



**CENTER FOR
PUBLIC INTEREST
COMMUNICATIONS**
UNIVERSITY OF FLORIDA



**Council on
Foundations**

National Survey Results: American Perceptions of Philanthropy and Foundation Storytelling

Created by the Center for Public Interest Communications

Introduction

The Indiana University Lilly Family School of Philanthropy released a report in early 2023 that revealed that Americans had positive feelings towards nonprofits and foundations but did not fully understand the breadth of philanthropic work or what these organizations do. To build on these findings, the Center conducted a national survey to:

1. Investigate how Americans view foundations and philanthropy, repeating some questions from the Lilly School's survey tool;
2. Experiment with whether different types of stories about foundations may increase people's trust in foundations and reduce their concerns and
3. Examine how we might use different metaphors about foundations to improve people's trust in foundations.

The following document describes the results of this survey with attention to how the findings apply to the communication efforts of the American philanthropic sector. The survey tool and the data tables (in both SPSS and Excel file formats) are on [the Center for Public Interest Communications' website](#). Read [the stories we tested](#) at the end of this appendix.

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Topline Insights

1. Americans have positive views about philanthropy and think society benefits when foundations give money to solve problems.

We found that when we tested the Lilly School's questions with our survey population, we got similar results. In addition to affirming that Americans have positive perceptions of nonprofits and foundations, we also found that people lack knowledge of how foundations make their decisions.

2. Telling the story about how foundation funds are used had the greatest influence on increasing trust in foundations and perceived transparency as well as decreasing concerns about philanthropy.

This story featured details of exactly how the money was spent—who it went to, what the recipient used the money for, and the importance of that spending. We tested these stories on their ability to increase trust, perceived transparency, and perceived effectiveness and their ability to decrease concerns. None of the stories increased perceived effectiveness, and the only other story that matched the “how the funds were used” story in reducing concern was the story about foundations being nimble. Pivoting to these more transparent and clear stories may allow foundations to build more trust.

3. Overall, telling any of the stories was better than just giving the facts.

All of the stories performed better than the control—even the stories most practitioners would recommend avoiding (i.e. the stories that overstate the power and influence of foundations or rich individuals investing in social change). An interesting finding here is that storytelling seemed to have a greater effect on men than women and on people over the age of 45 than younger people.

4. The four most important story elements were: how the money is spent, hearing from people who benefited from foundations, knowing that foundation staff listen to people closest to the problem, and how decisions are made.

We asked participants to identify which aspects of a story most influenced their trust in foundations.

5. Participants rated the nature metaphors as the most descriptive of what foundations do followed by war metaphors and construction metaphors.

We saw that participants felt that most of the metaphors we presented were similarly accurate in describing what foundations do. However, nature (e.g. grow, flow) and construction metaphors (e.g. build, develop) align more with a sentiment of abundance while war metaphors (e.g. frontlines, equip, fight) portray change as adversarial and resources as finite. We recommend considering the connotation of these metaphors when describing the work foundations do. All of the metaphors came from existing philanthropic language, so any shifts in language choice should not be a heavy lift.

Information About the Sample

A total of 3,557 participants aged 18 and above who reside in the United States were recruited through Dynata matching national demographics. The sample consisted of 1825 female (51.3%) and 1715 male participants (48.2%); 14 identified as “other” (0.4%) and 3 chose not to report their gender (0.1%).¹ The age distribution is shown in Table 1. For race and ethnicity, participants were asked to choose all that apply. 2120 participants reported as White (59.6%), 691 Black (19.4%), 318 Hispanic/Latino/Latina (8.9%), 286 Asian (8%), 43 American Indian/Alaska Natives/First nations (1.2%), 8 Hawaiian/Pacific islander (0.2%), and 91 others (2.6%).² Compared to the 2020 US Census, our sample undersampled the Hispanic/Latino/Latina population of the United States (-10.2%), and oversampled White (+0.7%), Black (+5.8%), and Asian (+1.7%) populations.

Age	n	percent
18-24	424	11.9%
25-34	567	15.9%
35-44	570	16.0%
45-54	554	15.6%
55-64	669	18.8%
65+	773	21.7%
Total	3557	100%

The majority of the sample had at least some college education (some college education 20.8%, associate’s degree 10.7%, college degree 28.4%, graduate degree 16.2%), 21.4% graduated from high school and 2.5% had some high school education.

Out of the 3557 participants in our sample, 243 reported working in nonprofit or foundation sectors which consists of private foundations ($n=30$), community foundation ($n=74$), family foundation ($n=22$) corporate foundation ($n=22$), community agency ($n=6$), and others ($n=89$).

Out of the 3557 participants in our sample, 242 worked in federal, state, or local governments.

¹ According to [the 2020 Census](#), 50.4% of Americans identify as female.

² According to the 2020 Census, 58.9% of Americans identify as White (not Hispanic or Latino), 13.6% as Black or African American, 19.1% as Hispanic or Latino, 6.3% as Asian, 1.3% American Indian and Alaska Native, 0.3% as Hawaiian/Pacific Islander, and 3% as two or more races.

As for political party affiliation, 39.4% said they were registered to vote in the Democratic party, while 26.5% said the same for the Republican Party, 22.9% identified being registered independent, 1.7% reported as conservative, 1.5% Libertarian, with Reform, Freedom, and Other each less than 1%. 2.4% chose not to answer.

Republican	943
Democratic	1403
Libertarian	54
Conservative	62
Freedom	23
Reform	2
Independent	816
Other	86
Choose not to answer	168
Total	3557

The Influence of Storytelling Practices on Perceptions of Foundations

Can we change people’s attitudes towards foundations by changing the way we tell stories?

In our first [phase of research](#), we found that there were not many stories about how the philanthropic sector works, leaving the sector open to critiques and harmful narratives from outside observers. Many of the stories tied to these critiques emphasized confusion about the role foundations play in American life and the lack of transparency.

The negative stories tap into our negativity bias—a tendency to remember and react more strongly to negative events—and could negatively influence people’s perception toward charitable work and organizations. To counter these narratives, we aimed to shift perceptions by experimenting with different approaches to foundations' stories. We ask:

What kinds of stories can help shift existing perceptions of philanthropy? What are the essential elements of these stories?

