How a Colorado Health Foundation Is Tackling Underinvestment in Native Communities

Connie Matthiessen | April 19, 2022
For years, philanthropy has failed Native American communities, and there is an abundance of research to prove it. In a 2019 report, for example, *Native Americans in Philanthropy* and Candid found that, from 2002 to 2016, giving to Native communities and causes by large U.S. foundations amounted to just 0.4% of total annual funding.

The *First Nations Development Institute* recently took a deep dive into philanthropic giving in Colorado, where it’s headquartered, and its findings were similarly dismal. Just one-tenth of one percent (0.1%) of Colorado philanthropy is awarded to Native American community-based organizations in the state, according to the report. In qualitative interviews, Native nonprofit leaders also reported “negative experiences in their interactions with philanthropic institutions in the state,” experiences that “mirror negative experiences of Native American nonprofit leaders nationally.”

The *Colorado Health Foundation* recently launched an initiative to counter those negative experiences, as well as philanthropy’s underinvestment in Native communities, with a $1.5 million gift to First Nations Development Institute. The matching grant will be used to develop a Native American Fund for Health Equity, which will provide support to Native nations and Native-led organizations working to advance health equity in Colorado.

In creating the fund, the Colorado Health Foundation and Native Nations want to boost awareness of and support for Native issues among Colorado’s
philanthropy community. “We hope this fund generates greater attention leading to more investment in Native community innovation and resiliency,” said Raymond Foxworth, First Nations vice president of grantmaking, development and communications, when the grant was announced. “We commend the Colorado Health Foundation for not only recognizing this inequity in investment, but also leading the philanthropy community in addressing the inequity in funding.”

**Building better relationships**

Strengthening community health and championing health equity are core tenants of the Colorado Health Foundation, which is a health conversion foundation. Also called “health legacy foundations,” health conversion foundations are created when a nonprofit health organization goes through a sale or merger to become a for-profit corporation, and establishes a foundation for the public benefit. There are over 300 health conversion foundations around the country. Inside Philanthropy has reported on several, including the Episcopal Healthcare Foundation, the Missouri Foundation for Health and several new health legacy foundations in rural areas. Many health conversion foundations, like the Colorado Health Foundation, employ a broad definition of healthcare, which includes addressing social determinants of health.

Under the leadership of president and CEO Karen McNeil-Miller, the Colorado Health Foundation broadened its equity focus, which means investing in deep, long-term relationships in diverse communities.
“This work starts with relationships; it’s the most powerful fuel and engine toward manifesting equity,” said Sean Dollard, program officer at the foundation. “This investment with First Nations is based on years and years of foundational relationship building, because before you can do anything, trust has to come into play. Native folks have experienced a lack of trust with predominantly white-led, white-centered, white-supremacist institutions, and that encompasses philanthropy. You can’t even think about building an authentic partnership without first developing trust with the person sitting across from you.”

For the Colorado Health Foundation, this meant many meetings with Native leaders and organizations throughout the state; the foundation also launched a series of listening sessions with Native groups.

Dollard’s perspective echoes the findings of the recent First Nations report on Colorado philanthropies and their underinvestment in Native communities. The report calls on philanthropy to build better relationships, and cautions that “foundations should understand that relationship building takes time, dedication, action, and intentionality.”

In Dollard’s experience, too many foundation representatives don’t put in that hard work. “We’ve heard this across the private philanthropy landscape: ‘We don’t know where to put those dollars. They haven’t responded to our emails.’ That’s actually an excuse I hear a lot. I don’t think we can separate that response from structural racism, attempted genocide, and cultural erasure of Native peoples. It can be easier for an institution to not be intentional and not take...
that extra step of creating and building those relationships.”

Native nonprofit leaders interviewed for the First Nations report cited other obstacles to obtaining funding. One is the “nonprofit starvation cycle” — that is, funders’ expectation that funding should go toward program development, versus general support for infrastructure and capacity-building, which in turn limits the nonprofit’s ability to expand program work. Other leaders cited complicated grant application and reporting procedures, which place a burden on small organizations with limited staff.

Finally, many nonprofit leaders pointed to funders’ ignorance of the history of Native people in the state — and an apparent unwillingness to educate themselves about that difficult history and its impact on Native communities. As one Native nonprofit representative put it, “Something tiring about being American Indian in the first place is teaching everyone else about you.”

Health equity

The Native American Fund for Health Equity was just established, and the mechanics of how it will operate — funding criteria and how potential grantees will be identified, for example — will be decided by an advisory committee that is being assembled now. This is in line with a growing interest in bringing democratic or participatory elements into grantmaking, by asking members of the community that’s being served to guide funding decisions.
“We really do want this to be a community-led and designed process, and to be fueled by Indigenous values,” said Foxworth of First Nations Development Institute. “We just got the grant at the first of the year, and over the last few months we’ve been working to identify the folks that will be on the advisory committee. We anticipate that the first meeting will take place in May.”

Meanwhile, as part of the grant to First Nations, the Colorado Health Foundation developed what Dollard calls “intentional milestones” to track its own progress. “I think this is the first time we’ve developed this kind of accountability milestone built directly into the investment,” he said. “We will be generating an aggregate report to track how much we’ve invested in Native communities year over year and sharing that directly back with First Nations Development Institute. So, every year we can interrogate and assess our giving to projects that advance Native health equity. We must always ask: How can we do better? I think this shows a different way — a more trust-based way — of working.”

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