- Place Matters
- Convergence Partnership

2016-present
- Embodying Health Equity as part of WKKF DNA
- Leveraging partnerships for more funding & systems change for health equity
Overarching lessons from health programming

LESSON #1

Trust is a powerful and essential enabler of work both in and with communities.

Relationships must be given careful attention to ensure trust is built. Once trust is built, decision-making becomes efficient and effective. It takes a significant amount of time to build trust and the trust building process cannot be artificially expedited. When disparate groups are brought together, they can start working on small projects that could grow into larger efforts. In the case of the Turning Point initiative, partnerships included community-based organizations, churches, hospitals, businesses, police and fire departments, schools, parent organizations, youth groups, Tribal government, county commissions, etc. They built relationships and capacity by collaborating on small-scale, focused projects. They then built upon these efforts to address more significant system improvement.

LESSON #2

Identify and support informal leaders.

There are many ways for a grantmaker to go wrong in its understanding or expectations about leadership in a community. It is important to recognize both and differentiate formal authorities and informal leaders. Formal leaders have sanctioned positions of power, whereas informal leaders have more influence power. The identification of informal influential leaders (also known as opinion leaders) is crucial for developing positive impressions and public support for change initiatives. The graphic on the left offers a template for mapping spheres of influence used by Community Voices partners.

Finally, to achieve sustainability and long-term impact, transferring leadership from visible, positional leaders in institutions to community members needs to be timed and implemented.
**LESSON #3**

Community self-determination requires the foundation to play a unique role.

Being non-prescriptive does not mean providing no direction when working in and with communities. Otherwise, when communities want more direction than foundations are prepared to give them (visioning, planning & implementation), the non-prescriptiveness can be viewed as having a hidden agenda. Foundations need to set forth clear expectations without prescribing how to meet them. Additionally, offering communities technical assistance that aligns to their capacity-building needs, guidelines for system improvement plans, along with providing some leeway and incentives for staying on the course are important for long term success.

For example, the anthrax scare following 9/11 made the public and policymakers more aware of the need for local capacity to rapidly respond to public health threats. Infrastructure is crucial to their capacity to respond effectively. With their sparse and scattered populations, rural areas typically face special challenges in building and maintaining infrastructure. The ability of local Turning Point partnerships to create both urban and rural infrastructure was important for adapting to the post-9/11 environment.

Technical assistance does not mean parachuting experts to community. Listening to grantees, assessing expert skills in relationship building and communicating clear expectations are required when providing external expertise to communities.

**LESSON #4**

Two funders can go further, faster, if relationships between foundations are fostered with dedicated attention and a shared commitment to guiding principles

Two foundations working in partnership can make significant progress toward equitable public health systems, transforming and strengthening the public health infrastructure in the United States. But such partnership is easier said than done. Principles for developing and maintaining such partnerships are:

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1These principles are adapted or quoted from “Partnerships Among National Foundations: Between Rhetoric and Reality” (a reflection of WKKF and RWJF partnership on Turning Point), by Stephen L. Issacs & John H. Rodgers (pp13-17), 2001.
• **Hard-headed analysis** or due diligence (on cultures, reporting logistics, approaches, grantmaking philosophies, values, etc.) must be conducted in advance, to be sure that each partner maintains its own priorities, while working together with the partner on shared priorities.

• “The partners should develop **clear, limited and achievable objectives**,” as “clear goals prevent ambiguity and .... give the partnership a sense of purpose and urgency.” – William C. Richardson, former WKKF president and CEO.

• **Partnerships are as good as the people involved in planning and implementation.** Some practices are proven to be effective, such as involving senior foundation executives at all stages, having more people at each foundation investing in the partnership, paying attention to staff transition times, regular face-to-face meetings, etc.

• Expect to face **cultural differences** among the foundation partners and plan in advance how to deal with them.

• **Recognize that cultural tensions are inevitable.**

• **Approach partnership cautiously rather than plunging in.**

• **Keep talking.**

• **Ensure transparency** in decision-making and open channels of information sharing.

