



Lake View High School Health Center

RAVENSWOOD HEALTH CARE FOUNDATION

LEAVING A LEGACY

AIDS Foundation of Chicago Alternatives, Inc. Albany Park Community Center Advocate Illinois Masonic Family Practice Newborn Walk-In Clinic Advocate Illinois Masonic Palliative Care Advance Planning Advocate Illinois Masonic Mobile Dental Van Advocate Lakeview & Amundsen High School Health Clinics Hispanocare Apna Ghar Asian Health Coalition of Illinois Between Friends B.U.I.L.D. Incorporated Bosnian Herzegovian Community Center Cambodian Association of Illinois Canine Therapy Corps Catholic Charities/Madonna House Center on Halsted Centro Romero Chicago Adventure Therapy Chicago Children's Advocacy Center Chicago House Chicago Women's Health Center Chinese Mutual Aid Association Children's Home + Aid Society of Illinois UPLIFT School Health Center Community Counseling Centers of Chicago CommunityHealth Erie Family Health Center Guild for the Blind Hamdard Center Hana Center Heartland Alliance Heartland International Health Center Marjorie Kovler Center for Survivors of Torture Howard Area Community Center Howard Brown Health Center Illinois Association of Free & Charitable Clinics Indian American Medical Association Health Clinic Infant Welfare Society of Chicago Jane Addams Senior Caucus EZRA Center Korean American Community Services Korean American Women in Need La Casa Norte Lao American Community Services Lawrence Hall Youth Services Logan Square Neighborhood Association Lutheran Social Services of Illinois Mobile C.A.R.E. Foundation Muslim Women Resource Center The Night Ministry North Side Housing & Supportive Services Old Irving Park Community Clinic Organization of the Northeast Pan-African Association PrimeCare Community Health Ravenswood Community Services Refugee One Residents for Effective Shelter Transitions Safer Pest Control Sargent Shriver National Center on Poverty Law SHALVA Suburban Primary Health Care Council Test Positive Aware Network Thresholds Tuesday's Child Vietnamese Association White Crane Wellness



A Merger, A Closure and A New Beginning: Ravenswood Health Care Foundation's Origin Story

CommunityHealth

“The whole area was up in arms when the hospital closed. It was a wonderful family hospital, and the Ravenswood Health Care Foundation was an extension of the goodness of the hospital. Ravenswood was a Foundation that really cared about people in the area.”

When Advocate Health Care announced the closing of the Advocate Ravenswood Medical Center in 2001, trustees of the hospital's fundraising and governance arm – the Ravenswood Health Care Foundation – embarked on a process that would bring the hospital's healing mission to the greater Ravenswood community.

The closing of the Advocate Ravenswood Medical Center in 2002 did not automatically trigger the creation of a foundation, as is the case with typical hospital conversion foundations. Advocate Health Care, a nonprofit healthcare corporation, was not legally bound to establish such a fund.

Back in 1999, when the merger between Ravenswood Hospital and Advocate Health Care took place, Advocate had pledged to contribute \$50 million toward the improvement of the hospital over a seven-year period. By 2001, it had quite reasonably not yet reached that goal.

Members of the Ravenswood Health Care Foundation engaged Advocate Health Care's executive leadership in discussions regarding the fulfillment of its financial commitment to Ravenswood Hospital Medical Center. In July 2002, all parties agreed to an Amendment to the Agreement of Merger, which specified the manner in which the commitment would be realized.

Advocate Health Care pledged to provide \$1,000,000 per year through 2017, to be granted by the Ravenswood Health Care Foundation to support community-focused health care, education, outreach and prevention.

Other stipulations included commitments to invest in nearby outpatient facilities and improvements at the Advocate Illinois Masonic Medical Center. In addition, all agreed to change the composition of the Foundation's board to include six Advocate representatives, with seven of the thirteen seats maintained by community members.

They hired Leslie Ramyk to serve as executive director and together identified grantmaking priorities, shaped proposal guidelines, completed a Community Health Needs Assessment, participated in grantee convenings, and allocated grant funding.

This remarkable partnership between Advocate and the Ravenswood community extended the life of the old Ravenswood Hospital in ways few could have imagined.

RAVENSWOOD HEALTH CARE FOUNDATION

LEAVING A LEGACY

Between 2001 and 2017, the Ravenswood Health Care Foundation granted nearly \$17 million to nonprofits providing access to health care, education and disease prevention in the greater Ravenswood area of Chicago.