We designed an online experiment to test the effects of ten different narratives about foundations. We randomly assigned participants in the survey to one of 11 stories (ten experimental groups + one control group) and measured the participants’ perceived trust, concerns, transparency, and effectiveness of philanthropy. The ten narrative elements we examined are:

1. [How decisions are made within foundations](#)
2. [How people interacted with foundations](#)

3. [Where the dollars actually go](#)
4. [Foundations are nimble and react to changes in society](#)
5. [Foundations can stay with issues for a long time](#)
6. [Foundations are one of many partners coming together to solve problems](#)
7. [Foundations listen to people who are involved in making decisions](#)
8. [Foundations change the world](#)
9. [A few rich individuals contribute the most](#)
10. [Stories from people who benefit from foundation work](#)

The [control group](#) read a description of the same event without any mention of philanthropy. In short, all the stories followed the same narrative structure and focused on the same issue but varied in the inclusion of specific details that were tested.

We conducted a multivariate analysis of variance with the 11 stories as the independent variable (control group as reference) and the four effects (trust, concerns, transparency, and effectiveness) as dependent variables.

Overall, **all ten of the experimental stories resulted in higher perceived trust, transparency, and effectiveness, and lower concerns about foundations compared with the control group.** Yet, not all the differences were statistically significant. We further examined the difference among the ten narrative elements and compared them to the control group using a post-hoc pairwise comparison with Tukey adjustments. We learned:

- Stories about how foundations use their funding increased trust the most.
- Stories about how foundations use their funding or described foundations as nimble organizations reduced concerns towards foundations.
- Surprisingly, none of the stories improved the perceived effectiveness of foundations.
- Stories about how foundations use their funding increased perceived transparency.

When examining these effects among different demographic groups, we found that the effects were stronger with participants over age 45. Another surprising finding was that participants over age 45 rated narratives about rich philanthropists as having higher transparency than the control narrative.

There were also gender differences. Overall, male participants rated the stories higher in trust, transparency, and effectiveness, and lower in concerns than female participants.

While we only have a small number of participants who work in federal, state, or local governments, we compared people who worked in government sectors to those who did not. The results suggest that the effects of the story elements are weaker across the board for people working in government sectors. For people who do not work in government sectors, stories that include details about how decisions are made in foundations increased perceived transparency towards foundations.

In addition to the randomized experiment, we asked all the participants at the end of the survey about which factors they consider most important in influencing their trust towards foundations. The four most important factors are how the money is spent (mean = 3.42, SD = .80), hearing from people who benefited from foundations (mean = 3.21, SD = .83), knowing that foundation staff listen to people closest to the problems (mean 3.17, SD = .82), how decisions are made (mean = 3.13, SD = .83). The three lowest story elements are: rich individuals make the changes (mean = 2.25, SD = 1.03), foundations are nimble (mean = 2.85, SD = .87), foundations are a part of collaborative efforts (mean = 2.98, SD = .84).

Cultural Worldview and Attitudes Toward Foundations

An individual's worldview, or their conceptualization of how the world works, can influence how they view their relationship with others (e.g., competitive or collaborative, independent or interconnected) and how they perceive the work of foundations. We conducted several hierarchical regression analyses to examine these effects. Controlling for the demographic factors of gender, age, and education, we examined how cultural worldviews on the two dimensions of collectivism-individualism and horizontal (hierarchical)-horizontal (egalitarian) affected how participants viewed foundations.

Regarding trust towards foundations. The model was significant ($F(7, 3549) = 94.476, p < .001, adj. = .13$), and the results showed that participants who oriented toward collectivism had higher trust towards foundations (Horizontal Collectivism: $B = .181, \beta = .236, p < .001$; Vertical Collectivism: $B = .102, \beta = .136, p < .001$). For the individualism-leaning participants, egalitarian beliefs about society predicted higher trust toward foundations (Horizontal Individualism: $B = .059, \beta = .068, p < .001$), while those who held hierarchical views of society did not report higher trust (Vertical Individualism: $B = .016, \beta = .025, p = .153$).

Regarding concerns about foundations, the model was significant ($F(7, 3549) = 33.882, p < .001, adj. = .02$) and the results showed that participants who oriented toward collectivism did not express higher concerns towards foundations (Horizontal Collectivism: $B = -.020, \beta = -.036, p = .074$; Vertical Collectivism: $B = -.012, \beta = -.022, p = .292$). In contrast, participants who oriented toward individualism expressed higher concerns about foundations (Horizontal Individualism: $B = .021, \beta = .035, p = .040$; Vertical Individualism: $B = .068, \beta = .146, p < .001$).

Moral Foundations and Attitudes Toward Foundations

The moral foundation theory argues that, despite cultural differences across regions and communities, there are common themes about what is considered moral. Research in moral foundations has examined different moral norms and codes across cultures and identified six general moral foundations that are commonly shared across cultures but with varying emphasis in each culture. These six moral foundations are:

1. Care
2. Fairness
3. Authority
4. In-group loyalty
5. Purity
6. Liberty

We examined how these moral foundations are associated with different levels of trust and concerns toward foundations. The regression results are summarized in the Table below. Positive coefficients signify a positive correlation between the factors (e.g. as age increases, trust increases). Negative coefficients signify an inverse correlation between the factors (e.g. as age increases, concerns decrease).

	Trust	Concern
Age	.085 (.139)***	-.084 (-.195)***
Gender	.002 (.001)	-.018 (-.012)
Education	.041 (.059)***	-.011 (-.023)
Care	.100 (.168)***	-.013 (-.031)
Fairness	.110 (.178)***	.006 (.013)
Ingroup	.081 (.204)***	-.013 (-.044)*
Authority	.008 (.016)	.005 (.014)
Purity	.007 (.016)	.023 (.074)***
Liberty	-.037 (-.079)***	.039 (.117)***
	$F(9, 3547) = 77.193^{***}$, <i>adj.</i> R squared = .137	$F(9, 3547) = 26.319^{***}$, <i>adj.</i> R squared = .060

B (β). * $p < .05$, ** $p < .01$, *** $p < .001$.

Regarding trust in foundations. Participants who stress the moral foundations of care, fairness, and in-group loyalty reported higher trust toward foundations. Participants who stressed liberty more reported less trust in foundations.

