

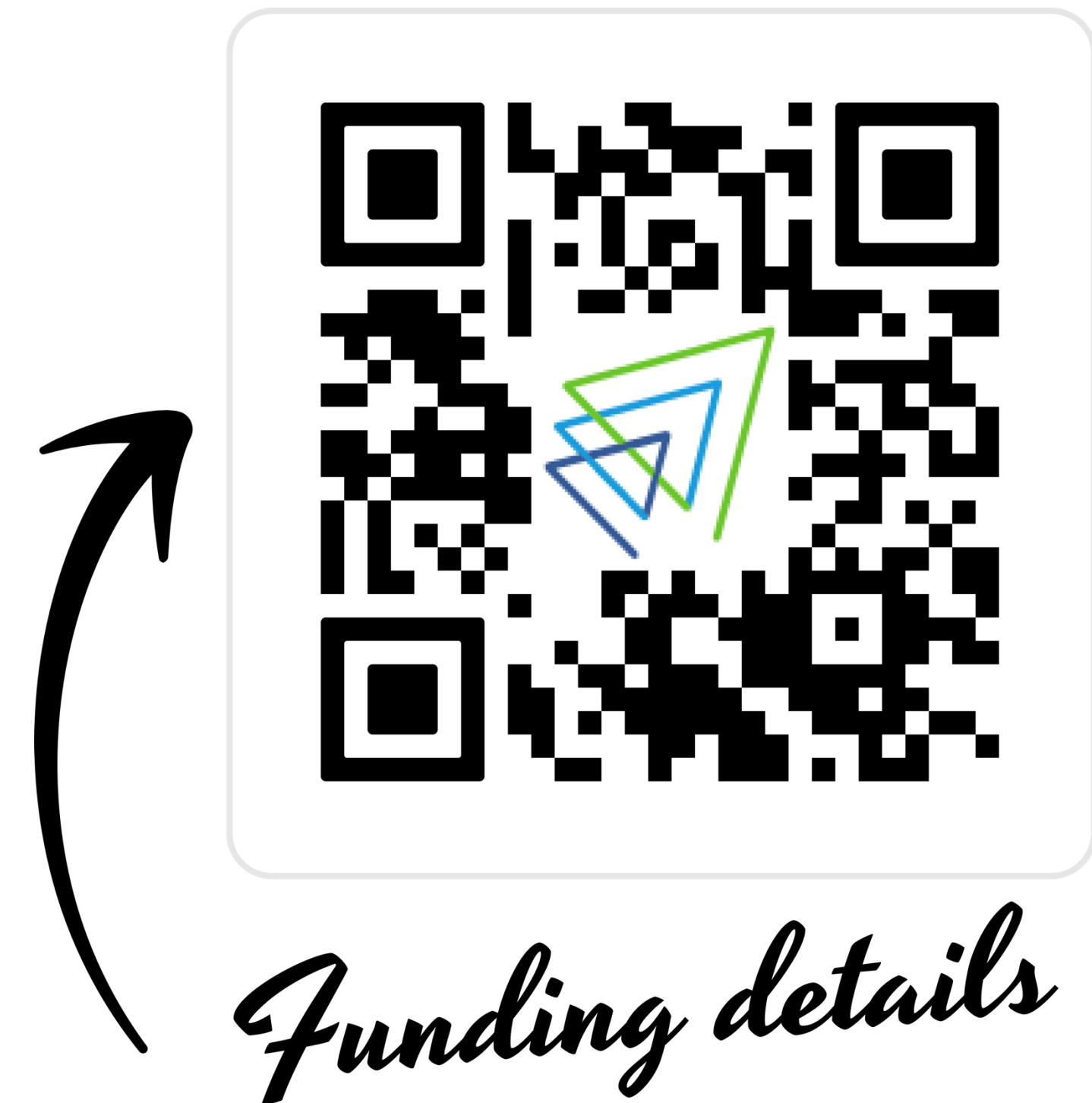


# Welcome!

Please enjoy some refreshments  
We'll get started by 10:00

You can explore funding  
opportunity resources using the  
QR code.