Over the course of its lifetime, the Ravenswood Health Care Foundation played a critical role in supporting dozens of small, grassroots nonprofits as well as larger organizations that provided health-related programs or services.

By focusing on one geographic area, providing seed funding, remaining a consistent and reliable funding source through the 2007-2009 recession, and offering capacity building support, the Foundation helped multiple essential programs launch and grow.

Thousands of vulnerable families struggling with a broad range of challenges received needed healthcare services and resources through programs funded in part by the Foundation.

The Ravenswood Health Care Foundation was conceived as a time-limited giving program, existing only through 2017. Grantmaking has concluded but the impact of the Foundation continues.

This report is an effort to capture and preserve the Foundation's accomplishments, in the hope that other healthcare and place-based foundations might benefit from what was learned. The following themes highlight Ravenswood's best practices:

Responsive Philanthropy is Strategic Philanthropy

Long-Term, Consistent Funding Yields Results

Be the "Vote of Confidence"

Listen, Learn & Respond

Welcome Innovation

No Surprise Endings

Invest in Frontline Providers



PLACE-BASED ON SHIFTING SANDS: WHEN RESPONSIVE FUNDING IS STRATEGIC FUNDING

"It was almost selfish that we had a foundation to ourselves and we didn't have to share them with Kane County or something. It was for us. They get us. I think of them as invested in us."

The Foundation's giving area was strictly limited to the primary service area of the Advocate Ravenswood Medical Center, defined by the boundaries of 17 zip code areas.

60618 Avondale/North Center
60625 Ravenswood
60640 Uptown
60641 Old Irving/Portage Park
60647 Logan Square
60626 Rogers Park
60660 Edgewater
60630 Jefferson Park
60613 Buena Park/Lakeview
60639 Belmont Cragin
60659 West Ridge
60634 Dunning
60645 Northtown/West Rogers Pk
60657 Lakeview
60651 Humboldt Park
60646 Forest Glen



Place-based funding can fuel ambitious goals. Early on, trustees debated whether to take what is commonly called a strategic approach to philanthropy – invest in something specific to create measurable change – or to be a responsive philanthropist partner and allocate funding to effective organizations so that they can address emerging community needs.

Trustees selected responsive philanthropy, and it proved to be a wise choice. For while the geographic boundaries remained static, the demographics within shifted tremendously. Any attempt to “prove” a solution or “attain” a statistical goal would have been foiled by significant and unanticipated changes in racial, ethnic and economic profiles.

"I felt like RHCF was intimately connected to the Ravenswood area. They knew the people and the providers, the community and people who sought different services. The thing that was helpful to us – a best practice – was a keen appreciation for the context the work happens in."

The Foundation conducted a participatory Community Health Needs Assessment in 2006 and discovered that lower-income families, primarily families of color, were moving away from the north lakefront because of increased housing costs.

Demographic shifts accelerated during the lifespan of the Foundation. North lakefront neighborhoods like Rogers Park, Uptown and Edgewater gained predominantly middle-class white residents while losing lower-income Black, Asian and Hispanic residents. Concurrently, northwest side Jefferson Park, Dunning and Portage Park, gained Black, Asian and Hispanic residents – and lost white residents.

“Over the years we have seen an increase in the number of seniors participating in the pantry. Many are folks who have lived in the area for many years but struggle to cover the property tax or rent increases of the past 15 years.”

Logan Square, a near-northwest side neighborhood, experienced perhaps the most drastic population changes. From 2000 – 2016, the area gained 12,818 white residents; a 56% increase. At the same time, it lost 23,000 Latinos, resulting in a 34% loss of the Latino population in one zip code area.

As a responsive funder, Ravenswood was able to adjust grantmaking to address the demographic dynamics and accompanying issues.

