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CHALLENGE & CHANGE:

THE LEGACY AND FUTURE OF FOUNDATION FUNDING
OF HIV/AIDS IN CALIFORNIA

A Survey of California Foundations Supporting HIV/AIDS
Northern California Grantmakers AIDS Task Force
AIDS Partnership California

EXECUTIVE SUMMARY

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Since the onset of the HIV/AIDS epidemic, foundations have played an instrumental leadership role in addressing the AIDS crisis in California. Over the past three years, however, there has begun to be concern that grantmaker support for HIV/AIDS may be undergoing a significant decline. In order to learn more about this phenomenon, the Northern California Grantmakers AIDS Task Force commissioned a survey of fifteen leading private funders in California who have a history of making HIV-related grants. The enclosed report summarizes the key results and findings of this survey.

The first section of the survey profiled HIV/AIDS grantmaking by selected California foundations since the onset of the epidemic. The survey found that respondents had been making HIV-specific grants for an average of 11.7 years, and that HIV/AIDS was listed as a specific funding priority area by twelve foundations either at the time of the interview or in the recent past. Of the fourteen foundations that currently fund HIV/AIDS, all support education and prevention in some form – mostly for underserved and hard-to-reach populations. Funders also made grants for care and support services, organizational development and capacity-building, advocacy activities, and harm reduction and needle exchange programs. Survey participants with a high level of commitment to HIV/AIDS usually employed an individual whose full or partial role was to coordinate the foundation's HIV grantmaking, often citing leaders who played an instrumental role in shaping the foundation's original response to HIV/AIDS.

The second section of the survey focused on collaborative approaches to HIV/AIDS funding. Eleven respondents provided examples of formal collaborative grantmaking activities. Some stated that their organizations' involvement in collaborative grantmaking was distinctive to HIV/AIDS, noting that the issue had created a unique set of opportunities for pooled grant funding. The majority of funders expressed satisfaction with collaborative programs, and expressed an interest in new collaborative initiatives. However, many funders noted that collaboration is sometimes difficult to initiate and maintain over the long term.

The final section of the funder survey gathered information regarding emerging and future trends in HIV/AIDS grantmaking. **The survey found conclusive evidence among the respondents that overall support for HIV/AIDS is undergoing a dramatic decline.** Eleven respondents reported reductions in grant dollars for HIV/AIDS programs and agencies, continuing a downward trend that had begun up to three years prior to the time of the interview. Six funders stated that their HIV/AIDS grantmaking would be further reduced or eliminated in the near future. At the same time, however, seven survey respondents affirmed their commitment to at least current levels of HIV/AIDS funding in the near future. Most of these respondents asserted their strong belief in the continuing significance of the HIV/AIDS epidemic. The survey left open the possibility that future developments in the HIV/AIDS epidemic could lead to a renewed wave of private funder support for the HIV/AIDS crisis in California.

INTRODUCTION

Since the onset of the HIV/AIDS epidemic, private funding organizations have played an instrumental leadership role in addressing the AIDS crisis in California. Private funders have contributed millions of dollars to care and support for those living with HIV and AIDS, and have prevented thousands of new cases of HIV infection. They have also filled critical gaps in HIV-related funding, and have helped foster new and innovative service approaches that have influenced broader state and national responses to the epidemic.

Over the past three years, however, there has begun to be concern that with the advent of new drug therapies to treat HIV infection – coupled with reduced levels of media and public attention to the epidemic – grantmaker support for HIV/AIDS may be undergoing a decline in California similar to what has been reported on the national level.¹ If true, this development is occurring at a time when more Californians than ever before are living with HIV and AIDS, and when the rate of new HIV infections in the state may be on the increase.

In order to learn more about this phenomenon – and to understand the important contributions that private funding organizations have made and continue to make in fighting the HIV/AIDS epidemic – the Northern California Grantmakers AIDS Task Force commissioned a survey of private funders in California that make HIV-related grants. The statewide survey had three primary goals:

1. To better understand past and current HIV/AIDS grantmaking by private funders in California;
2. To document models of collaborative grantmaking among California's HIV/AIDS grantmakers, as well as between private and public funders; and
3. To identify the likely priorities HIV/AIDS grantmakers will be pursuing in the future.

Independent consultants contracted by the AIDS Task Force conducted fifteen in-depth interviews of key representatives of California HIV/AIDS grantmaking organizations between February and August 2000. The survey sample was selected to include grantmakers representing differing funder types (e.g., community foundations, corporate givers, etc.), longevity of HIV/AIDS granting, size of grants budget, and geographic scope. In nearly all cases, the survey interview was conducted with a foundation staff member or volunteer leader who was directly involved in the HIV/AIDS grantmaking process of his or her respective foundation.