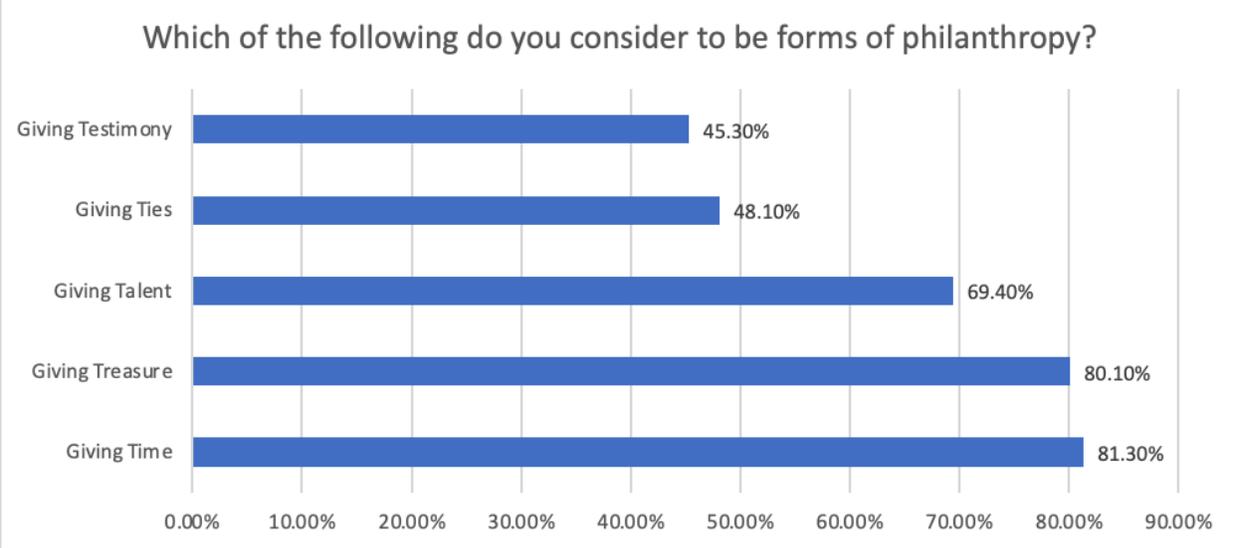
With regard to concern about foundations, participants who stressed in-group loyalty reported fewer concerns about foundations. Participants who stressed moral foundations of purity and liberty reported higher concern about foundations.

American Perception of Philanthropy and Foundations

According to a [report](#) by The Indiana University Lilly Family School of Philanthropy at IUPUI, the field of philanthropy often refers to the different forms of philanthropy as the 5Ts: time, treasure, talent, ties, and testimonies. We measured Americans' perception of philanthropy using the same measures to gain insights into how these perceptions have changed since the Lilly School researchers gathered their data in July and August, 2022.

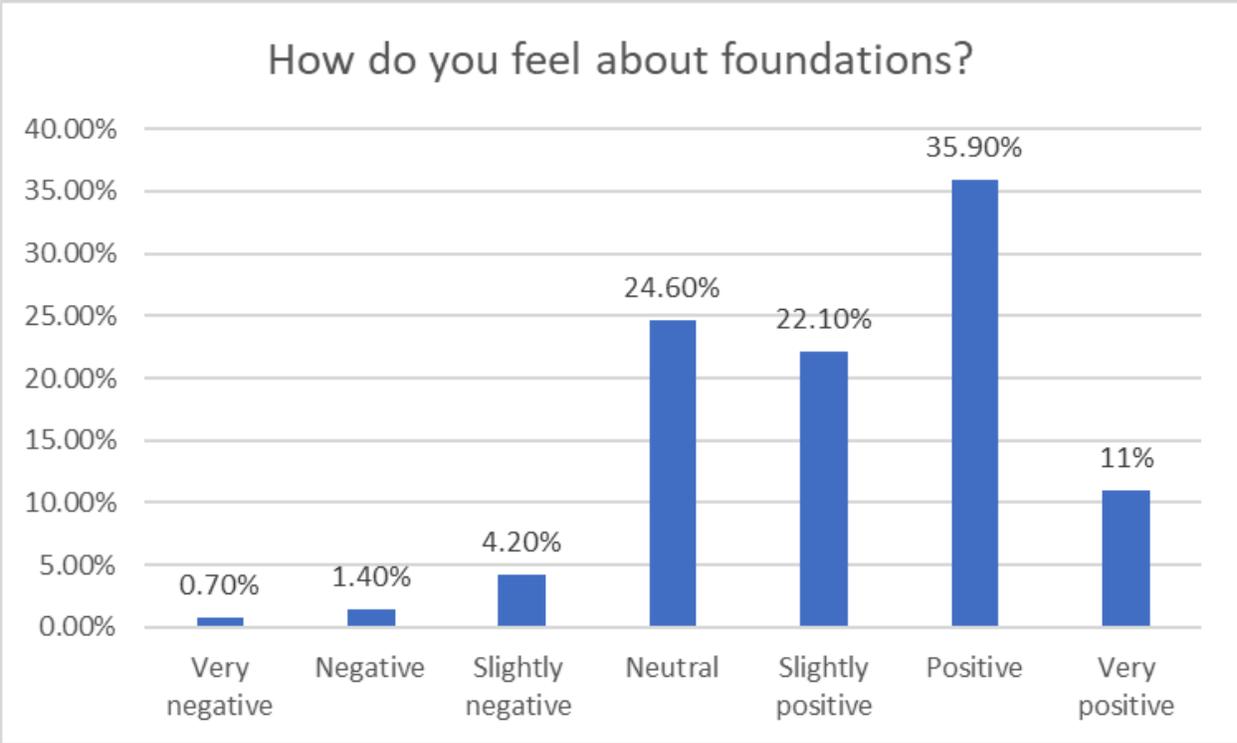
When asked what the participants considered as philanthropy, more than 80 percent of the participants considered giving time (81.30%) and giving treasure (80.10%) as philanthropy, followed by giving talent (69.40%). Less than half of the participants considered giving ties (48.10%) and giving testimony (45.30%) as philanthropy (See Figure 1). When examining these results in relation to the participants' ages, older participants are more likely to view the 5Ts as forms of philanthropy.