• **It is important for partnering foundations to have their reward systems aligning with incentivizing involved staff.**

Community Voices: Healthcare for the Underserved was a national effort of 13 communities as learning laboratories to differentiate between what works and doesn’t work in meeting the needs of the underserved, uninsured or under-insured. With an investment of $55 million, communities forged new partnerships and models for improving access to health care – including mental and oral health care – to inform policy and practice change. Today Community Voices is managed by the National Center for Primary Care at the Morehouse School of Medicine in Atlanta.

LESSON #1
Changing how systems operate requires building community-institutional partnerships.

Ensure the training of health professionals and health service to be more responsive to community’s own knowledge. Build relationships through which communities have a say and become more involved, drawing on institutional resources AND contributing their own assets to creating solutions that actually work.

LESSON #2

Communities are complex and working with communities is complex.

Multi-sectoral collaboration is required to create sustainable solutions to problems; but working across sectors adds to the complexity and challenge.

Community-driven change needs resources from foundations.
Invest in communities, in people, in their neighborhoods, in their organizations and providers.

Partnerships are knit together by strands of collaboration.
Health care delivery & financing, like health itself, are complex and many-layered. No one entity at the community level has sufficient resources or influence to remake complicated systems. Health care providers, public health, consumers, government, business & advocacy groups all grasp a piece of the solution – and possess funds and expertise capable of transforming ideas into action.

System change needs groundwork and preparation.
Change occurs only when the timing is right. Windows open, public will shifts and what was inconceivable in the past is ushered into the present. Readiness can be cultivated and seed the way for change to take root and flourish.
10 Lessons from Community Voices for Timely Practice & Policy²

1. Transforming health care is a balancing act of addressing tremendous costs of health care services and removing barriers to accessing care.

2. Local solutions well designed and implemented can have significant national relevance.

3. Listening is key to a consumer-driven process, leading to products communities need.

4. Seeking to reinvent the wheel is sometimes necessary, when the wheel does not serve the community’s interests, needs and desires.

5. Don’t stand alone. Collaborate with mainstream issues and products.

6. Don’t let evidence gathering become an excuse for not acting. So generate data, but don’t wait to act.

7. As health systems that make sense from the community perspective look very different from traditional health care models, navigating the systems to redirect resources becomes paramount.

8. Passion and pragmatism must be blended and both are essential.

9. Connect the dots: programming, practice and policy education are all needed to form the 3-legged stool.

10. The power of community can be marshaled through collaboration supported by a national foundation. But it takes time and efforts to build something great.

²These 10 lessons are directly from WKKF 2002 publication titled “More Than a Market: Making Sense of Health Care Systems – Lessons from Community Voices: HealthCare for the Underserved.”
TURNING POINT: Collaborating for a New Century in Public Health 1996-2002

The Kellogg Foundation partnered with the Robert Wood Johnson Foundation (RWJF) to launch the Turning Point initiative. WKKF funded 41 local community health departments in 14 states and RWJF supported public health infrastructure at the state level. Both targeted improving public health performance through strategic planning, building strategic relationships throughout the community and developing innovative approaches to entrenched problems. The National Association of County and City Health Officials coordinated the initiative and the project lives on in many communities around the country.

KEY LESSONS INCLUDE

• To achieve health equity, we must move beyond medical, disease-oriented approaches to build bridges between public health and individual health systems, providers and organizations;

• Community voice in decision-making needs to be direct and permanent, as opposed to periodic community input; community voice in policy decision-making must include the identification, investigation, intervention and evaluation of issues that affect the public’s health and well-being.

• Increase emphasis on fostering community leadership and building a broad active constituency for public health that extends beyond government;

• Increase the focus on collective action to address social and economic determinants of health; and

• Heighten the appreciation for authority and capacity at the local & Tribal levels, with flexible support from federal and state partners.
Lessons Learned for Executing Health Equity Programming Strategies

In general, the following reflect specific learnings from strategies to promote health equity for underserved communities and communities of color. They are gleaned from Community Voices, Turning Point and other WKKF-funded efforts.

- **Support more cost-effective entry points for service** (e.g., a neighborhood clinic vs. an emergency room).
- **Identify and eliminate non-financial barriers** (e.g., lack of transportation).
- **Expand coverage for care** (e.g., enrolling eligible people into public programs and offering affordable insurance to small businesses & low-income workers).
- Health care systems that wait to care for underserved people until a relatively small number of them are very, very sick, will have few resources left to increase access to primary care for a larger number of uninsured and underserved.