The enclosed report summarizes the key results and findings of the Northern California Grantmakers AIDS Task Force HIV/AIDS funder survey. In order to protect the confidentiality of responses, reference to specific agencies and staff members are omitted from this report, except in the case of collaborative grantmaking models for which the funder has explicitly given permission. It is hoped that the enclosed document will prove useful to those actively involved – or considering becoming involved – in addressing the ongoing crisis of HIV/AIDS in California.

Participating Survey Respondents

Academy of Friends

Alliance Healthcare Foundation

California Community Foundation

The California Endowment

The California Wellness Foundation

The Gap Foundation

Horizons Foundation

The Henry J. Kaiser Family Foundation

Kaiser Permanente

Levi Strauss Foundation

Marin Community Foundation

The San Francisco Foundation

Sierra Health Foundation

Tides Foundations

Wallis Foundation

¹Funders Concerned About AIDS. Philanthropy and AIDS: Assessing the Past, Shaping the Future. 1999

SECTION I

A LEGACY OF LEADERSHIP:

HIV/AIDS GRANTMAKING BY PRIVATE FOUNDATIONS IN CALIFORNIA

The first section of the AIDS Task Force Funder Survey sought to produce a **profile of HIV/AIDS grantmaking** by California foundations since the onset of the epidemic. This section of the survey focused on the planning, management, priority-setting, and decision-making processes used to assess HIV needs and to make HIV/AIDS funding decisions at foundations. Respondents also provided information regarding the past and present status of HIV/AIDS funding within their organizations. The following key findings emerged from this section of the survey.

Funders responding to the AIDS Task Force survey have provided substantial monetary and non-monetary support to address the HIV/AIDS epidemic in California, and have frequently made AIDS-related grantmaking a distinct funding priority within their published guidelines.

All of the grantmakers responding to the survey have supported HIV/AIDS-related care, treatment, prevention, advocacy, and/or organizational capacity-building **for a minimum of four years**. The average length of time over which respondents have been making HIV-specific grants was **11.7 years**. **Four funders** – all based in the San Francisco Bay Area – began making AIDS-related grants as early as **1983**, in response to the early appearance of AIDS in the region. The most recent foundation to begin supporting HIV/AIDS made its first HIV-related grant in **1996**.

Ten participating foundations provided information summarizing their cumulative grantmaking for HIV/AIDS. These ten foundations contributed a total of **over \$60 million** to HIV/AIDS-related organizations and programs. This total did **not** include additional grants in which HIV prevention and care were funded as part of a broader health initiative or program. **Twelve** responding organizations also either listed HIV/AIDS as a priority area within their funding guidelines at the time of the interview, or had listed HIV/AIDS as a priority in the recent past.

HIV/AIDS grantmaking by participating funders has encompassed a wide variety of issues and organizations, and has included support for a complex array of grantmaking strategies and approaches.

Participating organizations in the survey exemplified a diverse array of approaches to the HIV/AIDS epidemic. All fourteen respondents currently fund HIV/AIDS support prevention and education, and over half of respondents (n=9) fund some form of care and services for persons living with HIV.

However, the approaches to providing this support varied widely. In addition to grants made directly to non-profit AIDS service organizations, some were also involved in generating their own initiatives and programs to respond to the epidemic. While some funders offer short-term support for special projects or new initiatives only, others provide long-term general support to community-based organizations with which they have a long-standing relationship. Other foundations target their giving to specific populations groups or communities – such as women, young people, or communities of color – while still others maintain a geographic focus based on their charter or mission.

In most cases (n=12), respondents reported using some form of **internal needs assessment** to determine where HIV/AIDS would fall within the organization's overall funding priorities, and to identify specific HIV funding areas. For some foundations, assessing priorities was an **annual** process; for others, it took place every **two, three, or four years**. Some foundations reported

using public health data and input from public health specialists in establishing HIV funding priorities; others used an internal staff and Board process for assessing needs based on changing funding concerns. All respondents emphasized their desire to be strategic in their overall HIV grantmaking, and to make contributions that had a measurable and significant impact on their chosen target issues.

About **half** of all interviewees (n=8) said they had made grants to support **organizational development and capacity-building** for non-profit HIV/AIDS service agencies. This support ranged from basic start-up and continuing general support funding; to technical assistance and consulting services related to areas such as fundraising, Board development, program evaluation, and strategic planning; to support for the design and purchase of basic infrastructure elements such as computer and telephone systems.

Additionally, **five** interviewees had awarded grants to support HIV-related **advocacy** activities in California. Increasingly, both direct service and advocacy funding is directed to ensuring **fair and equal access to care and treatment** among all HIV-affected populations in California, particularly in regard to ensuring access to new medication therapies, and to related support services that ensure adherence to complex drug regimens.

While long-term HIV/AIDS funders note that their grantmaking was overwhelmingly dedicated to direct AIDS care and treatment during the early years of the epidemic, this emphasis began to shift toward HIV prevention services in the late 1980s. This shift toward HIV prevention services continues among participating funders up to the present day.

