



Healthy  
Communities  
Foundation

STRATEGIC PLAN

2018 - 2021



July 2018

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# Healthy Communities Foundation Strategic Plan: 2018-2021

## I. HISTORY AND BACKGROUND

The Healthy Communities Foundation (HCF) is the legacy health conversion foundation from the sale of MacNeal Hospital to a private company in 1999. The proceeds from the sale provided an endowment of approximately \$130,000,000. The foundation awards an average of \$6.5 million each year.

The transition in 2016 included the appointment of a new Board of Directors and hiring of a new professional staff to manage day-to-day operations. In 2017, to assist in its transformation, HCF leadership initiated a comprehensive strategic planning process focused on re-envisioning its operations, philosophy, and approach to serving the health needs of its community. It recognized the historic opportunity to create something new that was not wedded to past practice by being both responsive and strategic.



## II. SUMMARY OF STRATEGIC PLANNING PROCESS

The Healthy Communities Foundation utilized the expertise, local experience, and local and national resources available through its extensive network of partners, researchers, and community stakeholders, to generate a community- and data-informed strategy that advances its priority grantmaking areas.



This document outlines the primary planning activities, processes and outcomes undertaken by the Healthy Communities Foundation to conduct a comprehensive analysis of local health-related issues, as well as local and national research, resources, and grantmaking strategies. It aims to capture the intentional, introspective process whereby board and staff examined its vision and history, as well as its efforts to drive decisions based on local data, evidence based research and practices, and community input.

The Strategic Plan has been completed and approved by HCF's Board of Directors and covers the period of 2018-2021.

## Local Research Commissioned by HCF

It is important to note that all commissioned data and research was specifically for the 27 zip-code funding region of the Healthy Communities Foundation.

**Local Health Outcomes:** HCF commissioned the Sinai Urban Health Institute (SUHI) to produce a report that analyzed the 27 zip-codes that compose the HCF region and ranked them according to health outcomes and social determinants. The report used the Community Health Rankings Model that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. The factors examined include health behaviors, clinical care, socio-economic issues, and the physical environment that together impact health outcomes and contribute to quality and length of life. Three major learnings from the report were:



### Deep Disparities

Significant health disparities in adjacent communities.



### Declining Income

Overall decrease in median household income.



### Shifting Demographics

Shift to more Latinx and African American populations within the overall HCF region.

**Local Health Asset Mapping:** HCF commissioned the Greater Cities Institute at the University of Illinois-Chicago to heat map service, programmatic and financial resources of the HCF region. Data was pulled from information submitted by more than 150 organizations that applied for funding in the 2017 grant cycle as well as 501(c)3 landscape research conducted from Guidestar, a national register of nonprofit organizations. Major learnings from the report included:



Low-income communities had a high number of health-related resources available, highlighting access as an important barrier.

**Local Health Access Data:** Completed by Leading Healthy Futures, the report includes a landscape analysis of local hospitals and federally qualified health centers that serve the HCF region. The report also details income, poverty and insurance coverage levels for the region. Major findings included:



42% of individuals residing in the service area are low-income and 19% live in poverty.



The highest concentrations of low-income and poverty are in Cicero, Maywood, and Austin.



10% of residents cannot access health insurance and 30% are insured through Medicaid.

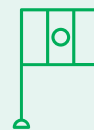


Whites compose 30% of the total population in the HCF region, while Latinxes, African-Americans and Asians compose the majority at 70%.

**Local Demographic Trends:** Completed by Rob Paral and Associates, the report examines the healthcare access and demographic shifts in the HCF region from 2000 to 2016. Major findings included:



Overall HCF service area has a population of 900,000 residents, roughly a third of the City of Chicago.



Latinx compose nearly 50% of the total HCF population.

## Local Qualitative Research

**Stakeholder Convenings:** HCF convened more than 100 representatives from 80 local stakeholder organizations to provide community feedback and perspective on health barriers, assets, and opportunities for impact. Coordinated by Leading Healthy Futures, group responses were analyzed and coded to determine recurrent themes across organizations and regions. The top five themes included:

- Social determinants as an important factor in the health of individuals and communities;
- The need for access to care, food, and medicine;
- Lack of access to mental and behavioral health;
- Fragmentation in service delivery; and
- Violence and trauma within a community.