- **Strengthen service delivery** by exploring alternative service-delivery models (e.g., nurse-managed primary care centers, school-based health clinics).
- **Develop leaders and care providers** for a changing system. Incubate, support and sustain innovations in training physicians, nurses, public health practitioners & other professionals. For example, the Community Health Scholars Program offered postdoctoral fellowships to acquire skills in community-based participatory research and teaching, valuing communities as equal partners. As important, diversify leadership development for managers and executives in health care systems.

- **Policy education and change go hand in hand.** Community changes alone are not necessarily enough for sustainability; they must inform policy change in institutions, marketplace and government.
Lessons Learned for Developing Programming Strategies to Advance Health Equity

Community-based projects have the greatest potential for success.

Community leaders looking to better serve the public’s health often do so by supporting new coverage options, expanding public health services, and planning public outreach and education. As they do so, communities offer a clearer window into their challenges, needs, priorities and potential solutions than outsiders trying to prescribe ways to address a community’s pressing demands. Communities that invest early in a project can help devise better goals and objectives and a more thorough strategic plan, while anticipating needs and problems. And bringing community voice to the decision-making tables lends credibility that helps secure local buy-in, by potential consumers and potential organizational partners. Tapping into existing community networks helps facilitate communication, which in turn assists in outreach, public education, building consensus and building additional partnerships. Finally, community involvement and support is essential to sustain a project’s success, so empowering the community is vital.

As funders develop investment strategies for long-term success, some additional learnings are critical to consider in the planning stages:

- **Evaluation contributes to success.**
- **Investments in diverse, culturally competent leadership that reflects the community, pay strong dividends.**

- **Partnerships add strengths.**
- **Focusing on community engagement, voices and experiences of the uninsured to inform policy is substantial.**

Overall, applying what we have learned about working with communities to level the playing fields in public health systems and health care systems is essential to the advancement of a health equity agenda.

**Diversity** is only the first step to transforming the health professions, health administration and other facilitating systems (such as education, employment). Addressing the social and economic determinants of health - grounded in racism, structural barriers and false narratives about people of color - is crucial to solving the country’s health care access problems and to making community-responsive service delivery, practice and policy the norm.

Amidst today’s challenges to promote health equity, the lessons from WKKF’s endeavors demonstrate how philanthropy can successfully work together with other like-minded funders and the public sector to achieve positive outcomes in underserved communities through fundamental changes in programming, practice and policy.
Supporting Communities in the Wake of Disaster

While nothing can fully prepare a community when disaster strikes, building upon several WKKF experiences in emergency grantmaking, the following lessons can offer some guidance and a framework for a timely response. These learnings were gathered from the Kellogg Foundation’s response following the crises of the 9/11 terrorist attacks, Hurricane Katrina in New Orleans and the magnitude-7 earthquake in Haiti. These have informed WKKF’s response and approach to the ongoing crises and the longer term challenges following the COVID-19 pandemic.

Hurricane Katrina

In 2005, Hurricane Katrina\(^3\) devastated the gulf coast and left New Orleans in crisis. At the time, WKKF worked with existing partnerships and grantees to respond and move resources rapidly to address the community’s immediate needs. The long-term impacts to the health and well-being of the people of New Orleans, predominantly affected people of color. As La June Montgomery Tabron shared in the foundation’s statement 10 years after the disaster,

“When the floodwaters of Katrina receded, the aftermath revealed to the nation the deep-rooted struggles of inequity in education, economics and overall opportunity that many in the region have known and endured long before Katrina had disrupted the area. Conscious and unconscious bias have been entrenched in both public and private institutions, affecting hiring, lending patterns, education, policing, sentencing and other policies and practices. Katrina surfaced wounds that had yet to be healed, but it also inspired a new level of potential and tenacity within the community.

“We have seen that the people of New Orleans and Mississippi have the extraordinary potential

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\(^3\)The lessons learned came from Christy Slater, New Orleans squad leader in March, 2020.
to strengthen their economy, create jobs and revive neighborhoods, while broadening opportunities for children, families and communities to thrive. It is through our community-driven partnerships and investments that we know we will see their communities flourish.”