Many respondents noted that early in the AIDS epidemic, the most critical funding needs were to develop and support services to care for those living with HIV/AIDS. Over time, however, especially with the advent of new care-related funding streams, foundation support came to play a smaller role in the overall spectrum of AIDS care funding. **By far the most important single event influencing the shift from care to prevention funding was the passage of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1992.** This federal initiative resulted in a large influx of capital supporting direct HIV/AIDS care services at the local level, and reduced the need for private funders to support new organizations and direct care programs.

Fourteen of the fifteen survey participants said that they currently support HIV/AIDS programs and issues in some form. Of these, all **fourteen** said they support HIV prevention programs and services. **Nine** participating funders provide grant support for **both** HIV/AIDS prevention **and** direct care services in various forms. **However, all nine of these funders provide a higher percentage of support for HIV prevention than for care.** And **two** of these nine funders reported that they are in the process of shifting to almost complete support for HIV

Support for HIV/AIDS Programs

- Education & Prevention (93%)
- Care & Support Services (60%)
- Organizational Development & Capacity-Building (53%)
- Harm Reduction / Needle Exchange (40%)
- Advocacy & Policy Activities (33%)

Factors Influencing Allocations

- Quality of grant proposals
- Self-determined or internally generated programs or initiatives
- Donor-driven priorities
- Combination of these factors

prevention and education. Fully one-third of all participating funders state that they provide support for HIV prevention and education **exclusively**.

Support for HIV/AIDS prevention and education takes many forms, and includes support for both internal activities and for direct grants to community-based agencies and programs. However, the vast majority of HIV prevention grants involve HIV prevention and education for **underserved and hard-to-reach populations**. Respondents noted that the majority of such funds support prevention grants for **communities of color, women, and young people**. Fully **one-third** singled out **young people** as their primary area of HIV prevention focus.

At the same time, support for **harm reduction and needle exchange programs** as a strategy for reducing HIV transmission has become more common. **Six** participants have supported needle exchange programs on either an individual or pooled funding basis, and **two** of these have provided leadership and education in their communities regarding the effectiveness of needle exchange programs.

Despite the trend towards support for HIV prevention, however, some funders point to the continued need to support direct HIV/AIDS care and support services that are specifically directed to **underserved and hard-to-reach populations**. Several funders continue to provide basic support to smaller, community-based AIDS service organizations that are operated by and for **people of color, women (especially minority women), and young people**. Several funders also cited the need for support to help smaller and minority AIDS service organizations **respond to continuing changes** in the epidemic, and to modify services based on **emerging needs**.

In making HIV/AIDS grantmaking decisions, respondents are driven by a diverse range of internal and external factors and issues. Some respondents note that their organizations are becoming increasingly pro-active in supporting interventions or programs to which the foundation is particularly committed.

The majority of participating foundations state that the main factor driving their HIV/AIDS grantmaking continues to be the quality and nature of the **outside grant proposals** they receive. **Eight** survey respondents said that outside grant proposals constituted the primary external factor determining who and what was funded, with selection based on various internally-established priorities and criteria.

Four other survey respondents stated that their grantmaking was largely **self-determined**, and was not based on outside proposals received. These funders stated that they either gave to pre-identified programs or agencies – including agencies with which they had a long-standing relationship – or generated programs within their own organizations. **Two** additional funders said that their grant

funding decisions were largely **donor-driven**, at least to the extent that contributors determined the specific issues and populations to which HIV funds were to be allocated. Another funder cited a combination of these factors.

In regard to other influences on grantmaking, respondents cited a wide variety of conditions and factors driving the prioritization of HIV within their organizations. Most respondents spoke of the importance of **Boards of Trustees** in influencing grantmaking priorities and allocations, and/or of the key role **Executive Directors and Presidents** play in maintaining a focus on specific issues such as HIV/AIDS. Other funding groups rely on the input and participation of **Advisory Bodies and Grantmaking Committees** in ranking priorities and making HIV-related grant determinations.

Respondents also cited the importance of **staff input** in maintaining a focus on HIV/AIDS at specific foundations, particularly within foundations in which program officers play a major role in influencing internal priority-setting. Corporate donors often cited the importance of **employee input**, either at the level of formal employee advisory groups, or at the more general level of staff composition and interests. Foundations that considered themselves to be more scientifically-driven in their priority-setting cited the importance of **epidemiological data and public health findings** in prioritizing HIV funding at their organizations.

A number of factors appeared to be driving some respondents toward a more internalized strategy in regard to HIV/AIDS funding. Some respondents noted that they had recently stopped accepting unsolicited grant proposals, or that they had begun to curtail support for agencies to which they had not previously contributed HIV funding. Foundations gave a variety of reasons for this change, including declining HIV/AIDS support by their organization; changes in the AIDS epidemic; and the desire to derive more noticeable results from foundation giving.