**Resident Listening Sessions:** Initiated in July 2018, HCF met with groups of residents from the Little Village, Cicero, Berwyn, and Maywood communities. Groups consisted of seniors, parents, youth, and adults that have lived in the respective communities for an average of 10-15 years.

**Local Health Foundation Peers:** HCF engaged local health-conversion foundations that included the Community Memorial Foundation, Grant Healthcare Foundation, Healthcare Foundation of Northern Lake County, IL Children’s Healthcare Foundation, Michael Reese Health Trust, VNA Foundation, and West Lake Foundation. HCF also examined the grantmaking priorities of each foundation.

**Local Universities:** HCF met with experts at the UIC Institute of Minority Health Research and the Greater Cities Institute to learn about institutional projects focused on health equity and community asset data research.

## National Qualitative Research

**National Health Foundation Peers:** HCF engaged with national peer health-conversation foundations that included Vitalyst Foundation (AZ), Health Foundation of Greater Kansas City (KS), REACH Healthcare Foundation, and the Colorado Health Foundation (CO).

**National Health Equity Conferences:** HCF attended conferences that included national health and philanthropy leadership such as the UCSF School of Medicine, Ford Foundation, Marguerite Casey Foundation, Julian Castro (Former Secretary of U.S. Dept of Housing), Mitch Landrieu (Mayor of New Orleans), California Endowment, John A. Powell, Glenn Harris and Manuel Pastor.

## External Consultants

HCF engaged with external consultants who brought expertise in project management, strategic planning, and facilitation of dialogues to advance organizational learning and framing of strategic priorities.

## III. HEALTHY COMMUNITY FOUNDATION’S MISSION & STRATEGIC DIRECTION

HCF’s Mission has been reaffirmed. Emerging from the Strategic Planning process were a new Strategic Vision, Core Values, Commitment to Racial and Ethnic Equity, and Strategic Priorities.

### Mission

We are a community informed grant making foundation that seeks to measurably improve the health and well-being of individuals, families and communities in our service area by promoting health equity, quality, and access.

## Strategic Vision

That all residents of our communities lead full, healthy, and happy lives and enjoy equal life expectancy.

## Core Values

- Energizing the spirit and potential of our local community.
- Supporting efforts to provide tools that build healthier lives.
- Pursuing our work with a health equity frame.
- Addressing the immediate needs while investing in long-term systems change.
- Valuing experiential and evidence-based practices that produce measurable results.
- Bringing stakeholders together to share wisdom and cultivate trust, collaboration, and coordination.
- Maintaining the highest legal and ethical standards in the stewardship of foundation resources.



## Commitment to Racial and Ethnic Equity

HCF understands that systemic conditions such as implicit bias and institutional/structural racism impedes access and opportunities that improve well-being and a sustainable quality of life. We intend to use our platform and resources to create change, forge partnerships, and share learning through a focused and visible commitment to address these disparities and achieve health equity.

## Strategic Priorities

During 2017-18, we developed five major strategic priorities on which to focus over the next three years.

1. HCF will **FUND** efforts that provide **ACCESS** to quality health care; **ADDRESS** social determinants of health; **ADVOCATE** for health policies and systems change; and **AUGMENT** knowledge through capacity-building, learning, and other health initiatives.

2. HCF will meaningfully **ENGAGE** community organizations, leaders, residents, and government entities by:

- Convening broad range of community organizations to advance interagency communication and collaboration
- Engaging with community leaders, residents, and government entities
- Instituting ongoing two-way communications mechanisms with our served communities.