Figure 1. American perception of different forms of philanthropy



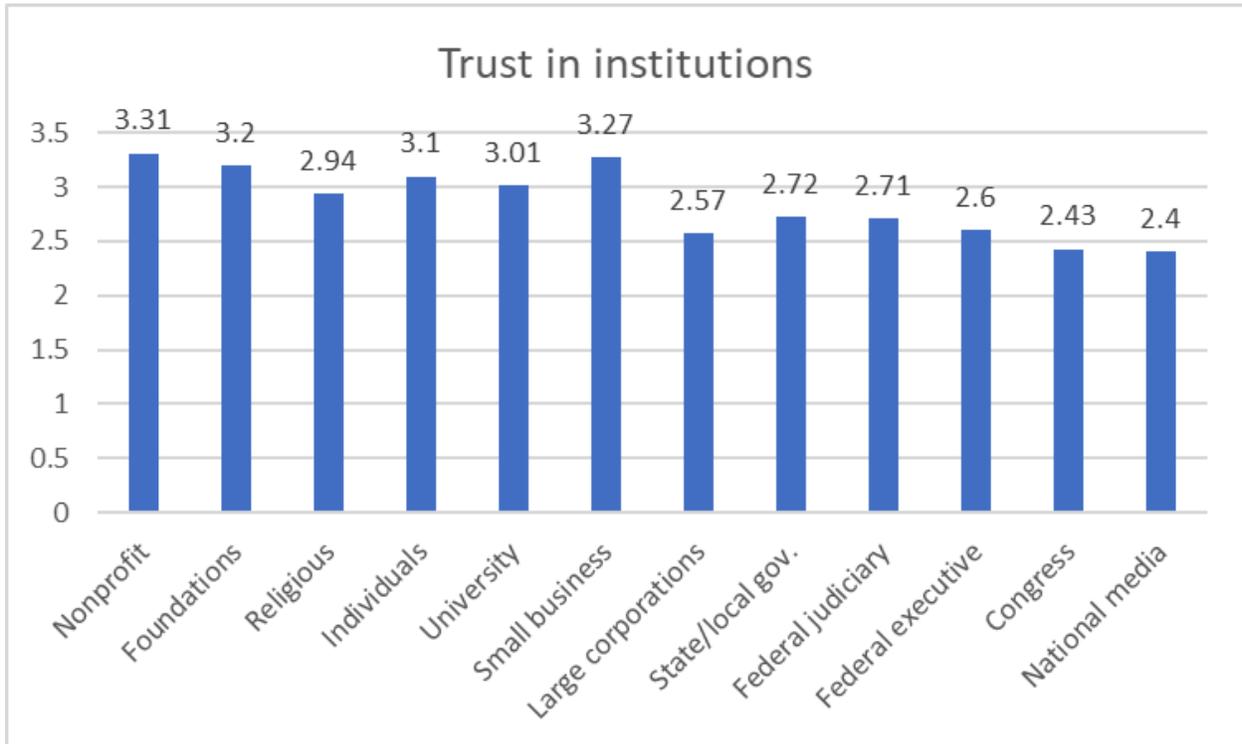
Most Americans have positive attitudes toward foundations.

Most participants have a positive attitude towards foundations (22.10% slightly positive, 35.90% positive, 11% very positive), about a quarter feel neutral (24.60%), only 6.30% of the participants felt negative towards foundations.



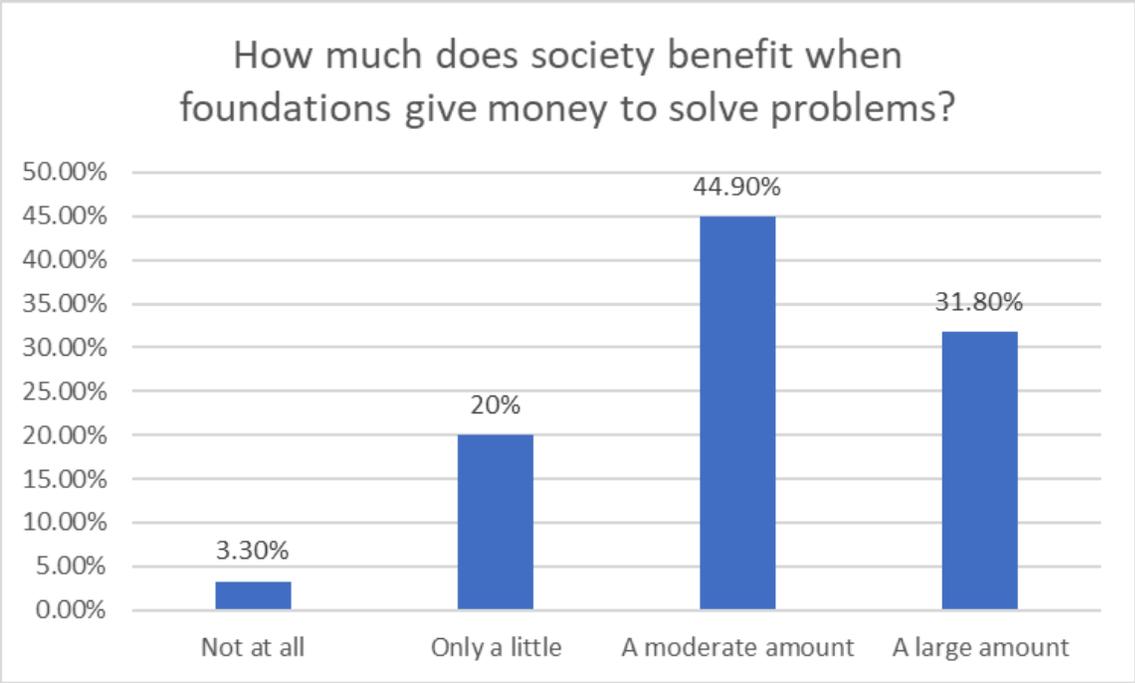
Trust in foundations ranks high among institutions.

When compared to other institutions, general trust for foundations ranks high (3.2 out of 5), only slightly behind nonprofit organizations (3.31) and small businesses (3.27), which are significantly higher than the three lowest ranked institutions: large corporations (2.57), congress (2.43) and national media (2.4).



Americans believe society benefits when foundations give money to solve problems but lack knowledge about where the money is spent and whether it's going to the right places.

Participants were asked how much society benefits when foundations give money to solve problems. Close to one-third of the participants reported a large amount (29.9%), about half reported a moderate amount (50.1%), and around 18.3% reported a small amount. Only a small percent (1.6%) of the participants reported “not at all.” These results suggest that roughly 80% of Americans believe that society benefits a lot or moderately when foundations spend their money to solve societal problems.