Following are the lessons from WKKF’s responsive grantmaking in New Orleans following Hurricane Katrina, which led to our naming New Orleans as a priority place and making our commitment to the community for at least a generation.

- Recovery must be done in partnership with and at the pace of the people most impacted.
- Trauma-informed approaches are vital to long-term recovery and resilience.
- We must strengthen the capacity of the nonprofits responsible for building the capacity of the community.
- Long-term problems require long-term solutions and investments.
- Philanthropy must partner and leverage resources the same way we expect grantees to collaborate and leverage one another’s assets.

September 11, 2001

The unexpected and horrific terrorist attacks known now as 9/11, left the U.S. in shock in both the immediate and long term aftermath, affecting communities in New York, Washington D.C. and the country’s public health system. The following lessons arise from WKKF’s grantmaking in response to 9/11 and its impact on a community’s capacity to respond.

- **Offer simple processes, with flexibility and fast funding.**
- **Strong relationships** between program officers and grantees was significant for ease of grantmaking.
- 9/11 grantmaking did not take grantees “off mission”; rather it enabled grantees to bring community voices to policymakers.
- **Sound infrastructure** (physical and social) contributes to effective crisis response.
- 9/11 highlighted and exacerbated the needs of diverse immigrant and at-risk populations; and raised awareness of the importance of linguistic and cultural competency.

- An event like 9/11 produces several “waves” of needs.

In the aftermath of 9/11, WKKF staff understood more of the long-term needs, particularly in mental health and job training, and it became clear that these two service delivery systems are largely non-existent for immigrant populations. Developing post-disaster funding strategies requires a fairly sophisticated understanding of need, along with ongoing analysis and advocacy. It may be important to **invest in physical infrastructure** (e.g., crushed phone lines) and **social infrastructure** (e.g., community capacity, collaborative efforts, partnerships with grassroots agencies). There is the potential for communities to be in a better position to offer disaster relief in the future – and to develop effective preparedness plans. Finally, staying involved for the long haul is critical, especially as other funders move on to other priorities, to remain responsive to communities.

4The quotes and lessons are from the Kellogg Foundation’s internal report of evaluating 9/11 programming dated in Sept. 2003.
Haiti Earthquake

Haiti is the poorest country in the hemisphere, a fact that has become a stigma that has disenfranchised local communities. After a massive earthquake in 2010, $13 billion were raised for reconstruction, yet less than 6% of donor funds reached local organizations, as Haitians were largely excluded from key decisions.

As described in the foundation’s recent report (Learning and Legacies from the Field) about programming investments in Latin America and the Caribbean,

“A magnitude-seven earthquake of January 2010 left hundreds of thousands of Haitian citizens dead or injured and more than one million homeless. Much of the country’s already precarious infrastructure was rendered useless. In February 2010, the foundation’s board of trustees requested a rapid assessment of the situation and options for long-term investment in reconstruction and development. By May, amid the considerable chaos and sense of deep personal and collective loss, there was a new sense of hope that this disaster might prove to be a spark for deep transformation and an opportunity to recreate and strengthen the state.”

Shortly after, the Kellogg Foundation named Haiti as a priority place and began funding community visioning plans in the communities of Akayè, Ilavach, Mibalè & Sodo. One of the critical outcomes from these participative processes was access to data that was unavailable before, such as the location of each house in Ilavach as mapped by the community members themselves, or the location and quality of existing water infrastructure in Akayè. In these visioning plans, communities identified their own priorities, developed action plans and new leaders began to emerge from the communities. These community visioning plans became the basis of WKKF funding strategies, and they remain as such today. While WKKF directly funded some of the community projects; for others we leveraged funding partners to support.

A Continued Focus on Health Equity

The lessons outlined here represent many, but not all of the significant WKKF-funded efforts to promote health equity. They informed and guided our response to grantees and communities working to address the wide-reaching and disparate impacts of the COVID-19 pandemic.

Finally, although not detailed here, WKKF’s grantmaking strategies today support sharing models and leveraging our investments toward creating equitable food systems, supporting maternal and child health, increasing breastfeeding rates and scaling the dental therapy approach to improve oral health for children, families and communities.