3. HCF will continuously **LEARN** about and be a source of information regarding our communities by:
  - Conducting assessments of the HCF communities and systems of health and human services
  - Engaging in research and evaluation efforts to better understand promising strategies
  - Serving as a resource to grantees regarding community data and best practices.
4. HCF will **COLLABORATE** with other foundations, learning/research institutions, and thought leaders by:
  - Co-investing in initiatives that support HCF's Mission, Values, and Vision
  - Expanding reach and impact through sharing resources and intellectual capital.
5. HCF will ensure **EXCELLENCE IN LEADERSHIP AND ORGANIZATIONAL STEWARDSHIP** by:
  - Maintaining the highest standards of financial and legal stewardship
  - Supporting recruitment, education, and development of a highly effective Board
  - Adopting effective Board policies, procedures, and practices
  - Implementing and utilizing effective grant management systems
  - Supporting ongoing staff education and professional development.

## Anticipated Impact

Based on our grantmaking and strategic investments, HCF anticipates the following impacts: increasing access to services and care; improving quality of care; improving institutional outcomes for populations with historical barriers to quality care; creating effective multisector collaborations and alliances; advocating for policies and systems change that impact the health of the region; and increasing the capacity of leaders and organizations to advance health equity, quality, and access.

## IV. GRANTMAKING FRAMEWORK

The Healthy Communities Foundation will award grants within our service area that align with the following grantmaking priorities:





## Grantmaking Principles



Focus on racial, ethnic, and socioeconomic equity



Community-defined solutions as a process and an outcome



Long-term partnerships and commitment



Fluidity in response to emerging strategies and crises



Community-embedded and engaged HCF staff



Leverage the power of collaborations and efforts at the intersection of issues/strategies



General operating support to catalyze and sustain systems change

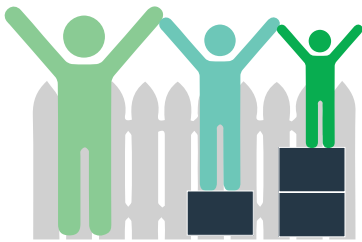


Grounded in community experience, evidence-based strategies, and evaluation

## Resource Allocation Principles

### Legacy

Given that HCF's endowment is funded from the proceeds of the MacNeal Hospital sale to a private company in 1999, HCF makes grants in the MacNeal Hospital service area.