However, when asked whether they believe nonprofit and philanthropic sectors are going in the right direction, less than half (44.5%) of the participants believe it's going in the right direction, 35.8% reported they do not know, and 19.6% believe nonprofit and philanthropic sectors are going in the wrong direction.

When asked how much they know about foundations, 40.7% of participants responded that they do not know how foundations work (6.7%) or only a little (34.0%). Close to half (45.6%) of the participants said they have a moderate amount of knowledge, and only 13.7% said they have a large amount of knowledge about foundations (13.7%). Participants who were younger and with higher education reported a higher understanding of how foundations worked.

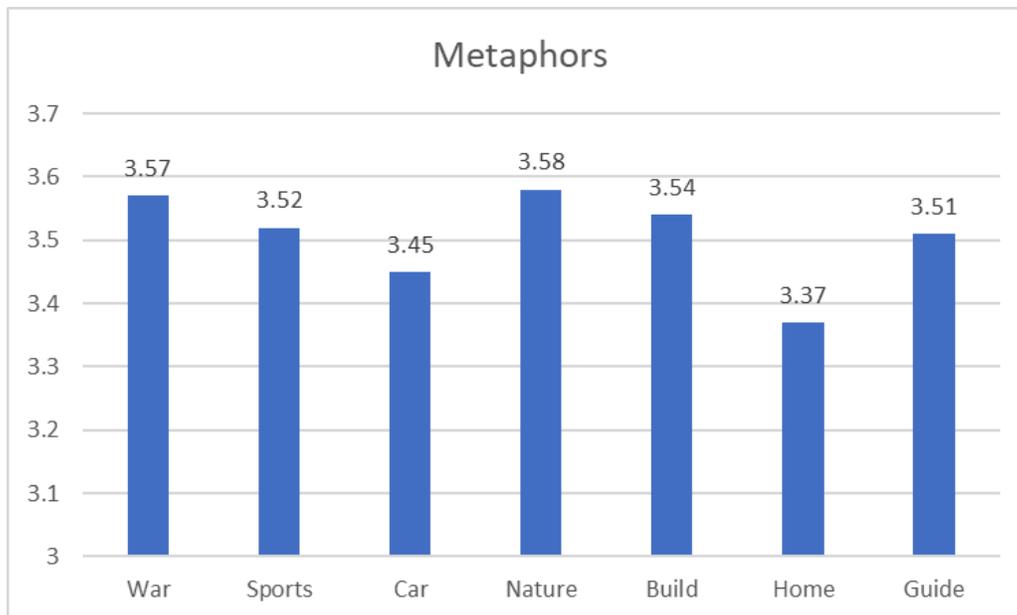
The Influence of Metaphors on Perceptions of Foundations

Since most people do not have direct contact with foundations or don't understand the work and policies involved, metaphors help people make sense of foundations by connecting abstract concepts to familiar symbolic representations. As a persuasion device, metaphors are potent because they rely on easily understood symbols and are often processed automatically without much scrutiny (Lakoff & Johnson, 2008).

Based on prior research, we created seven metaphors about foundations:

1. Foundations *equip* nonprofits with the tools they need to *fight the good fight*. (War)
2. Foundations help nonprofits *tackle* complex social problems with *impactful* solutions. (Sports)
3. Foundations *put experts in the driver's seat* so that nonprofits can drive change. (Car)
4. Foundations help *get money flowing to the people* closest to the issues so they can produce lasting change. (Nature)
5. Foundations help nonprofits *build up* big ideas to develop *stronger* communities. (Construction)
6. Foundations make sure that underrepresented voices *have a seat at the table*. (Home/Table)
7. Foundations are like *a guide for nonprofits* to help them fund their projects. (Guide)

The metaphor with the highest score was the metaphor about how foundations help money flow to the people closest to the issue (nature), followed by the metaphor that describes how foundations equip nonprofits with the tools they need to fight the good fight (war), and foundations help nonprofits build up big ideas to develop stronger communities (construction). See Figure below.



There were no significant differences between people of different genders or ages in their scores for the metaphors.

We conducted several hierarchical regressions with demographic factors in the first block (gender, age, education, political orientation), the four cultural worldview dimensions in the second block, and the moral foundations in the third block to examine their association with each of the seven metaphors.

Overall, the results showed that gender did not predict preference for the metaphors. Younger participants favored the sports metaphor, construction metaphor, and home/table metaphor. Participants with higher education were more likely to favor the sports metaphor.

Political orientation predicted trust towards all the metaphors. Participants who were more liberal gave higher scores.

For the cultural worldviews, a horizontal individualist who emphasized independence but equality only favored the sports metaphor, a vertical individualist who emphasized independence and competition was associated with higher scores for all the metaphors except war and sports. Participants who oriented toward collectivism were associated with higher scores across all the metaphors.

For the moral foundations, care, fairness, and in-group loyalty were associated with higher scores for all the metaphors; however, authority and purity were not associated with any metaphors.

	War	Sports	Car	Nature	Build	Home	Guide
Gender							
Age		-			-	-	
Edu		+					
Political	-	-	-	-	-	-	-
HI		+					

VI			+	+	+	+	+
HC	+	+	+	+	+	+	+
VC	+	+	+	+	+	+	+
Care	+	+	+	+	+	+	+
Fair	+	+	+	+	+	+	+
Ingroup	+	+	+	+	+	+	+
Authority							
Purity							

+positive association. -negative association.

The Stories

1. [“How Decisions Are Made”](#)
2. [“People Closest to the Situation”](#)
3. [“Where Money Goes”](#)
4. [“Nimble Foundation”](#)
5. [“Stay With Issues”](#)
6. [“People Come Together”](#)
7. [“Listens to People”](#)
8. [“Change the World”](#)
9. [“Rich Individuals”](#)
10. [“People Who Benefit”](#)
11. [Control](#)

Story 1 (How Decisions Are Made): How decisions are made within foundations

If you needed emergency medical care, what would you dial?

Today, most people know to dial 911, but before the 1970s there was no standard number to call in an emergency. You had to look in the phone book for a longer number, and that number was different from one neighborhood to the next.

Disorganized emergency medical services (EMS) was a large national problem — no one could provide care at the scene, ambulances were converted station wagons or hearses, and doctors had no idea what condition their new patient was in when they came through the hospital doors. Lives were lost because of delayed care

EMS was among the first concerns of the American Health Care Foundation after its founding in 1972.