Survey participants with a high level of commitment to the HIV/AIDS issue usually employ an individual whose full or partial role is to coordinate the foundation's HIV/AIDS grantmaking activities. In addition, many funders credit one or more leaders who played or continue to play an instrumental role in shaping the foundation's ongoing response to HIV/AIDS.

All but two respondents to the survey indicated that their foundation employed **at least one staff member** who was either fully or partially responsible for coordinating HIV/AIDS-related grantmaking activities at the funding organization. In the **two** other cases, one or more organizational volunteers oversaw HIV/AIDS grantmaking. **In every case, HIV-dedicated individuals played a key role in helping keep HIV/AIDS issues visible and prioritized within the funding agency, and were instrumental in educating administrators and Board members on the ongoing importance of the HIV/AIDS epidemic.**

In addition, most respondents credited one or two key leaders in their funding organization who had been directly responsible for making HIV/AIDS a priority funding area, or who had helped sustain a strong and focused commitment to HIV support. In many cases, respondents cited a **past or present CEO or Program Officer** who had grasped the importance of HIV/AIDS very early in the epidemic, and who had made it a personal mission to make AIDS funding part of the organization's overall grantmaking. Other respondents cited existing leaders who continued to keep a focus on HIV/AIDS, or who were helping move their organization toward new areas of HIV/AIDS funding,

including support for harm reduction and needle exchange programs. **In many cases, the presence of an individual leader at the organization with a personal commitment to HIV/AIDS appeared to be the single most significant factor in determining whether or not that grantmaking body became and remained an HIV/AIDS funder or not.**

Survey respondents stated that they were most satisfied with the success their grantmaking has had in addressing critical funding gaps in the epidemic, and in developing and nurturing new organizations and service approaches that have gone on to play an important role in confronting HIV/AIDS.

Survey participants were asked to cite particular outcomes or accomplishments of their HIV-related grantmaking of which they were particularly proud. The **seven** funders who provided a specific example cited either a grant that allowed them to reach an **underserved or disenfranchised population or community**, and/or one that helped to foster and develop a **new intervention or agency** that has gone on to play a key role in California's response to the epidemic. **Two** funders expressed pride in the fact that their foundations had been able to effectively **respond to changes** in the epidemic, and that they have remained **flexible and responsive** in gearing grant priorities and contributions to shifting and emerging HIV/AIDS needs.

SECTION 2

WORKING TOGETHER:

MODELS OF COLLABORATION IN HIV/AIDS FUNDING

The second section of the AIDS Task Force funder survey focused on **collaborative approaches to HIV/AIDS funding** by private funders in California. Questions posed in this section of the survey delved into past foundation participation in collaborative grantmaking activities, both in relation to other private funders and in association with public funding entities. The following central findings resulted from these questions.

The majority of survey respondents stated that they had participated in some form of formal funder-to-funder collaborative grantmaking in California.

A total of **eleven** respondents provided specific examples of formal collaborative grantmaking activities in which they had been or were currently involved in regard to HIV/AIDS funding. These encompassed funder-to-funder grant pooling and distribution initiatives such as those of the Northern California Grantmakers AIDS Task Force, as well as alternative resource-sharing strategies. Most funders stated that they had also engaged in some form of **informal** communication or information-sharing with other foundations, usually to exchange information and experiences regarding potential grantees.

By far the most common formal grantmaking collaborations in which respondents had been involved were the **pooled grantmaking programs** in place in three different survey regions – San Diego, Los Angeles, and San Francisco. Sponsored in part through a collaboration with the National AIDS Fund, these programs identify local HIV/AIDS needs, and then distribute pooled grant monies to address critical gaps in prevention, capacity building, advocacy, and/or care. In San Diego, this process was originally coordinated by the San Diego Community Foundation, and is currently sponsored by the Alliance Healthcare Foundation. In Los Angeles, the process was originally coordinated by the California Community Foundation, and a new partner is now being sought. And in the San Francisco Bay Area, this process has been sponsored by the Northern California Grantmakers AIDS Task Force since 1988. **Eight of the survey's fifteen participants reported involvement in one of these three initiatives.**

The majority of funders participating in the above collaborations reported that this was the **only** formal, HIV-specific funder-to-funder collaboration in which their organization had been involved. Most participants also expressed a high degree of satisfaction with the extent to which these collaborations had been effective in distributing funds to meet critical needs. Respondents noted that these collaborations had often not only helped to distribute funds, but to educate participating grantmakers regarding critical and emerging trends in the epidemic.

Other collaborative funding activities in which respondents had been involved included participation in private/corporate funding partnerships, in which non-profit funding organizations distributed funds on behalf of **corporate donors**,

The Academy of Friends and AT&T: A Collaborative Partnership for Corporate Fund Distribution

The Academy of Friends is a volunteer -based San Francisco organization that raises funds through a major annual gala on the night of the Academy Awards, and then distributes those funds for HIV/AIDS direct care programs. The Academy has sponsored an annual fundraising event since 1986, and in 2000 distributed over \$450,000 to Bay Area HIV/AIDS organizations. The Academy utilizes an annual RFP process to solicit requests for contributions, and forms and coordinates a Board-driven committee that reviews proposals and makes grant decisions.