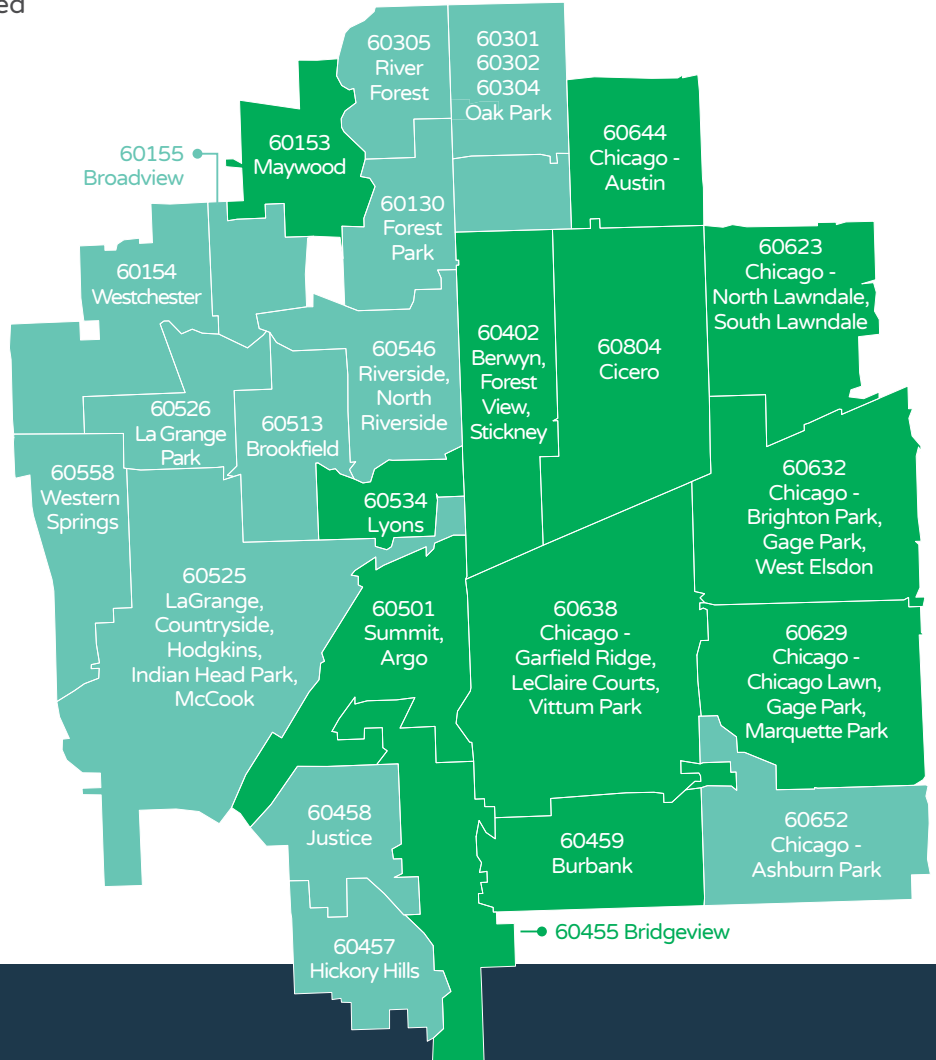


### Health Equity

To achieve health equity, we invest the majority of funds in zip codes that rank the lowest in our social determinants of health study. These areas are marked as **Legacy & Equity Zone** on the map.

 Legacy & Equity Zone

### HCF Funding Area



## WAYS WE GIVE



**General Operating Support**  
HCF will allocate the majority of its funds to

general operating support. Priority zones will receive the majority of available funds. We will issue an RFP annually for general operating support.



**Strategic Health Initiatives**  
Additionally, and by invitation, HCF

will fund strategic health initiatives that explore or expand new opportunities and/or address crises or emergencies requiring immediate, targeted resources.



**Capacity Building**  
HCF supports learning communities,

trainings, conferences and other programs aimed at strengthening the nonprofit sector and our partners who help achieve our mission within our region.

## APPENDICES

### Appendix A: List of Resources

**Title:** [Intervention Points to Promote Equity – A Funder Strategy](#)

**Source:** Grantmakers in Health

**Link:** [http://www.gih.org/files/FileDownloads/Issue\\_Focus\\_Promoting\\_Equity\\_3-19-12.pdf](http://www.gih.org/files/FileDownloads/Issue_Focus_Promoting_Equity_3-19-12.pdf)

**Title:** [New Directions for Foundations in Health Equity](#)

**Source:** Journal of Health Affairs (VOL. 35, No. 8).

**Link:** <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2016.0256>

**Title:** [Chapter 5: Examples of Communities Tackling Health Inequity from Communities in Action: Pathways to Health Equity](#)

**Source:** The National Academies of Sciences, Engineering and Medicine

**Link:** <https://www.nap.edu/read/24624/chapter/7>

**Title:** [How SNAP Benefits Seniors and Health Care's Bottom Line](#)

**Source:** Robert Wood Johnson Foundation

**Link:** [https://www.rwjf.org/en/culture-of-health/2018/01/how-snap-benefits-seniors-and-health-cares-bottom-line.html?rid=0034400001tt5R6AAI&et\\_cid=1142696](https://www.rwjf.org/en/culture-of-health/2018/01/how-snap-benefits-seniors-and-health-cares-bottom-line.html?rid=0034400001tt5R6AAI&et_cid=1142696)

**Title:** [The Geography of Health in America](#)

**Source:** CityLab

**Link:** <https://www.cdc.gov/mmwr/pdf/other/su6001.pdf>

**Title:** [Health Conversion Foundations](#)

**Source:** Grantmakers in Health (May 2017)

**Title:** [2018 County Health Rankings Key Findings Report](#)

**Source:** University of Wisconsin Population Health Institute

**Link:** <http://www.countyhealthrankings.org/explore-health-rankings/rankings-reports/2018-county-health-rankings-key-findings-report>

**Title:** [CDC Health Disparities and Inequalities Report – U.S. 2011](#)

**Source:** Center for Disease and Control (CDC)

**Link:** <https://www.cdc.gov/mmwr/pdf/other/su6001.pdf>

**Title:** [Innovations in Health Equity](#)

**Source:** Stanford Social Innovation Review

**Link:** [https://ssir.org/supplement/innovations\\_in\\_health\\_equity](https://ssir.org/supplement/innovations_in_health_equity)