“The Foundation’s president, Robert Miller, believed that there was something wrong in America if people who could benefit from quality care died because they couldn’t get to the hospital in time,” said Rick Wilson, an original senior staff member at the Foundation.

In January 1973, the Foundation enlisted the participation of the National Academy of Sciences to set up a grant program for EMS.

"Before we began the program, we gathered national experts to talk about emergency medical service," said Mya Turner – an EMS expert and a Foundation advisory committee member. "We asked them how a major philanthropy could make a difference. We sat around Rick Wilson's dining room table and started creating the first national program in Foundation history."

In April 1973, the Foundation announced the \$15 million EMS grants program. The Foundation actively recruited grantees and intentionally sought out coalitions of EMS experts with ideas on how to break the logjam keeping their communities from having efficient emergency services

Just over a year later in May 1974, the Foundation announced the 44 grant recipients from 32 states and Puerto Rico. The American Health Care Foundation's grant decision making focused on getting leaders the resources they needed to make effective EMS possible. This initial funding let communities prove their effectiveness to the government, showing that these EMS programs could be replicated for every American.

One of those original grantees was the Louisiana Hospital Association, which used its \$319,000 grant to connect EMS, fire, police and seven other agencies to a shared hotline. The program's success brought in support from the Department of Health and Human Services and AT&T, which further connected harder to reach communities in the bayou and offshore to emergency care.

"It was a model of the public and private sectors working hand-in-hand," Turner recalls.

In 1976, just 17 percent of the population of the United States had 911 service. In 2000, that number had jumped to 85 percent of the country.

Taking advantage of the changing social climate, the Foundation seized on the issue of emergency services and, through its grants, guidelines, and technical assistance, helped give direction to this new field.

"We continue to see the fruits of the program every day, and people still remember where it came from," said Evelyn Brooks, president of the Louisiana Hospital Association. "The program was sorely needed at the time, and it pushed everyone to upgrade the level of care."

Story 2 (People Closest to the Situation): How people closest to the situation interact with foundation staff

If you needed emergency medical care, what would you dial?

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EMS was among the first concerns of the American Health Care Foundation after its founding in 1972.

In January 1973, The Foundation enlisted the participation of the National Academy of Sciences to set up a grant program for EMS. Based on these early conversations, the original program team decided to prioritize working with the people closest to the problem, having them decide what was needed to make change happen.

“From the outset, we had worked with our advisory committee to identify who the appropriate lead agencies might be for this program,” said Mya Turner – an EMS expert and a Foundation advisory committee member. “In some cases the lead agencies would be the police department, because they had the dispatch capability. In other cases, it might be the county administrative officer, a large hospital, or the health department.”

In April 1973, the Foundation announced the \$15 million EMS grants program. Just over a year later, it announced 44 grant recipients from 32 states and Puerto Rico. "Fire departments were applying for grants from the American Health Care Foundation. That was unheard of," said Rick Wilson, an original senior staff member at the Foundation.

The Foundation team worked directly with the site leaders in the community to help them prove the viability of regional EMS programs to policymakers. One of those original grantees was the Louisiana Hospital Association, which used its \$319,000 grant to connect EMS, fire, police and seven other agencies to a shared hotline.

“We used that seed money to begin developing the most sophisticated emergency communications system in the world,” Louisiana Ambulances’ Daniel Anderson said. “Half the money went to fund radios at the hospitals. With the rest of the money, we put radios in the ambulances and developed a dispatch system.”

The American Health Care Foundation’s strategy focused on working directly with the people closest to the problem, getting them the resources they needed to make effective EMS possible. This initial funding let communities prove their effectiveness to the government, showing that these EMS programs could be replicated for every American.

In 1976, just 17 percent of the population of the United States had 911 service. In 2000, that number had jumped to 85 percent of the country.

Taking advantage of the changing social climate, the Foundation seized on the issue of emergency services and, through its grants, guidelines, and technical assistance, helped give direction to this new field.

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Story 3 (Where Money Goes): Where the dollars actually go

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In January 1973, the Foundation enlisted the participation of the National Academy of Sciences to set up a \$15 million grant program for EMS. The program team moved quickly and, in May 1974, announced 44 grant recipients from 32 states and Puerto Rico.

The program’s funding was separated into two major areas of work: direct funds to grantees to do the work and sharing information about how to improve EMS.

The Foundation acted as a funnel for EMS information, bringing knowledge of hardware and procedures to grant recipients. It sponsored workshops, offered low-cost technical assistance on communications issues, and provided guidance on dealing with the Federal Communications Commission. This allowed the grantees to build on their existing expertise and improve the programs in their community.

For direct funds, the Foundation team worked closely with the grantees to learn what they needed, and then provide money directly to those needs. One of those original grantees was the Louisiana Hospital Association, which used its \$319,000 grant to connect EMS, fire, police and seven other agencies to a shared hotline.

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The American Health Care Foundation’s strategy focused on working directly with the people closest to the problem, getting them the funding they needed to make effective EMS possible. This initial funding let communities prove their effectiveness to the government, showing that communities were essential partners, but needed direct funding to make it happen.

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Story 4 (Nimble Foundation): Foundations are nimble

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At the time, there were communities across the country from Los Angeles and Seattle to Connecticut and Miami coming up with innovative ideas to provide better emergency care, including teaching firefighters CPR or putting radio technology in hospitals and ambulances to make communication easier. However, they needed some additional support to help them adjust quickly and gain government and public support of the new ideas.

When the American Health Care Foundation started in 1972, EMS was one of its top priorities. It moved nimbly to start a national program focused on getting EMS experts to resources they needed.

In January 1973, the Foundation enlisted the participation of the National Academy of Sciences to set up a \$15 million grant program for EMS. In May 1974, it announced 44 grant recipients from 32 states and Puerto Rico.

One fortuitous aspect of the foundation's program in this transformation was timing. In addition to the success of a handful of programs across the country, pop culture began to see a shift in support for EMS. The TV program *Emergency!*, which went on the air in January of 1972, made heroes of a team of Los Angeles County Fire Department paramedics. It brought a glamorized version of EMS to prime time.

"*Emergency!* was the prairie fire," recalls Ava Scott, a member of the foundation Advisory Committee. "That show lit the spark of public awareness. Before that, it was doctors talking to doctors."

