

# BEHAVIOR MATTERS

*15 Years of Health Behavior Advocacy*

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BEHAVIOR MATTERS: 15 Years of Health Behavior Advocacy  
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## CHAPTER 9

# Follow the Money: What Health Behavior Professionals Need to Know about Foundation Funding

I have never worked for a foundation and don't consider myself particularly skilled at raising money from them. Perhaps it is my indefatigable persistence in asking—and thus my familiarity with the varieties of foundations' "no"—that leads me to share my insights here.

I will share that familiarity with you under four main headings:

1. What health behavior researchers and clinicians need to know about foundations in general.
2. What you need to know about what is going on in foundations right now.
3. What you need to know about seeking funds from foundations to support health behavior-related activities.
4. Some reflections about the prospects of getting support from foundations for activities related to health behavior, based on my experience.

Here's what you need to know about foundations in general:

### **Foundations are mission-driven.**

*Philanthropy*—derived from the Greek *philanthropos* (love of mankind)—has a secular history. The word is now used to describe generosity that promotes human progress in any field. The U.S. tax code allows people who have accumulated great wealth to use their wealth to establish foundations that will invest in activities that are deemed to "benefit the community." Such contributions are not taxed.

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17. The Center for the Advancement of Health, which I direct, was started by two foundations, the John D. and Catherine T. MacArthur Foundation and the Nathan Cummings Foundation. Since its founding, I have approached many health foundations to raise money to support the Center's activities.

This essay is based on an address to the U.S. Cochrane Collaboration in Providence, Rhode Island, in April 2004.

As you can imagine, this arrangement is an invitation for mischief, particularly given the difficulty people often have in distinguishing their own interest from the public interest. Recognizing the potential for goofy, anarchic and generally self-serving definitions of what it means to “benefit the community,” the Internal Revenue Service (IRS) requires that foundations define a mission that credibly accounts for how the money it dispenses through grants will indeed benefit the community. It requires that foundations convene boards, abide by certain standards of governance and make public how they spend their money, all of which serve to ensure that these tax-free dollars actually benefit the public in some fashion.

Researchers accustomed to seeking federal government funding from them tend to underestimate the importance of *mission* to foundations. After all, the NIH has a mission, as does each institute. So does every hospital and health plan. But discounting a foundation’s mission is not wise. Unlike other institutions, whose functionally descriptive mission statements sit somewhere on the Web site or letterhead, foundation missions are their *raison d’être*, their main organizing principles, the guiding force against which staff performance is measured. And they serve as the ticket the IRS punches that allows them to continue exist.

So, if what you are interested in is not consistent with a specific foundation’s mission, don’t bother looking for support there.

### **Type, roles of foundations**

A brief word here about *health* foundations and *health research* foundations. Health foundations tend to fund activities related to health that are programmatic: Imagine supporting health promotion spots on Spanish-language radio or teen pregnancy prevention programs or a national advertising campaign about covering the uninsured. The research such foundations support tends toward the applied evaluation research end of the spectrum.

Health research foundations fund research related to health, as well as training to conduct research—think of the Howard Hughes Medical Institute as one model, the Burroughs-Wellcome Fund as another. There are hundreds of both health and health research foundations. In addition, many foundations have multiple foci—the Doris Duke Foundation, for example, funds the arts, animal rights, child abuse and clinical research. It is important to note a couple of unique traits that are common to all three kinds of foundations.

First, each type of foundation tends to closely track what is going on in its parallel government agencies. This is in part because the government has often served as either the previous employer or the previous research funder of many foundation staff.

Second, foundations work hard *not* to fund activities that the government does—or should—or even could—fund. Foundations view the ground that belongs to neither the government nor the private sector as theirs. Foundation staff view it as their unique opportunity—and thus role—to develop ideas so that either the government or the private sector will pick them up, take them to scale and implement them. I can pretty much guarantee that no foundation staff want to see an investigator-

initiated grant proposal that didn't make the pay line the third time it was submitted to NIH. In fact, it is rare that almost any foundation would be interested in seeing anything that would even pass for such a proposal. They see this kind of research as the domain of the government and they aren't planning to fund its rejections.