Demographic Shifts in Chicago's North & Northwest Sides, 2002-2016

		White Not Hispanic	Black Not Hispanic	Asian Not Hispanic	Other Not Hispanic	Hispanic
Rogers Park 60626	# Change	2,950	(4,674)	(1,659)	(1,173)	(5,118)
	% Change	15%	-28%	-34%	-41%	-32%
Uptown 60640	# Change	5,493	(1,867)	(2,031)	(1,024)	(7,269)
	% Change	18%	-13%	-21%	-35%	-46%
Edgewater 60660	# Change	166	(2,674)	(873)	(810)	(2,094)
	% Change	1%	-32%	-15%	-41%	-21%
Jefferson Park 60630	# Change	(7,396)	513	2,265	81	7,352
	% Change	-19%	201%	52%	5%	81%
Dunning 60634	# Change	(13,966)	487	375	(791)	13,173
	% Change	-25%	80%	13%	-56%	94%
Portage Park 60641	# Change	(13,114)	709	420	(694)	9,695
	% Change	-34%	95%	16%	-29%	34%
Logan Square 60647	# Change	12,818	(384)	915	(290)	(23,182)
	% Change	56%	-7%	69%	-13%	-34%



LONG-TERM, CONSISTENT FUNDING YIELDS RESULTS

The limited geographic focus allowed the Foundation to remain in long-term relationships with grantee organizations.

Because the Foundation was not trying to meet a city-wide need, it did not have to stop funding certain organizations in order to make room for others.

“Having consistent funding through the changing health care landscape was really helpful. There were lots of changes in funding structures, so consistent support was incredible.”

For the small or mid-sized organizations without large fundraising departments, this consistent financial support was especially important. The Foundation’s funding commitment alleviated anxiety and enabled organizations to focus on their work.

Larger organizations were able to grow or expand programming in ways that might not have been possible without ongoing support.

“I think one of the things I appreciate about Ravenswood is that once they determined that you really were a fit for their mission, and a reasonable grantee, they stuck with you.”

The financial stability afforded by Ravenswood’s grantmaking is perhaps just the beginning of the story. The early support and ongoing commitment allowed the Foundation’s grantees to strengthen their programs, therefore ensuring the delivery of high quality services.

Feedback from grantees suggests that there was a connection between the Foundation’s long-term financial support, grantees delivering effective programs, and improved health outcomes for client populations.

BE THE "VOTE OF CONFIDENCE"

"They became our first foundation funding. It was at a time when the economy had tanked and there was no money for new organizations. We were brand new with no track record. Ravenswood really got us started and saw us through the beginning of being a start-up."

For many organizations, Ravenswood Health Care Foundation was one of the earliest funders to invest in new programs. Ravenswood funding often helped organizations leverage other funding sources for these programs, including foundations and individual donors. Citing Ravenswood as a seed funder made other local and national funders comfortable and excited to support their work.

"I think it encouraged other foundations to support us, since Ravenswood had been there from the start. Ravenswood was huge in terms of getting other private funding. The program is now 100% covered by other Foundations."

LISTEN, LEARN & RESPOND

Annual summer Gatherings became an informal capacity building mechanism; they were spaces to exchange ideas and share common challenges. Attendance was entirely optional for grantee organizations, though many attended at least in part for the opportunity to meet directly with Foundation trustees.

"Compared to other foundation convenings, I would rank the RHCF discussions much richer and more meaningful. It wasn't show and tell. It was really homing in on really important questions that impact the health of Chicago. And to have the trustees interspersed among the grantees had a different feel for me. We could give true recommendations to the Foundation about how they could invest in us and reap the reward."



CommunityHealth

Each Gathering centered around a topic, from Effective Evaluation to Implementing Healthcare Reform. In 2013, multiple organizations voiced concern about the imminent changes in public funding streams due to the Affordable Care Act.

The Foundation responded by enlisting expert consultation to meet with self-selected organizations one-on-one to determine if and how each could access a new billing system.

"The consultant helped us think through the how to access funds. Many of our clients are undocumented and this made things complicated. The consultant learned about our work and helped me figure out best path. We did establish a Medicaid look-alike program for clients."

WELCOME INNOVATION

"We were looking to apply for funding to introduce new therapies for veteran PTSD and depression. We were able to do initial trainings to start the process to get trained in new therapies. Once we had that early funding, it positioned us to get other funding from other foundations. We were able to embed PTSD training across the agency."

Some grantee organizations developed or replicated programs to address a need in their community. Programming was also enhanced by deepening engagement with partner agencies and by testing out new or innovative approaches.

Ravenswood was open to funding promising new approaches, even those that might be outside of some foundations' comfort zones.