In 1997, the Academy began a multi-year collaborative relationship with the AT&T Foundation. Initiated through an Academy Board member who was also an AT&T employee, the Academy negotiated with AT&T for six months before taking responsibility for distributing all of AT&T's San Francisco Bay Area HIV/AIDS funding from 1997 through 1999. The Academy distributed the funds through an RFP process that piggy-backed onto the Academy's existing grant distribution process, focusing on HIV/AIDS education and prevention. AT&T's specific HIV/AIDS funding priorities were incorporated into the grant consideration process.

The relationship gave AT&T a mechanism to distribute approximately \$100,000 per year in the Bay Area through a process that involved community members in grant review and decision-making, and that focused grantmaking on critical local priorities. The relationship suggests a mechanism in which private funding organizations might assist corporate donors in targeting HIV/AIDS giving to fill critical local needs, while utilizing local community members to give credibility to funding decisions.

Assuming Community Leadership: Alliance Healthcare Foundation

As a Program Officer at the San Diego-based Alliance Healthcare Foundation, Alicia Núñez-Liriano wears two distinct hats. On the one hand, Ms. Núñez-Liriano is responsible for grantmaking for the Foundation's six funding priority areas in the Greater San Diego Region, and for other selected programs throughout California. On the other hand, she is responsible for managing the Foundation's HIV/AIDS grantmaking and the activities of the San Diego HIV Funding Collaborative, a group for which Alliance currently serves as the fiscal agent and convenor. As the local Partner of the National AIDS Fund, the Collaborative raises and distributes local matching funds, which it adds to the Fund's national contribution to support HIV prevention and care. Directed by a volunteer Advisory Committee, the San Diego HIV Funding Collaborative has released over \$1.8 million in HIV funding over the past 10 years.

The Collaborative moved to Alliance from the local community foundation in 1997, in part because Collaborative members believed that changes in the epidemic warranted a more public health-based approach to HIV funding planning, which the Alliance's own approach exemplified. Through the local Collaborative, the Alliance currently manages the contributions of twelve funders who give to the local funding pool each year. The Collaborative provides ongoing training and technical assistance to its grantees to support their community efforts and ensure effective program delivery. It regularly reviews local HIV/AIDS epidemiology, and works closely with local HIV planning groups to reduce duplication, address critical and emerging needs, and provide funding where gaps in services are identified.

The San Diego HIV Funding Collaborative also participates in a unique collaborative funding relationship with the annual AIDS Walk-San Diego. Collaborative Advisory Committee members and AIDS Walk Advisory Board members work together each year to award grants through one joint application and review process. Through this cooperative funding relationship, the San Diego AIDS Walk coordinating body is able to utilize the Collaborative's public health approach to ensure an effective fund distribution process that reflects evolving community priorities.

and co-funding relationships for particular AIDS issues in conjunction with other funders, such as local United Ways and AIDS Walk advisory committees. **One Northern California funder described a collaboration with a major hospital corporation, a university, and an AIDS service organization which eventually led to the creation of what became the primary regional HIV/AIDS medical care facility for low-income persons living with HIV.**

Some funders stated that their organizations' involvement in collaborative grantmaking was distinctive to HIV/AIDS, and noted that the AIDS issue had created a unique set of circumstances and opportunities in which pooled grant funding had become a more viable, practical, and/or effective approach for private funders. Most respondents acknowledged that funder-to-funder collaboration was rare, and that HIV often provided the impetus for collaboration, especially in the late 1980s and early 1990s. In some cases, respondents stated that these models had led to increased collaboration in regard to other health issues, such as initiatives involving women's health, adolescent health, and health care financing and access.

Nearly all respondents who had participated in HIV-related funding collaborations stated that they had been satisfied with both the process and outcomes of their collaboration. However, many funders noted that the process of collaboration had sometimes been complex to administer and difficult to sustain.

The great majority of funders participating in HIV-related funding collaborations expressed satisfaction with collaborative programs. In most cases, where collaborations had been initiated in order to address a particular service issue or population, the collaboration had been successful in attaining its funding objectives through cooperative grantmaking. In other cases, participants acknowledged that collaboration had led to a process in which funders had been able to **mutually establish goals, or to direct limited resources where they were most needed.** Other funders noted that through collaboration, HIV funding had become more **comfortable to donors and Board members** because of the participation and endorsement of other funders and community members. Others observed that collaboration had helped them **attain community buy-in to grant initiatives** by including community members and HIV-affected populations in direct grant-related decision-making.