So what do you need to know about foundations in general? Be aware that they take their mission very seriously and so should you, and they avoid supporting the kinds of activities that the federal government funds or that the private sector would pay for.

## Foundations: current climate

Now let me talk about some things going on with foundations right now that you should know about.

First, there is an ongoing fear that Congress will raise the bar for accountability and transparency in philanthropy. Many foundations are, at the behest of their trustees, keeping their heads down, which means avoiding risky or innovative grants.

Also going on right now: There is less money available for grants than three or four years ago. As you probably know, the amounts of money foundations have available for grants is subject to fluctuations in the stock market, since a big chunk of the endowment of most foundations resides there. The bursting of the dot-com bubble and the recession hit many foundations hard and while most have recovered nicely, the new money flowing out the door is shepherded more closely. Before, many foundations welcomed unsolicited proposals and sometimes needed help in achieving the minimum annual spending required by our tax laws. Today, there is an increase in foundations identifying and awarding grants to organizations and individuals to do specific work—much like a contract—that fills in a piece of one of their own planned, strategic initiatives. This is not true for all foundations, certainly, but there is a general sense among those of us who are supported by foundations that the pickings are still pretty slim and those that are there come with a lot of strings attached.

The final thing you need to know about the current state of philanthropy is that foundations have an intense interest in the growing focus on translating health research into actions that improve health and more effectively prevent and treat disease. *Evidence-based policy, evidence-based practice*—those are the buzz-words.

I think this is in part because foundation staff see the use of research to guide practice and policy as a necessary task that neither the government nor the private sector has succeeded in addressing, and in part because this aim is transparently consonant with almost any health-related mission. A focus on evidence-based health care practice and policy offer accountability while clearly benefiting the community.

In summary, while foundations are currently under scrutiny to be more accountable and their resources are tight, the timing of their interest in capturing the value of health research offers you real opportunities for finding support for health behavior-related activities. But you gotta know the territory.

So here is what you need to know about foundations as you contemplate seeking funding from them to support your innovative ideas about health behavior.

You know that notion you had about how foundations were these places where you didn't have to fill out those pesky forms and go through that tedious NIH study section review- and-resubmit process to get support for your good ideas? About how you just send a letter off to a foundation asking for money to support your project and they send you that amount by return post? Forget it.

I suggest the following orientation.

Expertise in health behavior may help foundations solve any one of these three generic problems:

- The foundation is considering a new program direction and needs to know the state of the science for changing the related behavior.
- Existing grantees do not seem to be able to move the needle on solving a particular health challenge.
- A foundation identifies a goal that clearly requires changes in health behavior but does not recognize the body of evidence available to inform it.

Here are some examples where clinical and research knowledge about health behavior change has been helpful to funders:

*When a foundation is preparing to make grants in a new area:* In 2001, the Robert Wood Johnson Foundation established a new goal to reduce childhood obesity and collected a group of experts to talk about what works. Scientists and practitioners who had worked on childhood obesity made an important contribution to shaping the program decisions the foundation eventually made—both deciding what to fund and what *not* to fund. Similarly, both types of expertise could help a health research foundation refine a research agenda by identifying gaps in knowledge.

*When current efforts do not seem to be working:* A small family foundation decided to invest all of its resources in smoking education for grade school children in their community. They hired a retired school teacher to develop a curriculum and, to their credit, evaluated their efforts over time. Family members were disappointed when, after a five-year investment, there seemed to be no change in smoking rates of middle school students. Through an extended consultation with three scientists, the foundation was able to support the implementation of a well-tested, manualized program that positively influenced a variety of indicators of healthy development in addition to smoking onset.

*When a foundation has not yet considered the contributions of the effective behavior change strategies:* The staff and board of a foundation that supports research on hereditary diseases are concerned that a particular treatment is being routinely used to slow the development of a devastating hereditary disease without any real reason to believe that it makes any difference. It is costing patients a lot of money and foundation board members suspect it is a scam. After discussing this quandary with experts in health behavior, the foundation is supporting the development of a Web site to help people with the condition evaluate the scientific support for the full range of treatments available and to make informed decisions about their care.

This menu of options points to the need for you to search out the foundations that share your interest in a specific disease or condition and its treatment. It also illustrates the need to frame your idea for a project as a robust, elegant and respectable solution to a critical problem this foundation must overcome to accomplish its mission. The phrase win-win comes to mind. Use it as your mantra.

