

Research on Public Health Foundations

Foundation	LHJ Affiliation	Contact(s)	Background	Staffing	Core Area(s)	Fundraising	Foundation Board	LHJ Board Involvement	Other Notes
Cobb & Douglas Healthy Futures - Both 501(c)3 and 509(a)3 - they shared materials for our review. Currently looking at merging foundations into one foundation for fiscal reasons to get best ROI, etc.	Cobb & Douglas Public Health (two counties outside of Atlanta) - A state office vs. county office. Director is employed by the state, but the rest are LHJ employees. \$30M+ annual budget for combined LHJ. Get about 60% of funds from public dollars.	Jan Heidrich-Rice (District Development Director) & Agnes Brown (Development Specialist)	Had two 501(c)3 in place, one for each county, back in 1994 so they could accept property from the County. Were dormant until early 2000s, when someone bequeathed \$100k to Cobb Health Futures. It was put into a CD and then was doled out over time for children's healthcare needs. Former health officer was an MBA who sought to rejuvenate the funds in 2011 so they could diversify.	2.25 FTE - Employees of LHJ, housed at LHJ, operational expenses by LHJ. Staff are 100% focused on development & fundraising.	Each August (after official audit), the Board determines where \$\$ goes. Staff use a rubric (provided to us) to share and rate 7-9 programs that are in most need. The Board reviews the material and then asks for presentations from a handful for decision-making.	Use four avenues depending on project, type of funding and type of donor/grantor. Can use each county as separate LHJ or each of the Health Futures. Separate IRS numbers for each. Have two large fundraising breakfasts each year in addition to ongoing fundraising. Have felt successful bringing in small pots of money - \$20-30k, but need to be more intentional to get larger donations. Looking to focus on corporate and grant opportunities.	11 person board, no BOH representation. Members are healthcare, K-12, academia, business, non-profit, etc.	BOH served as the Board for the foundations. State mandates who sits on the BOH (mayors, superintendents, commissioners). Wanted to bring more diversity on the board with community leaders, fundraising, etc. Created separated boards several years ago for each foundation, had to amend by-laws for the foundation boards. Very well received by the BOH and relieved that they weren't being asked to raise funds.	Be prepared for some obstacles early on. Some grantors require minutes from last year, financials, etc. That can be tricky in first 1-2 years of formation.
Fund for Public Health New York City (PHNYC) - a 501(c)3 but not a foundation. A private sector partner of the NYC Department of Health and Mental Hygiene (DOHMH).	Work exclusively, and closely, with the NYC DOHMH. Created by the Health Commissioner in 2002. In New York City, a number of City agencies have partner organizations like the Fund.	Donna Fishman, Deputy Director	Tom Frieden was commissioner when it was created. Knew NY would be getting a lot of hospital readiness money from federal sources, and knew could spend all of it within timeframe. It started at about \$18M, including one large \$10M award for 10-years. Huge growth spurt in 2010 when decision was made that Fund would be applicant for stimulus package. Communities putting prevention to work (anti-obesity and tobacco) - \$30M over 2 years, REACH for \$20M over several years.	Went from 20-30 ppl to 200+ staff almost overnight. Had to shore up and manage infrastructure.	Not the public health brains. All project ideas are NYC DOH ideas. The Fund offers expertise on fundraising, work together with DOH staff on messaging to be more appealing. They can come in two ways: ideas on projects they want to work on (like e-cigs) need approval from commissioner that it's a priority project. The other is DOH staff that are well connected and hear about an opportunity, like an institution that is applying for a grant, and co-apply or try to be a sub-recipient.	Raise money from government and private foundation sources for projects DOHMH is interested in doing, and then administer the project for which they raise funds.	Bylaws with ex-officio members, health commissioner and deputy director, and a member of NYC BOH. Practice is that chairman has been commissioner of health. Board is slated to be up to 12, but never used all of them. New board members are recommended by commissioner, but ratified by the Board. Had a lot of foundation money coming in. When Mayor Bloomberg was leaving, did a lot of thinking of how to make sure donor intent was maintained, insulate org to ensure that new mayoral leadership doesn't shift organization direction.	1-2 Board Members from DOHMH sit on Fund board as ex-officio.	NYC DOH has certain restrictions on types of donors they won't accept from (tobacco, guns, formula, sugar sweetened beverages, some pharma in past). Donna will try to find examples of forms to share – contract request form, org chart, bylaws, etc.
