

Health Funder Reflects on Best Grantmaking Practices

CHANNON LUCAS
Chief Administrative Officer, Mother Cabrini Health Foundation

The Mother Cabrini Health Foundation — a grantmaking organization dedicated to improving the health and well-being of vulnerable New Yorkers — has awarded \$470 million to more than 1,000 organizations and initiatives in its first four years. This was not an easy feat, and the team faced plenty of obstacles along the way. As a brand-new organization with zero infrastructure in 2018, the foundation quickly found itself responding to an unprecedented global health crisis. Amid the challenges and heightened needs of COVID-19, we rapidly focused our mission, built an organizational structure and put into operation ways to quickly respond to residents in need and their communities.

Along the way, we've seen constant, stark reminders of the need to fund not just health care providers but also groups working more broadly on changes like increased food and housing security, and how multiple health-related issues need to be addressed to ensure the well-being of underserved and low-income populations.

Reflecting on the progress since our foundation's inception, which has been marked by skyrocketing health and human services needs across New York, we would like to share key learnings so that other philanthropy and health care leaders can look to our experiences to strengthen their efforts and improve health outcomes for communities across the country.

GROUNDING IN OUR MISSION

The foundation originated from the sale of Fidelis Care, a nonprofit health plan insurer started through the leadership of the Catholic Medical Center of Brooklyn and Queens and the Diocese

of Brooklyn and sponsored by the Catholic bishops of New York State, to increase health care access for the poor.¹ The sale to Centene Corporation was approved by state regulators in 2018 following rigorous governmental review and extensive public comment. Proceeds from the transaction enabled the formation of the Mother Cabrini Health Foundation, with initial funding of \$3.2 billion to provide annual grants in perpetuity to serve state residents in need. We set up operations in New York City under the guidance of a board of directors made up of health experts and business leaders.

Early on, we found it essential to ground our organization in a mission and set of values that would guide our work and convey a clear compass for the long-term vision of meeting health needs in the state. Our foundation is guided by Catholic principles as exemplified by the life and work of Mother Frances Cabrini. Some of our core values include a belief in the dignity and value of all peo-



ple and preferential care options for the poor and marginalized in society.

Mother Cabrini was an Italian immigrant who traveled to New York City in 1889 without a home. Upon her arrival, she set to work serving fellow immigrants by organizing schools, catechisms and caring for and housing orphans. Mother Cabrini dedicated her life to serving the poor and helping those in need. By the time of her death in 1917, she had opened 67 schools, hospitals and orphanages. In 1946, Pope Pius XII canonized Mother Cabrini, making her the first U.S. citizen to be recognized as a saint.²

Just over a century after her passing, we launched the Mother Cabrini Health Foundation. Our CEO, Msgr. Gregory Mustaciuolo, and I were its first employees, along with an experienced executive team. The general path forward was clear: to carry out Mother Cabrini's legacy of service and dedication to provide for New York's most vulnerable. We focused on improving the lives of eight target populations: New York's low-income individuals and families; older adults; youth and young adults; persons with special needs; immigrants and migrant workers; veterans; formerly incarcerated individuals; and young children, pregnant women and new moms.

For us, reducing health disparities means not only supporting direct-care services but also addressing the social determinants of health. Communities across New York often lack access to the basic socioeconomic infrastructure that is essential for positive health outcomes, including access to housing, transportation, a living wage, social support systems, access to clinical care, nutritious food and education. The foundation seeks to address these social determinants of health to reduce health disparities and improve health outcomes.

Our pool of grantees has been as diverse as New York itself: large and small, rural and urban, upstate and downstate, and organizations affiliated with all or no religions at all. In 2021, approximately half of our grants were for \$250,000 or more, and for approximately 45% of the 500 grants awarded last year, our foundation is the largest private funder.

To manage this process, each grantee has a con-

tact person from our Programs and Grants team. Staff members conduct site visits, and grantees must submit a project budget as well as interim and final grant reports. Our monitoring program is designed to ensure stewardship of funds, accountability and sound program management.

For us, reducing health disparities means not only supporting direct-care services but also addressing the social determinants of health.

We now have a staff of nearly 60 employees who also reflect New York's diversity. Since we have employees who are not Catholic or come from any kind of faith background, it has been important to create a shared understanding and context. To ensure we were true to Catholic principles in our work, we recently provided a six-week course for employees, led by Joseph Capizzi, PhD, a professor of Moral Theology/Ethics, and Kurt Martens, JCD, a professor of Canon Law, both at Catholic University of America; and Daniel Frascella, PhD, our current chief Programs and Grants officer. Members of our board also attended. The feedback was positive, resulting in multiple productive conversations.

UNDERSTANDING COMMUNITIES' EVOLVING NEEDS

Another critical lesson we have learned has been the importance of maintaining consistent lines of communication with the people and organizations in the communities we serve.

Upon the foundation's inception, we spent significant time and energy analyzing New York, looking at Medicaid-eligible populations and working with external partners to understand the needs of vulnerable state residents and the organizations supporting them. As we learned about and built relationships with communities — and even as we hired staff — we established strong pathways for gathering input, feedback and insights. Along the way, as the foundation has grown, so have our community outreach efforts. In January 2021, we hired two community relations directors who bring regional upstate and downstate expertise to the work of evaluating and prioritizing needs for grant funding, and this year we've hired a director of public policy.