In preparation for writing this essay, I talked to a number of friends who run, work for and consult to foundations and asked them to provide you with *their* advice about seeking funding for health behavior change activities. Here it is:

1. In real estate the saying is “location, location, location.” In philanthropy, it’s “homework, homework, homework.” Don’t waste your time or foundation staff time composing and sending letters of inquiry that are not clearly within the mission and scope of work of the foundation.
2. Once you have identified some foundations you want to approach, search the Web, look at other grants they have funded, get as much information as possible. They want you to come to them having thought about what they are doing and how you can help them do it better.
3. The grant-making process is generally quite interactive. It may take a number of exchanges with your program officer to shape the proposal that fits the foundation orientation and mission. You need to know that one of the main responsibilities of your program officer is to serve as an advocate for your grant with fellow staff, the foundation president and the foundation board. And it is your job, particularly in the early stages, to help her do so effectively.
4. Foundation support requires far more interpersonal contact and relationship-tending than for example, does NIH support, but it also usually requires far less writing and institutional red tape. Note also: Foundations rarely pay university overhead.
5. Like much of life, foundation funding is not fair. It is idiosyncratic and personal, and often feels arbitrary. For the most part, there is no peer review, although a consultant or adviser or another grantee may be asked to comment on the technical merits of your proposal.
6. Each foundation has its own time frame. You may be asked to dash off a proposal for fast review and then find yourself waiting for weeks without a word. Remain calm. The internal vicissitudes of foundations are such that the silence is probably unrelated to your project.
7. Until you have their money in your bank, you don’t have the money. This is not a foundation-specific observation—it is an observation about life in general—but it is one that definitely applies here.
8. And this advice is a direct quote from a senior program officer: “Bring this kind of thing to me: ‘You know what’s always *bothered* me about this?’ or ‘I went back and looked through the literature and we really don’t know anything about this’ or ‘There’s something we need to know and answering it will make a difference.’”

I guess if I were going to summarize the tips, I would reiterate that last point: You will have the best chance of getting foundation support for health behavior change activities if you can find a foundation that agrees that “We need to do something that is going to work—and approaching it *this way* will make a difference.”

Finally, here are a few reflections about the prospects of getting support from foundations for health behavior-related activities based on my experience.

Foundations, like most researchers, clinicians and policy-makers have yet to appreciate the power of evidence-based health behavior change strategies. In fact, most don’t know what they are. We have a lot of educating to do to build demand for what we do, and foundations are one of our audiences.

While I am optimistic about your being able to interest foundations in topic-specific behavior change activities, I am less so about finding support for infrastructure for a center or program. Infrastructure money is very tough to come by.

I urge you, however, not to be discouraged by my description of what foundations want. Remember: There is no easy money. Ever. NIH support requires that you jump through all sorts of institutional and scientific hoops to ensure fairness and accountability in the disbursement of tax-payer dollars. The same is true of foundations. The hoops are different—the language and orientation differ—but the aim of accountability with taxpayer dollars is the same.

And finally, people who work in foundations have occasionally given me opportunities to hammer away at my annual new year’s resolution to suffer fools, if not gladly, at least quietly. But far more often, foundation staff are talented, knowledgeable scientists and clinicians who are committed to their foundation’s mission and take seriously their charge to use the precious resources they control to optimally benefit the public. Because a lot of us are knocking at their door, they are exposed to many ideas and approaches. They know a lot of people and I find that they often talk with me about my proposals in ways that illuminate them and make them stronger and better. While they often are unable to support my ideas, I find that their generosity, their willingness to help me find support elsewhere, and their encouragement keeps me in willing pursuit of this effort after all these years.

I encourage you to seek support from foundations for health behavior change activities. Your efforts will educate foundation staff about the value of these approaches and will reinforce the importance of using real evidence as a guide for action. You have much to offer: Effective health behavior change interventions are powerful tools that can be used to solve problems that are vital to a foundation’s mission. Despite the lean times and institutional upset washing across the philanthropic world generally, the interest of health foundations in the development of evidence-based policy and practice offers the possibility of building new partnerships with those who will value and use what you have to offer.