Emergency!'s ratings put a positive spin on EMS, and facilitated the social change needed to get EMS adopted across the country. The program, which came along at the height of that popularity, made it possible for communities to start acting on this growing public familiarity with EMS.

At about the same time that the Foundation was reviewing applications, Congress was beginning to grapple with the EMS problem as well. After a couple of false starts and a presidential veto by Richard Nixon, Congress passed the Emergency Medical Services Systems Act of 1973, opening federal funding for EMS. The Foundation saw the moving pieces come together and moved fast to support this life-saving work.

There were clearly other forces at work that were beginning—but just beginning—to push the country toward a more sophisticated approach to EMS. The Foundation's EMS program is an example of how philanthropy can move nimbly to turn idea sparks like improved EMS into widespread successes. Just four years after *Emergency!* went on air, the U.S. went from a dozen paramedic units to enough to support 50% of Americans.

Taking advantage of the changing social climate, the Foundation seized on the issue of emergency services and, through its grants, guidelines, and technical assistance, helped give direction to this new field.

Story 5 (Stay With Issues): Foundations can stay with issues over time

If you needed emergency medical care, what would you dial?

Today, most people know to dial 911, but before the 1970s there was no standard number to call in an emergency. You had to look in the phone book for a longer number, and that number was different from one neighborhood to the next.

Disorganized emergency medical services (EMS) was a large national problem — no one could provide care at the scene, ambulances were converted station wagons or hearses, and doctors had no idea what condition their new patient was in when they came through the hospital doors. Lives were lost because of delayed care.

This was a huge issue that needed a long-lasting commitment to get to a solution – which is why EMS was among the first concerns of the American Health Care Foundation after its founding in 1972.

“The Foundation’s president, Robert Miller, believed that there was something wrong in America if people who could benefit from quality care died because they couldn’t get to the hospital in time,” said Rick Wilson, an original senior staff member at the Foundation.

In January 1973, the Foundation enlisted the participation of the National Academy of Sciences to set up a \$15 million grant program for EMS. The program team moved quickly and, in May 1974, announced 44 grant recipients from 32 states and Puerto Rico.

One of those grant recipients was the Gainesville-Haymarket Rescue Squad (GHRS) in Virginia who used the funding to train EMTs. With the grant money, GHRS became the first rescue squad in Virginia to require all of its members to be EMT’s.

“One of the pieces of equipment we used was a ‘Biophone’, which sent electrocardiograms to the hospital over the radio. The doctors received the information and told us what drug intervention was needed. We became essentially an extension of the cardiac care unit at the hospital,” said David Jones, the president of GHRS.

This shift in care was one of the essential steps needed to improve emergency care in this community spanning 740 square miles. GHRS remains an all-volunteer force that maintains

professional standards. This initial funding allowed GHRS to expand the advanced training of their volunteers, ensuring the community gets the best care.

“The American Health Care Foundation grant money stayed with us for a long time—we still operate in much the same way today,” Jones said.

The American Health Care Foundation’s EMS program is an example of how philanthropy can stay with a problem long-term to find innovative solutions. This was one of the Foundation’s starting issues, and it is one that it is still supporting today. Even though it no longer funds EMS directly, the Foundation’s support of public health and direct services shows the lasting influence of that very first program.

The story from Virginia was just one example out of 44 from across the country of the lasting growth of EMS. Taking advantage of the changing social climate, the Foundation seized on the issue of emergency services and, through its grants, guidelines, and technical assistance, helped give direction to this new field.

Story 6 (People Come Together): Foundations are one of many partners who must come together to effect profound systems change

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An issue this big requires collaboration from different sectors committed to a shared goal. The effort to improve U.S. EMS brought together community experts from a variety of cities, government leaders, corporations, and the coordinating expertise of the American Health Care Foundation (AHCF). With a boost of public support from the popularity of the show *Emergency!*, this coalition was able to expand access to emergency services rapidly over the course of three decades.

At the end of the ‘60’s, doctors and researchers across the country were beginning to look for new ways to improve EMS in their cities. For example, Ava Scott – a doctor from Chicago –

looked to mobile army surgical hospitals, or MASH, for examples of how to run a regionalized trauma program in Illinois, while Christopher Davis – a doctor from Miami – began instructing firefighters in CPR in 1966. Other pioneering programs in Connecticut, Seattle and Los Angeles were isolated examples of where EMS was working.

The federal government was also taking action in this area at the same time. In 1967, the President's Commission on Law Enforcement and Administration of Justice had recommended the institution of a single nationwide telephone number – 911 – for reporting emergencies.

This is where the American Health Care Foundation came in. EMS was among the very first concerns of the Foundation, which became a major national philanthropy in 1972. In 1973, The Foundation's president Robert Miller enlisted the participation of the National Academy of Sciences and national experts – including Scott and Davis – to create a national EMS grant program.

The key to the Foundation's grant decision making was emphasizing collaboration. "We essentially required them to form alliances to be eligible for a grant," said Rick Wilson, an original senior staff member at the foundation. "We made them aware that if they could put the structure together there was a high probability that we would fund them."

The collaboration paid off. In 1976, just 17 percent of the population of the United States had 911 service; by 1979, more than a quarter of the population was served by 911. In 2000, that number had jumped to 85 percent of the country.

The American Health Care Foundation was an important partner to the leaders seeking to develop an EMS system that got people the care they needed urgently and effectively. The coalitions identified the community needs, the Foundation provided the initial funding, and then the federal government supported the expansion.

Taking advantage of the changing social climate and intentional collaboration, the Foundation seized on the issue of emergency services and, through its grants, guidelines, and technical assistance, helped give direction to this new field.

As Ava Scott noted, "It was a model of the public and private sectors working hand-in-hand."

Story 7 (Listens to People): Foundation staff listen to the people who are closest to the problem and work with them to effect solutions

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Disorganized emergency medical services (EMS) was a large national problem — no one could provide care at the scene, ambulances were converted station wagons or hearses, and doctors had no idea what condition their new patient was in when they came through the hospital doors. Lives were lost because of delayed care.

Fortunately, there were experts across the country working to make EMS more efficient so that fewer people died preventable trauma-related deaths. At the end of the '60's, leaders from Los Angeles to Connecticut were putting the pieces together to create the groundwork of our modern emergency system.

Dr. Ava Scott was one of the leaders seeking new solutions.