However, funders also noted that collaboration is sometimes difficult both to initiate and maintain, and that it can be rife with pitfalls which can dilute the effectiveness of a given initiative. Some funders, for example, noted that in order to be effective, collaborations must help foundations **reach their own specific organizational goals.** However, these goals often differ enough from foundation to foundation to make an ideal fit difficult to attain. Other funders noted that in order to be effective, collaborations between funders must operate as a **two-way street**, in which funding organizations move beyond internalized cultures to openly address issues together. Some respondents

noted that for many funding groups, achieving this participatory openness is easier said than done. And finally, one respondent observed that the most difficult single element of collaboration involves **maintaining momentum over time**. Without this momentum, collaborations can collapse, diminish, or simply fade away over time.

The AIDS Task Force survey asked whether or not funders had ever participated in a funding partnership with a public organization, such as a state or local health department. No respondent reported having been involved with such a relationship, noting that these collaborations among private non-profit funders were extremely rare in any circumstance, and that opportunities for those collaborations lack impetus from both the private and public ends of the HIV/AIDS funding spectrum in California.

The primary reasons given for lack of collaborative grantmaking include a lack of knowledge of collaborative opportunities and internal foundation cultures that are accustomed to functioning independently. However, all survey respondents stated that they would welcome a new set of initiatives and approaches that would facilitate or encourage HIV-related funding collaboration and/or information-sharing in California.

Many survey respondents stated that the major reason for a lack of collaboration between and among private funders stemmed from both limited awareness of collaborative opportunities, and a prevalence of insular organizational funding cultures. **However, nearly all survey respondents – when asked whether or not they had an interest in at least one of these options in conjunction with other private funders – expressed a definite interest.** The most well-received of all the suggestions included in the AIDS Task Force questionnaire involved establishment of a **private on-line list-serve program** specifically for private HIV/AIDS funders in California, through which funders could share information, post inquiries, engage in dialogue, and receive regularly-updated information regarding trends in the epidemic, emerging prevention research findings, and grantmaking by other organizations.

SECTION 3

CHALLENGE & CHANGE

THE FUTURE OF FOUNDATION SUPPORT FOR HIV/AIDS IN CALIFORNIA

Factors Influencing Funding Reductions

- Emergence of combination drug therapies
- Public perception that the HIV/AIDS crisis is over
- Need to support new and/or innovative projects
- Strategy to provide short-term support
- HIV-related "funder fatigue"
- Difficulty in obtaining conclusive outcome data for HIV prevention programs
- Emergence of new, large-scale health foundations
- Incorporation of HIV into health initiatives
- Perception of HIV/AIDS as a chronic condition

The final section of the AIDS Task Force funder survey sought to gather information regarding **emerging and future trends** in HIV/AIDS grantmaking among private funders in California. This section highlighted changes taking place in the prioritization and organization of HIV/AIDS funding within foundations, and sought subjective input regarding future trends in HIV-related giving throughout the State. The following section summarizes key findings from this portion of the survey.

The AIDS Task Force funder survey found conclusive evidence among the respondents that overall support for HIV/AIDS is undergoing a dramatic decline.

The **great majority of respondents (73%) reported reductions in overall grant dollars for HIV/AIDS programs and agencies**, continuing a downward trend respondents say had begun up to three years prior to the time of the interview. **Six funders stated that their HIV/AIDS grantmaking would be further reduced or eliminated in the near future.** Four funders reported that they were in the process of removing or had recently removed HIV/AIDS as a separate and distinct funding priority within their published guidelines. A **fifth** was in the process of considering such a change.

The AIDS survey also asked respondents to indicate whether or not they expected HIV/AIDS to remain a foundation priority over the next two to three years. **Over one-half of survey respondents (54%) said that they were uncertain as to whether or not HIV/AIDS would be a foundation priority in 2002 or 2003, and were unable to affirm that their foundation would continue to be a supporter of HIV/AIDS prevention and care at any level.** Even those foundations who stated that they hoped their funding organization would be supporting HIV/AIDS in two-to-three years were unable to identify specific funding priorities that they believed would carry over for the next three years.

Respondents gave a number of reasons for their reduction in support for HIV/AIDS programs and services. In many cases, they noted that the emergence of **new combination drug therapies** had played an instrumental role in reducing their overall support for HIV/AIDS, in part because these drugs have generated a **public perception that HIV/AIDS is over – a perception that has carried-over to Board members and donors.** Many funders reported that their particular funding strategy – short-term grants of one to three years – could not support programs and agencies over the long term. The tendency to support exclusively **'new'** or **'innovative'** programs has also made it increasingly difficult to sustain HIV/AIDS grantmaking, respondents report, since most **"new"** AIDS care and prevention interventions have already been developed and implemented.