Houston Health Foundation - works with donors, organizations and volunteers to forge public-private partnerships that assist the Houston Health Department to bring valuable health services to the children and families of under-served communities.	Started in 2010, created by Houston Health Department (HHD).	Robin Mansaur, President/CEO	Houston Health Dept. wanted to go after certain grants and couldn't because of a 501(c)3 requirement, and also wanted look at other funding opportunities. Served as more of a convenience.	In 2016, it hired its first full-time employee. HHD provides in-kind donations in staff time (accounting, space, administrative support, etc.) Robin is only full-time foundation employee, plus intern. Director of Volunteers, accounting and admin asst are LHJ employees, but work for both agencies.	Very program focused. Much easier to raise for a particular project that can resonate with hearts and minds. Recently begun focusing on “banner programs” around underserved kids and families - See to Succeed, Project Saving Smiles, My Brother's Keeper, and Community Nutrition. Re-entry program for people coming out of prison – have had fundraising dinners and run the money through the foundation without admin fee. Houston Health also serves as fiscal agent on a collaborative – substance use recovery (\$750k over 3yrs) and charge a 5% admin fee.	HHD can submit grants through Houston Health, but take a 10% admin fee from the grant. About to start corporate fundraising campaign. If Houston Health brings in \$\$, they keep 20% for admin fees. Board is now very interested in having an event, like a lunch. Looking at it for January, with monies going to 1-2 banner programs.	Foundation board is 12 members and 1 ex-officio (director of HHD). Rest are voted in w/ nominating committee. Final approval comes through the mayor of Houston. Meet quarterly, but some board members have felt they may need to meet more often. Has executive committee, nominating, corporate committee, programs committee and finance committee. Have a treasurer, secretary, etc. Just recently updated bylaws so board can expand from 12 to 20 members.	Informational updates	Important to think of it like a start-up, write a business plan for it that is realistic. Don't expect anything overnight. Greatest success comes when the person leading the effort is integrated with the health department so they are aware of the programs and in the loop...regarded as a team member, but you don't want to bog them down too much with administrative responsibilities. Want them out in the community connecting, developing and selling the programs/foundation. A good grant writer, or at least being clear on who is writing grants. Have a consistent tone, genuine, etc. If you have de-centralized grant writing, you need to work hard to have the “brand incorporated.”

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Long Beach Health and Human Services Fund - a fund created within the Long Beach Community Foundation to allow for donations to the department. They serve as the umbrella organization and 501(c)3 to manage the fund on behalf of the LHJ.	Long Beach Department of Health and Human Services	Kelly Colopy, Director of Health & Human Services	LHJ originally had 501(c)3 attached to the health department, with its board, etc. 501c(3) operated outside of the LHJ. Own accounting staff, own board. Didn't originally take money out, but as it grew, they took 10% admin fee. LHJ staff provides some in-kind. Previously created by people who worked at the LHJ and loved it, but trying to maintain that was going to be difficult as they retired/left. They sunset the 501(c)3 and created a fund with Long Beach Community Foundation a little over a year ago. Two funds: overall PH fund and then Mayor's Fund to End Homelessness. LBCF only charges 1-2% admin fee.	Long Beach Community Foundation is a stand-alone organization that manages multiple funds.	Old LHJ's 501(c)3 funds were already defined so they are maintaining the original intent. New funds donated are more general. Transition to LBCF has gone well. Haven't been out for a big fundraising/marketing, but have been able to access resources as needed. Scheduled quarterly drawdowns. Current funds used for items that grants don't cover (t-shirts, communications, etc.).	LBCF manages the funds and makes them available as needed for specific programs. Haven't been out for a big fundraising/ marketing, but have been able to access resources as needed. Do mailers around holidays/Big Give – specific to homeless, raising \$20-25k. LHJ getting a new PIO for the department, hoping that person can help with outreach for both funds.	LBCF has own board – LHJ submits how funds were used, verified used as intended. Their board is the final say. Important to have a strong relationship with the board.	Informational updates	Pay attention for how the oversight works. A lot of time with the attorney on what can be used, not used.
Nevada Public Health Institute & Southern Nevada Health Institute - NPHI set up 7 years ago. In process of creating Southern Nevada Health Institute now.	Nevada has 17 counties, but only 3 LHJs. Working with county commissioners in other counties to develop board of health, develop a department of health to get state funding for TB, MCH, etc. Look at the health of the county the same way they look at roads, etc. On the verge of 2-3 counties considering it and whether they have the bandwidth to do so.	Joe Iser, Health Officer and CEO - South Nevada Health District	Created in order to apply for grants, in partnership with the schools, where the public health district might not be competitive. Big focus is county health rankings.	No paid staff; board does the majority of the work. NPHI has 10% overhead to cover costs. SNHD has in-kind staff doing work for both (admin support, grant writing, etc.). Working on getting a legal opinion to confirm that it's OK.	Being modeled after some universities that have 501(c)3 to fund programs. Institute could subcontract with LHJ to complete work. Considering an interagency agreement between foundation and LHJs, so LHJ can write proposal to institute to seek funds, or institute can apply for and then subcontract with LHJ.	Mostly grants. Also became an approved vendor through state health to do tasks through contracts.	NPHI governance – 2 southern, 2 northern, 1 former NV now in CO. John Packham, School of Medicine in Reno helped cofound with Joe. No longer on the board but still helps. Other board members are faculty, state DOH originally (now at LHJ in CO), dean of PH at UNLV, and someone who works with behavioral health/SAMSHA. SNHI governance – state dental officer who's worked with Joe on rural health issues in the past; retired employee with Admin Services experience; and Joe. Once 501(c)3 is granted, will re-evaluate if 3-member board structure is sufficient or need to modify.	Did not require SNHD board approval, but they were briefed and kept in the loop on projects, funding awards, etc.	