“When I started as a junior surgical resident at Cook County Hospital in Chicago, there was no standardized way of evaluating incoming trauma patients,” recalls Ava Scott, a member of the Foundation’s Advisory Committee. “The care you got depended on who got to you first, which meant sometimes the problem and treatment didn’t match.”

Recognizing the rapid medical response of Army doctors in World War II, Korea and Vietnam, Scott and her colleagues restructured the treatment of accident victims following the model of the mobile army surgical hospital, or M*A*S*H. When that approach succeeded, Scott was asked to design and run a regionalized trauma program for the state of Illinois.

The American Health Care Foundation recognized the importance of programs like this as potential public health practices. By listening to these leaders, the Foundation looked to amplify their evidence-based solutions.

With the federal government investing in a standard emergency line (911) and the success of the popular show *Emergency!*, the Foundation saw an opportunity to partner with EMS experts to improve emergency care.

“The American Health Care Foundation was unique at the time,” Scott recalls. “The charge given to us by the Foundation was, if we had \$15 million to spend on EMS, how would we spend it, and what good should we do? They told us ‘We’d like you to look for the key log in the EMS logjam... Use the \$15 million to break that key log and get things moving.’”

The Foundation chose 44 grant recipients from 32 states and Puerto Rico for the program. Grants were announced in May 1974 and averaged \$350,000 to \$400,000.

The American Health Care Foundation sought to be a partner to EMS leaders across the country, prioritizing listening to their expertise and giving them what they needed to get the ball rolling. And the federal government and phone companies took notice, building on the success with their own grants and support to expand these programs when the foundation grants ended. In 1976, just 17 percent of the population of the United States had 911 service. In 2000, that number had jumped to 85 percent of the country.

Taking advantage of the changing social climate, the Foundation seized on the issue of emergency services and, through its grants, guidelines, and technical assistance, helped give direction to this new field.

Story 8 (Change the World): Through their generosity and brilliance, foundations change the world

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The American Health Care Foundation saw an opportunity to change people's lives by creating an early version of the Emergency Medical System in the 1970s. Because of the foundation's foresight and commitment to improving health, it was quickly able to provide funding that created the infrastructure that became today's 911 system.

Because of the expertise and wisdom of the foundation's leadership, it was easily able to determine what kinds of funding could help an emergency medical system get up and running quickly. Communities around the country were quick to accept the funding and recognized that without the foundation's leadership, creating such a system could have taken decades longer.

In 1976, just 17 percent of the population of the United States had 911 service; by 1979, more than a quarter of the population was served by 911. In 2000, that number had jumped to 85 percent of the country.

“We continue to see the fruits of the program every day, and people still remember where it came from,” said the foundation’s president at the time, Robert Miller. “The program was sorely needed at the time, and it pushed everyone to upgrade the level of care.”

Story 9 (Rich Individuals): Rich individuals who invest in social causes can change the world

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Philanthropist Michael Stone saw firsthand how delayed EMS was impacting our country. When he founded the American Health Care Foundation in 1972, he committed \$15 million to programs across the country that would make EMS more efficient.

“Michael Stone believed that there was something wrong in America if people who could benefit from quality care died because they couldn’t get to the hospital in time,” said Rick Wilson, an original senior staff member at the Foundation.

Stone’s foundation brought together leaders at the National Academy of Sciences and major hospitals from across the U.S. to identify the programs that were having the largest impact. Based on their advice, Stone’s initial funding helped communities secure essential technology – like radios and improved ambulances – as well as training for first responders to provide immediate care and relay vital information to hospitals before the patient arrived.

By investing in emergency medical services, Michael Stone helped save hundreds of thousands of lives. In 1976, just 17 percent of the population of the United States had 911 service; by 1979, more than a quarter of the population was served by 911. In 2000, that number had jumped to 85 percent of the country.

“We continue to see the fruits of the program every day, and people still remember where it came from,” said the Foundation’s president at the time, Robert Miller. “The program was sorely needed at the time, and it pushed everyone to upgrade the level of care. This is the lasting legacy of Michael Stone’s lifesaving work.”

Story 10 (People Who Benefit): People who benefit from life-changing grants or funding have stories to tell about how a donor changed their lives

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The American Health Care Foundation rose to meet this challenge and strive for a world where no one dies from delayed emergency care. The Foundation began its EMS program in May 1974 with grants totaling \$15 million, emphasizing communities suffering from inadequate emergency care.

This made a huge difference for the EMS programs seeking to make their communities safer. The Louisiana Hospital Association, for example, used its \$319,000 grant to connect EMS, fire, police and seven other agencies to a shared hotline.

“When we began in 1971, we couldn’t talk to one another,” said Daniel Anderson, president of Louisiana Ambulances. “All of the local emergency response agencies operated on different frequencies, and cement trucks and beer trucks had better radios than ambulances.”

Throughout Louisiana – and across the country – first responders and hospitals had no way to communicate fast enough to ensure adequate care. The Foundation saw this as the clearest way to save lives.

“We used that seed money to begin developing the most sophisticated emergency communications system in the world,” Louisiana Ambulances’ Daniel Anderson said. “Half the money went to fund radios at the hospitals. With the rest of the money, we put radios in the ambulances and developed a dispatch system.”

“The money we received from the American Health Care Foundation transformed our community from Shreveport to the bayou,” said Evelyn Brooks, president of the Louisiana Hospital Association. “With the Foundation’s support, more Louisianans live longer, healthier lives.”

“We continue to see the fruits of the program every day, and people still remember where it came from,” said the Foundation’s president at the time, Robert Miller. “The program was sorely needed at the time, and it pushed everyone to upgrade the level of care.”

Control: Information on 911

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In 1967, the President's Commission on Law Enforcement and Administration of Justice had recommended the institution of a single nationwide telephone number for reporting emergencies. In November of that year, the Federal Communications Commission began working with AT&T to put the recommendation into effect. The number sequence 911 was chosen because it was short and easily remembered, and because it carried no leftover baggage — 911 had never been used as an area code, nor did the public associate it with any other important function.

At the same time, communities across the country began adding improved technology and EMS practices into place. In 1972, President Richard Nixon addressed the need for effective EMS in the State of the Union address, and a new TV show *Emergency!* — which documented the work of 12 paramedic units across the country — was growing in popularity.

911 service expanded rapidly in the '70s. In 1976, just 17 percent of the population of the United States had 911 service; by 1979, more than a quarter of the population was served by 911. In 2000, that number had jumped to 85 percent of the country.

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