In 2007, before widespread transgender awareness, Chicago Women's Health Care Center developed a trans-inclusive gynecological program for male-identified clients with Ravenswood funding: ***"It allowed us to become a pioneer in this area. We have been able to build upon this, and in 2014-15 we expanded the capacity of providers to further expand our trans health services."***

Another organization, Chicago Adventure Therapy, created new model to expand leadership opportunities for the youth they served:

"Ravenswood funding meant more time to be able to work with young people and working in deeper more long-term ways like programming through partner agencies. Now we have started a smaller year-round program with young people becoming coaches. We have produced the youngest paddle sport coach in the country. The youth have mentored each other."



Alternatives



Lawrence Hall Youth Services & Canine Therapy Corps



Chicago Adventure Therapy

NO SURPRISE ENDINGS

"It wasn't a surprise that they were sunseting. They prepared us well. When I started five years ago I knew we were on a countdown. I don't know other foundations who do that."

Concerned that a sudden ending would negatively impact grantee organizations, Foundation trustees created a Sunset Committee in 2012 to develop a plan for the Foundation's closure. One of the first decisions was to suspend board term limits, citing the potential difficulty of bringing on new trustees unfamiliar with the Foundation for shortened terms.

The summer Gathering of 2013 served as a forum to seek grantee input on the process for ending grantmaking. Overwhelmingly, grantees advised against surprises. While annual funding was never guaranteed, knowing a year or two out whether funding was even a possibility would be helpful.

With this guidance, the Foundation formally notified grantees that funding would cease after 2017. Trustees elected to maintain level funding for the Lakeview and Amundsen High School Health Centers (the largest single grantees) through the remainder of the life of the Foundation to eliminate any uncertainty. And only organizations funded in the previous five years would be eligible to apply for 2014 funding.

Trustees set aside \$15,000 in 2014 for mini-grants in support of organizational sustainability. The executive director allocated small grants to grantee organizations for specific activities related to future viability, including: fundraising consultation, strategic planning and board development.

The Sunset Committee recommended further restricting eligibility for 2015 grants, this time to organizations that had been funded in the past three years only.

In effect, the Foundation would 'sunset' in 2015 for organizations that had not been funded in the previous three years.

To further facilitate grantmaking in 2015, 2016 and 2017, the Sunset Committee recommended a funding strategy based on four categories (or "buckets") that had emerged as priorities throughout the life of the Foundation:

Specialized Language and Cultural Accessibility included the unique organizations that served vulnerable immigrant and refugee populations in their language (Mandarin, Amharic, Khmer, Vietnamese, Korean, Spanish, Polish, Thai, Hindi, Urdu, Gujarati, Arabic, Nepali, etc.) and with knowledge of and sensitivity toward cultural differences; their grant sizes would not be limited as they were considered a top priority.

Boosters referred to those organizations that could use a "boost" of support from the Foundation's executive director in addition to grant support; a boost could be an introduction to another potential funder, feedback on fundraising proposals, or brainstorming.

Community Treasures were large, highly respected and stable organizations that Ravenswood wanted to continue to fund but at a lesser amount; their grants would be limited to \$10,000 per year.

Relationship to former Ravenswood Medical Center included a handful of organizations that originated at Ravenswood and continued to thrive; their grants would remain at previous/current levels.

By 2016, grant eligibility was limited to those organizations funded in 2015 only. Grants awarded in 2016 were two-year grants, pending receipt of acceptable reports and renewal proposals. By that time, the reporting and application process had been greatly streamlined, since staff and board were already quite familiar with the organizations.

INVEST IN FRONTLINE PROVIDERS

In 2015, the Ravenswood Health Care Foundation initiated a Special Opportunities Grant Fund specifically to support training and professional development for clinical mental health providers at grantee organizations. Professional development funds were scarce throughout the nonprofit provider sector; by supporting skills and knowledge development, Ravenswood would create a cadre of practitioners with advanced training.