Today, our community relations team works daily with organizations across the state to ensure we're staying abreast of local needs and challenges and adapting our grantmaking accordingly. Furthermore, in July 2022, we brought on our first Chief Evaluation and Learning Officer, Anupa Fabian, to help us better understand community needs, define and measure success of grants, and apply findings to allow us to address the impact of disparities in health for communities.

We consider it our responsibility to not only support our grantees financially but also to systematically incorporate their feedback on priority needs and challenges as we deliver grants.

We also recognize that we are in a unique position to convene organizations and direct-service providers to facilitate conversations and learning opportunities among them. When we opened our doors in 2018, it was our intention to “hit the road” and really start listening to communities throughout New York to understand what the needs were and to identify the key regional players. When the pandemic arrived in March 2020, we quickly shifted these in-person events to virtual community health care conversations, and we have been pleased with the way community leaders and community-based organizations have interacted with us and one another.

We consider it our responsibility to not only support our grantees financially, but also to systematically incorporate their feedback on priority needs and challenges as we deliver grants.

Understanding the needs of those you serve is not merely a box to be checked. Rather, it is a constant process. In 2021, the foundation surveyed hundreds of grantee organizations across New York to gauge the biggest pain points for frontline providers. The survey provided critical insights into the challenges facing our grantees and how those challenges have been exacerbated by the pandemic. For instance, we heard — not surprisingly — that the top obstacles our grantees faced in meeting the needs of their communities

was lack of resources and capacity. Organizations surveyed also cited challenges related to money, health care, housing and food as some of the greatest obstacles to wellness in their communities, and we incorporated that feedback into our year-end grantmaking.

MEETING URGENT NEEDS AS A STARTUP FUNDER

When we first started, we faced a dilemma: How were we to get funding out the door to organizations most in need, while continuing to build up our organizational capacity to be a sustainable presence for our grantees and their communities? This was during a time in the foundation's development when we did not even have a full in-house grantmaking team.

Meanwhile, the pandemic provided a clear opportunity to accelerate grantmaking. The needs were apparent, as was the work we had to do. Therefore, we operated on two tracks: we focused both on getting emergency COVID-19 grants out the door and on building up our internal infrastructure to grow long-term internal capacity.

In the early months of the pandemic when New York was the national epicenter, we responded with approximately \$70 million in emergency funding to support nonprofit organizations addressing the health-related needs of New York residents resulting from COVID-19. That meant organizations could purchase personal protective equipment for health care and social service workers, supply emergency food to food banks and pantries to meet the growing demand, or provide hazard and/or overtime pay to frontline, direct-service health care workers.

Additionally, by expanding our affiliations with the organizations we support, we are now in a position to help exchange best practices and facilitate coalitions. We hope that by sharing this information, more ways to transform statewide results will be identified.

CREATING LONG-TERM IMPACT

Even as we were crafting grants specifically in response to the evolving public health crisis, we decided it was important to strategize carefully where we could make a sustained impact on vulnerable New Yorkers' access to health care.

Since 2020, the foundation has sought to do so



with three-year strategic grant programs focused on improving oral health access and outcomes, increasing availability and access to quality health care, and funding programs to provide young children with necessary health and education resources to succeed in underserved communities. These strategic grants address health disparities with a long-term lens, such as expanding the diversity of the health care workforce pipeline. This is a key unmet need in New York.³

CONCLUSION

We're proud of the work we've done, but following in the footsteps of Mother Cabrini's legacy is not an easy task. When we started, there was no institutional knowledge or set rules to guide or hold us back. Equipped with only a mandate and a mission, we needed to build up our operations, and we needed to do it quickly.

As a new organization, we still have more to learn as we continuously grapple with critical questions, including:

- How can we better listen to our communities to understand their priorities and concerns?
- How can we derive deeper insights from statewide data on social determinants of health to help us be the best steward of our resources in service to our mission?
- How do we make sense of numerous policy landscape developments and research on the health and social needs of our communities?

■ How do we decide where to focus our efforts, given the volume and range of needs in the communities we serve?

In the meantime, we continue to be guided in our work to do what Mother Cabrini did: shine light on and provide aid to those who need it.

CHANNON LUCAS is chief administrative officer of Mother Cabrini Health Foundation. She is also a board member of Philanthropy New York and serves on the advisory board at NYU's Center for Global Affairs.

NOTES

1. Jonathan Lamantia, "Catholic Church Creates \$3.2B Health Foundation From Fidelis Sale," *Crain's New York Business*, May 8, 2018, https://www.craigslist.com/article/20180508/HEALTH_CARE/305089999/cardinal-timothy-dolan-and-catholic-church-create-3-2-billion-health-foundation-from-fidelis-care-sale.
2. "Mother Cabrini Canonized on July 7, 1946," Missionary Sisters of the Sacred Heart of Jesus, July 7, 2022, <https://www.mothercabrini.org/news-and-publications/mother-cabrini-canonized-on-july-7-1946/>.
3. "New York State Department of Health Recognizes the Public Health Workforce as Essential to Our Future and Highlights Public Health Workforce Challenges and Disparities During National Public Health Week," New York State Department of Health, April 5, 2022, https://www.health.ny.gov/press/releases/2022/2022-04-05_public_health_week.htm.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, Fall 2022, Vol. 103, No. 4
Copyright © 2022 by The Catholic Health Association of the United States