Funder respondents also cited the pivotal role of what some called **"funder fatigue"**, in which grantmakers that have been involved in HIV/AIDS for many years have lost interest in the issue, or have moved on to new concerns and new causes. Closely related to this is the **fatigue experienced by key foundation**

staff members who have often had to lobby for years to keep HIV/AIDS a priority within their agency, and who now are either moving on to other agencies, or lack the energy to 'carry the torch' for HIV/AIDS on their own.

Other survey respondents noted that the shift toward **prevention** as a priority for HIV grant funding has in itself created new and unforeseen problems for funders, both because effective HIV prevention is so difficult to **implement**, and because of how challenging it is to track and quantify the **outcomes** of prevention funding. Some respondents noted that in the absence of clear and measurable outcomes to report back to Board and staff members, it was becoming increasingly difficult to "sell" the importance of HIV prevention grantmaking within funder organizations.

Finally, some respondents cited other phenomena, such as the emergence of new, large-scale health foundations in California over the past several years that are seen as 'picking up the slack' for other decreases in HIV/AIDS funding. One respondent observed that the very **success** of private funding responses to HIV and AIDS was a key reason that many groups no longer feel they must devote special funds to HIV in order to ensure that a response to the epidemic is in place.

The elimination of HIV/AIDS as a published funding priority by some foundations does not mean the end of their HIV/AIDS funding. In some cases, foundation funding for HIV prevention and services has begun to be subsumed into broader health-related initiatives, or is becoming part of more traditional health-related outreach and intervention programs.

Many respondents noted that one of the reasons for the diminishing emphasis on HIV as a **separate** priority is that HIV/AIDS interventions are increasingly becoming a part of more traditional health outreach and health care access activities, particularly in regard to hard-to-reach populations such as women, minorities, and young people. In this sense, some respondents observed that the decline of the 'singling out' of HIV was going hand-in-hand with the increasing **institutionalization** of HIV/AIDS as a public health issue. One funder noted that this change paralleled the way in which HIV/AIDS has increasingly come to be viewed – whether correctly or incorrectly – as a **chronic health condition**, putting it more on a par with other health and disease issues.

Other funders note that over their years of dealing with the epidemic, foundations have come to understand that HIV/AIDS is best understood as part of a **complex matrix** of health and social issues – issues that include substance use, mental illness, poverty, and discrimination. **Two** funders suggested that the absorption of HIV/AIDS funding into broader health initiatives may represent the next stage of our continually growing understanding of HIV and AIDS, by reflecting a deeper understanding of the causes that lead to HIV infection, and that contribute to a lack of access to adequate health and social services.

Future of HIV/AIDS Funding

- Reducing or eliminating grant funding (40%)
- Grantmaking remaining the same (34%)
- Grantmaking increasing (13%)
- Not sure (13%)

Just under half of the respondents expressed a commitment to combating the HIV/AIDS epidemic in the foreseeable future – whether as a separate funding priority or not – and to utilizing foundation resources to address emerging issues and fill critical gaps in funding. However, even these foundations are considering changes in emphasis and focus in order to address the evolving epidemic.

Seven funders affirmed their funding organization's ongoing commitment to HIV/AIDS, and indicated that their support for HIV/AIDS funding would continue into the near future. Five of the seven respondents expected their funding to remain approximately the same, while two funders indicated that their foundation's support for HIV/AIDS would significantly increase over the next 12-month period. These seven respondents asserted their strong belief in the continuing significance of the HIV/AIDS epidemic, and cited statistics showing the expanding number of persons living with HIV in California. They also noted the strong and unwavering commitment to HIV on the part of key staff, administrators, Board members, and/or Advisory Committee members, and the organization's pride in continuing to serve as a leader in what they each view as an ongoing health emergency.

Respondents who expressed an ongoing commitment to HIV grantmaking often cited their organization's enthusiasm for continuing to make a difference, with one respondent stating, "We have lots of ideas for the future." Another funder noted that it was perhaps more important than ever for foundations who understand the importance of HIV/AIDS to remain involved, since their leadership and support is needed now more than ever.

At the same time, funders across all survey categories cited the need to evolve and change in their approaches to HIV/AIDS funding, and often referred to an increasing complexity in identifying where HIV-related funding could have the greatest impact, and do the most good. Several respondents noted that it is becoming more and more difficult to know clearly who or what to fund in HIV, and that decision-making regarding HIV funding is becoming an increasingly complex process. Other respondents noted that as HIV care continued to move primarily toward being a problem of health access, foundations were increasingly being called upon to increase their expertise in order to address issues of health care financing and structuring.

Of those foundations moving into new categories of HIV/AIDS funding, the most common areas of emerging support were **harm reduction / needle exchange; expanding health care access for underserved populations; and organizational capacity-building, particularly for ethnic minority agencies. Three foundations noted that their organizations were becoming increasingly involved in global HIV/AIDS issues, especially as these issues had begun to draw the attention of donors and Board members. One foundation noted that it had begun to look at the effects of HIV on an increasingly older HIV-affected population, while another said it had begun to explore transgender issues as a key component of HIV prevention and service access.**

Some respondents whose foundations are committed to HIV/AIDS grantmaking emphasized their belief that foundations must play a greater role in advocating for the continuing importance of HIV/AIDS both within the foundation community and throughout California.