**Title:** [A Second City: West Side Life Expectancy](#)

**Source:** Chicago Magazine (Feb 2018)

**Link:** <http://www.chicagomag.com/city-life/February-2018/A-Second-City-West-Side-Health-Life-Expectancy/>

**Title:** [The Death Gap: How Inequality Kills](#)

**Author:** Dr. Ansell Adams, MD

**Title:** [Stakeholder Health: Transforming Health through Community Partnership](#)

**Author:** Theresa F. Cutts and James R. Cochrane

**Title:** [The American Healthcare Paradox: Why Spending More is Getting Us Less](#)

**Author:** Elizabeth Bradley

**Title:** [Finding Leverage over the Social Determinants of Health: Insights from a Study of 33 Health Conversion Foundations](#)

**Source:** Department of Social Sciences and Health Policy Wake Forest School of Medicine (March 2018)

**Link:** <http://www.gih.org/files/FileDownloads/Easterling%20%20McDuffee-Finding%20Leverage%20over%20SDOH.pdf>

## Appendix B: Meeting Timeline and Outcomes

- **November 9, 2017** – Strategic planning process kick-off with Program Committee
- **January 19, 2018** – Board development around social determinants of health; Board reflection on results of board self-assessment survey.
- **February 14, 2018** – Program Committee discussion of approach to strategic plan design and development of recommendations to Board for strategic vision components.
- **February 20, 2018** – Board development around health philanthropy landscape; Board approval of overarching health equity lens and strategic vision components.
- **March 13 & 15, 2018** – Program Committee reflection on zip code health rankings data report and definition of approach to presenting to Board.
- **March 20, 2018** – Presentation of zip code health rankings data report to Board.
- **April 9, 2018** – Program Committee review of possible logic model from Sinai Urban Health Institute and approach to community stakeholder meetings.
- **April 17, 2018** – Preparation of Board for community stakeholder meetings.
- **May 7-8, 2018** – Community stakeholder meetings held to elicit partner organization perspectives.
- **May 15, 2018** – Program Committee reflection on community stakeholder meetings and review of initial strategic plan draft.
- **May 24, 2018** – Board approval of Commitment to Racial and Ethnic Equity; Board consideration of initial strategic plan draft.
- **June 4, 2018** – Program Committee reflection on community stakeholder meeting themes and Sinai Urban Health Institute process for funding prioritization.
- **June 14, 2018** – Program Committee review of funding framework.
- **June 19, 2018** – Board approval of funding framework including grantmaking principles.
- **July 19, 2018** – Program Committee review of revised strategic plan and recommendation for Board approval.
- **July 24, 2018** – Board approval of strategic plan.

## Appendix C: Communications Timetable

August 2018	<ul style="list-style-type: none"> <li>• Share a strategic plan synopsis with current and former grantees, collaborative partners, foundation leaders, health/medical institutional leaders, elected officials, community organizations (especially those in health advocacy and direct services), and media.</li> <li>• Release 2018 request for proposals (RFP)</li> <li>• Host HCF RFP and Strat Plan Review session for prospective grantees</li> </ul>
September 2018	<ul style="list-style-type: none"> <li>• 2018 RFP Deadline</li> </ul>
September – mid November 2018	<ul style="list-style-type: none"> <li>• Review RFPs by HCF staff</li> <li>• Provide recommendations to board members on grant awards.</li> </ul>
December 2018	<ul style="list-style-type: none"> <li>• Make and communicate grant award decisions.</li> </ul>
February 2019, ongoing	<ul style="list-style-type: none"> <li>• Provide an annual report of grantmaking and health related trends</li> </ul>
April and October 2019, ongoing	<ul style="list-style-type: none"> <li>• Hold bi-annual listening sessions to share relevant information and request input on perspectives, practices and events that shape and influence community health needs</li> </ul>
Ongoing	<ul style="list-style-type: none"> <li>• Provide regular updates on the HCF website re: regular grant cycles as well as strategic initiatives and emergencies</li> </ul>