Public Health Management Corporation (PHMC) – \$320M annually, 501(c)3 supporting research & evaluation, serving PA and DE, national designation through Public Health Institute. Has multiple subsidiaries, like the Public Health Fund and the PA Public Health Assoc.	City DHHS and Community Behavioral Health can come to PHMC, or PHMC responds to RFPs. Applied to be intermediary for the soda tax work; money cycles through PHMC with some admin/overhead.	Christina Vaganos Hayden - Chief of Staff, Public Health Management Corporation; Director of Operations, Public Health Fund	City of Philadelphia had a number of services that it wanted to provide, PHMC was formed to be 3-party contracting arm. Federal, state and city contracts, with some small grants, that are all limited/prescriptive. PHMC also has a mergers & acquisitions model – different entities that roll in under PHMC. If they are too risky or have other logistics, PHMC becomes a sole member of that entity/subsidiary.	2,500 employees, 350 programs, a network of subsidiary organizations, 70 locations, and close to 350,000 clients served annually. PHMC manages all of the backend office – HR, finance, audit process, etc.—regardless if a subsidiary or a program. Trying to move to a blanket ID/OH, but not there yet. Subsidiaries are charged a management contract fee vs. ID/OH	Areas include education, FQHC, early intervention, mental health, substance abuse, etc. They define public health broadly.	Public Health Fund board recently approved a rewritten charter. Hope is to get out to more external grants vs. internally facing. Have not fundraised or done events because it was a lot of effort where gain isn't as clear.	Public Health Fund board meets roughly every other month. Business people, nurse in healthcare field, local ED of hospital, CEO of PHF, CFO of PHMC. PHMC also has its own board; some board members sit on other subsidiary boards. However, some bylaws state that PHMC has final say. Board members do have a fiduciary responsibility to the subsidiary boards.	Informational updates	Did a Shark Tank type 12-week training to pitch innovative new services at PHMC; if selected, PHMC provides seed money. UPenn has a model where they throw out what the problem is and ask others to help solve. PHMC is looking at if that makes sense to move to.

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San Francisco Public Health Foundation - Friends of the San Francisco Department of Public Health was founded on May 5, 1988. In July 1993, the Friends of San Francisco Public Health changed its name to the San Francisco Public Health Foundation (SFPHF).	San Francisco Department of Public Health. Realizing that the city budget had no discretionary funds for training, education, special projects and small programs, the Friends' Founding Board determined that Friends would raise funds to support and enhance Department activities and provide an educational program to inform the people of San Francisco about public health needs. DPH provided in-kind space for a while, but the Foundation now leases its own space.	Penny Eardley, Executive Director	Early on, there was expertise at DPH that was in demand, but many people can't accept honorariums. Over time, the foundation started accepting on behalf of the LHJ. Also received some additional small grants, largely around HIV in the 80s and 90s. With transition to SFPHF in 1993, the fund immediately began receiving donations, grants and corporate gifts on behalf of various programs and activities within the Department of Public Health. People were getting frustrated with the slowness and complications of the LHJ restrictions; foundation was faster/easier.	Five employees paid by the foundation, managing \$5M. Executive director, finance manager, finance assistant, and two program coordinators who manage approx. 60 projects and 30 subgrants. Want to do a better job with communication, website, marketing programs, etc.	Passed sugary drinks tax, bringing a lot of revenue in. DPH wants to start offering grants/contracts for that. Process for some small coalitions/groups can't go through process with city to be an approved vendor. City now contracts with Foundation to distribute funds on its behalf. Donors can specify whether dollars should go to "Current Projects" listed on their website or specify a category: Direct Patient Services; Communicable Disease Control; Outreach and Care for Special Populations; Public Health Outreach, Education, Prevention and Administration; or Youth and Children's Services. Board has decided it is forming an ad hoc committee to determine how to distribute undesignated funds moving forward.	Board has decided to go back to its roots to do fundraising for the department. Stretch goal to raise private dollars for DPH priority or to launch new initiatives. Always looking for opportunities. Also targeting employer-matching programs, philanthropy efforts. Will occasionally apply for grants. Will be applying for more foundation grants for priority initiatives. Have not done events yet, but board is interested in trying to do something in the future. An event can be helpful starting out, but they can be labor intensive.	10 members, but can have up to 15. Bylaws has director of DPH with guaranteed seat, or they can designate someone in their place. Health commission (board of health) has a seat on the board. Others are community members or business leaders.	Executive director coordinates closely with DPH director and health commissioners.	When you work for government, you hear "no" a lot. Personal philosophy is how we can make this work, and our partners like that. Trying to work with a program to incorporate fundraising for fire department, DEM, mayor's special projects, etc. Might not be in my tenure here, but that's the vision. Make sure that it's set up as an independent organization to lessen some of the political pressure. It's a bit of a dance, but it also gives you some protection. Make sure you have MOUs with folks that you represent (DPH, etc.) – it's a process but provides clarity. Gift acceptance & funding policies - make sure you're clear about what is allowed legally, who you will accept funds from and not. Should set up separate website that describes priority programs, with donate now option for each.