Three survey respondents emphasized their strong belief that foundations that fully understand the implications of HIV/AIDS have a continuing responsibility to educate and motivate other funders to become involved in HIV/AIDS grantmaking. These respondents believe that funding organizations, in the face of declining interest, must redouble their commitment. One respondent noted that HIV-involved foundations have a responsibility to keep their staffs fresh, to help them avoid burnout, and to support internal systems that keep the commitment to HIV/AIDS alive. Another expressed a belief that foundations must become involved in direct community advocacy, organizing, and education in order to encourage and foster expansion of HIV/AIDS services and prevention in their own regions. Another noted that foundations that rely on donor-designated funds have a responsibility to continue to educate their contributors regarding the importance of HIV/AIDS.

Two other funders participating in the AIDS Task Force survey also expressed a belief that as HIV/AIDS continues to expand in California – and as it becomes clearer that combination drug therapies are not a cure for AIDS – the “pendulum will swing back to HIV” and support for HIV/AIDS will reappear as a priority area in foundations that have now lost some measure of interest or involvement in the issue. In this sense, the survey left open the possibility that future developments in the HIV/AIDS epidemic could lead to a renewed wave of private funder support for the HIV/AIDS crisis in California.

If you are interested in additional information regarding AIDS Partnership California or in exploring the possibility of participation in the program, please contact AIDS Partnership California.

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AIDS PARTNERSHIP CALIFORNIA:

**A NEW APPROACH TO PREVENTION FUNDING AND CAPACITY-
BUILDING FOR COMMUNITIES OF COLOR ORGANIZATIONS**

In order to create a viable new option for addressing the continuing crisis of HIV infection among HIV-infected communities of color in California, Northern California Grantmakers launched an innovative new program in July 2000 called AIDS Partnership California. AIDS Partnership California is a statewide initiative funded jointly by the Northern California Grantmakers AIDS Task Force, the California State Office of AIDS, and a variety of California foundation and corporate funders.

One of the central purposes of AIDS Partnership California is to award a series of innovative grants to community-based ethnic minority organizations to support HIV prevention services for HIV-positive persons of color. While these grants are important because they support innovative new prevention interventions, what is more unique is that grants are awarded through a private/public partnership that incorporates the State Office of AIDS and a variety of California foundation and corporate funders. AIDS Partnership California tests a groundbreaking model of public/private cooperation that helps sustain and foster expanded HIV/AIDS grantmaking statewide.

A further important function of AIDS Partnership California is its emphasis on building the capacity of community-based people of color organizations to seek private funding for HIV/AIDS. The Partnership sponsors a series of workshops through which ethnic minority agencies receive training in areas such as funder relations, program planning, and evaluation. Capacity-building grants are awarded to the program's grantee agencies. In addition, the program works to increase the effectiveness of HIV grantmaking by providing information and technical assistance that enhances the quality of HIV prevention grantmaking by California's private foundation and corporate funders.

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Northern California Grantmakers AIDS Task Force

The Northern California Grantmakers AIDS Task Force (ATF) is a unique coalition of concerned foundation and corporate funders formed in 1988 to address the crisis of HIV/AIDS in the San Francisco Bay Area through focused grantmaking. Since its founding, the ATF has awarded over 270 grants totaling \$7.8 million, benefiting the lives of many thousands of Bay Area residents at risk for HIV infection, as well as those living with HIV.

Grantmaking by the ATF has spanned a wide range of areas: prevention, prevention research, care and treatment, public policy, training, strategic restructuring, and an African American Communities Initiative. These grants have improved care, treatment, and the quality of life for persons with HIV; prevented countless new HIV infections; fought AIDS discrimination; and helped to encourage state and federal government to increase AIDS expenditures by billions of dollars. The ATF has achieved these outcomes by successfully pooling creative and flexible dollars to meet the needs that the public sector has been unable—or unwilling—to meet

Current Members of the AIDS Task Force:

Academy of Friends
Atkinson Foundation
The California Endowment
California HealthCare Foundation
The California Wellness Foundation
Columbia Foundation
Community Foundation Silicon Valley
Compton Foundation, Inc.
East Bay Community Foundation
Elton John AIDS Foundation
The Gap Foundation
The Fred Gellert Family Foundation
The Wallace Alexander Gerbode Foundation
Richard and Rhoda Goldman Fund
Evelyn and Walter Haas, Jr. Fund
Miriam and Peter Haas Fund
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Marin Community Foundation
The National AIDS Fund
The Bernard Osher Foundation
Peninsula Community Foundation
The San Francisco Foundation
Charles and Helen Schwab Family Foundation
Levi Strauss Foundation
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Wallis Foundation
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