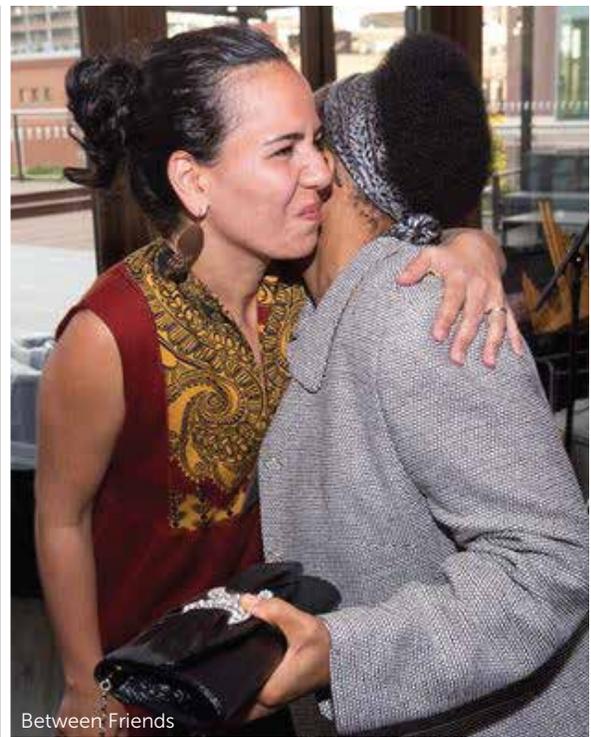
The Special Opportunities Grant Fund was intended to ensure that the impact of the Ravenswood Health Care Foundation continued beyond 2017. This uncommon funding stream, provided in 2015, 2016 and 2017, was tremendously popular among grantee organizations.

“It improves retention of staff, and quality of their work. It also really allows the work to advance in meaningful way. This intensive training was \$5,000. There was no way we could have afforded it without this grant.”

Perhaps the most notable element of the Special Opportunities grants has been the way in which the knowledge gained through the trainings did not stay confined to the single staff person who took the training. Rather, staff returned and shared their knowledge, resulting in stronger programs and changed practices across their organizations.

“Staff has gotten training and come back, presented at staff meetings, and presented in other departments. It ripples out into organization.”

“Our staff member had a Mental Health First Aid training. It was an eight-hour course that allowed our staff member to be trained as a trainer. We can provide that training now to staff and also our community members.”



Between Friends



Refugee One



CommunityHealth



Ravenswood Community Services, Charlie Simokaitis Photography

REFLECTION & RESULTS

In 2018, the Ravenswood Health Care Foundation engaged the Pratt Richards Group to interview grantees, ascertain how they were doing, and get their feedback on the Foundation's grantmaking practices. All of the grantee quotes featured in this report surfaced during those interviews.

Pratt Richards Group learned that most of the organizations had secured replacement funding or found other ways to support the work that the Foundation had previously supported. In some cases, grantees were able to grow a privately funded program into one that had become financially self-sustaining:

"We've kept the position after the funding finished – we've just done it through increased patient care. That person's funding has been retained because we have increased our number of patient encounters which generates revenue through third party billing."

While many organizations expressed confidence about the future, some noted that replacing Ravenswood's funding was going to be a challenge. Organizations in this category, however, either had concrete ideas about where they might secure additional funds or identified the situation as opportunities for growth:

"It's always a challenge to lose funding. That is the honest answer, but thankfully we have a diverse portfolio of funders and revenue streams, so this doesn't put us in jeopardy."

"Now we have a track record and results – and so now we have to figure out how we tell our story. It has made us rethink being more focused and strategic in fundraising and grant funding."

Interviewees expressed that RHCF was a true collaborator in their work, many of them – unprompted – using the word "partner" to define this relationship. This dynamic, somewhat rare in philanthropy, appeared to be the product of staff and board tenor coupled with remarkable transparency.

Almost without exception, interviewees praised the executive director's operating style which was described as accessible, smart, warm, frank and engaged. This style allowed grantees to generalize from their experience with her to the character of the Foundation as a whole: "It's one of the friendliest foundations we have worked with."

The Foundation's application and reporting processes were appreciated for being clear and manageable, and grantees also revealed a high degree of honest, straightforward interaction – a practice unfortunately uncommon in philanthropy. Grantees recounted stories of difficult but necessary conversations, second chances, constructive feedback and concrete advice, and committed side-by-side work.

The Ravenswood Health Care Foundation will be missed for more than its dollars, as grantees believe they are losing a true partner in their work.

Gratitude and appreciation to those who served as Trustees of the Ravenswood Health Care Foundation:

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Executive Director 2002-2018: Leslie Ramyk



Refugee One



Refugee One



Tuesday's Child



Alternatives



Pan-African Association

The following reports are available at www.ravenswoodhealthcarefoundation.org:

- Fulfillment of the 2002 Amendment to the Agreement of Merger
- Independent Report from Mueller & Co, LLP CPA on Merger Agreement Fulfilment
- Ten Year Report: Ravenswood Health Care Foundation 2001 – 2010
- Lists of all grants made throughout the life of the Foundation