Wifi network: **jocoguest**



*Funding details*

SHIFTING  
NARRATIVES

2025 FUNDING  
OPPORTUNITY

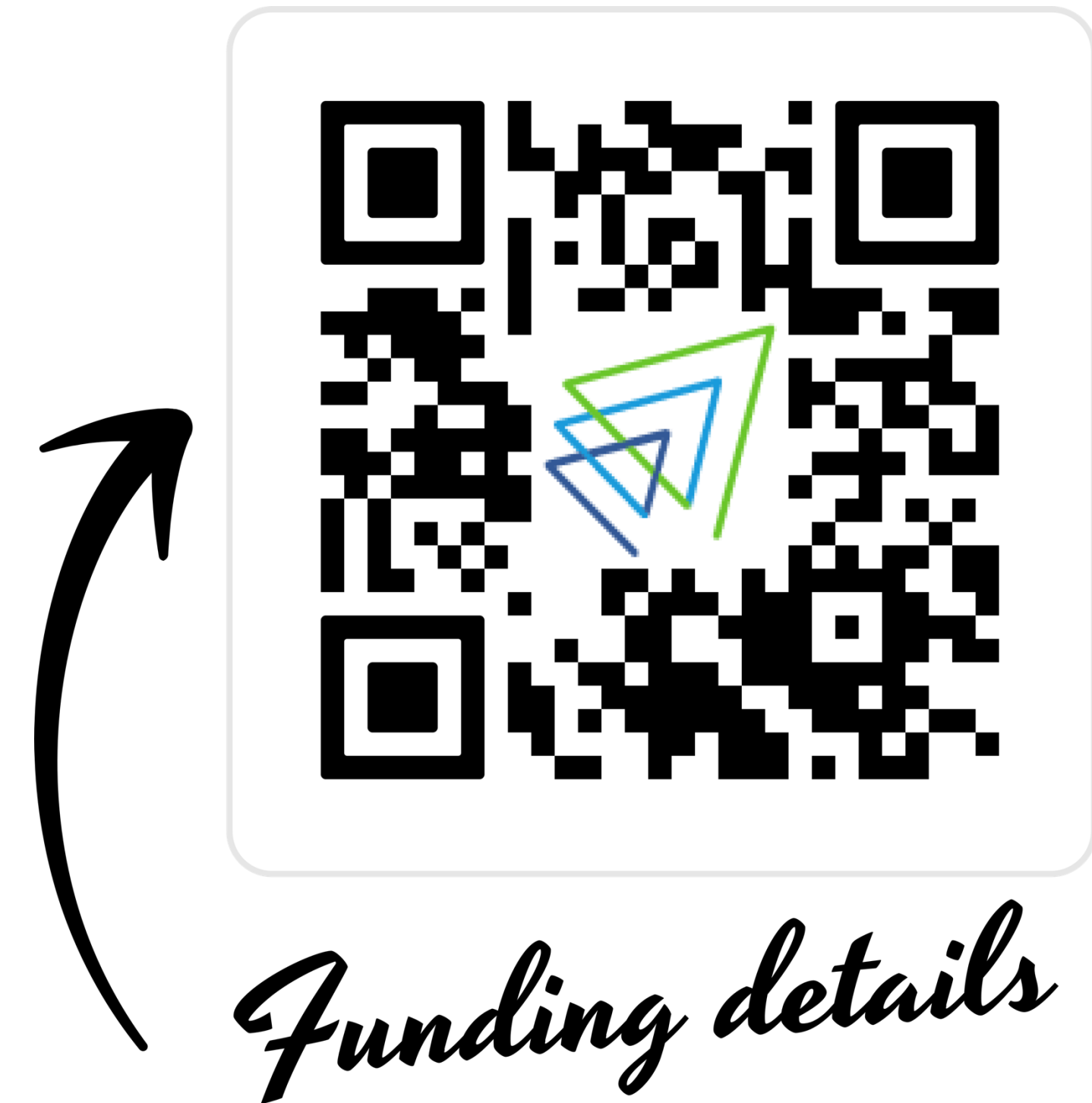


# Welcome!

We'll get started shortly.

You can explore funding opportunity resources using the QR code.

Wifi network: **jocoguest**



SHIFTING  
NARRATIVES

2025 FUNDING  
OPPORTUNITY





Health Forward  
FOUNDATION

# PRE-APPLICATION WORKSHOP

**Shifting narratives:  
Changing the stories  
we tell to create healthier  
communities**





# INTRODUCING OUR PRESENTERS



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# AGENDA

## Part 1

- Narrative Change: How stories connect to health
- Narrative Change Outcomes and Indicators
- Our Narrative Change Approach
- Exploring the Healthy Communities Message Manual

## Part 2

- Overview of the Narrative Change Funding Opportunity
- Application Process
- Policy Objectives
- Review Process
- Q&A





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## ABOUT HEALTH FORWARD

Purpose, mission, and strategies





# ABOUT HEALTH FORWARD

## PURPOSE AND MISSION

### Purpose

Every day we work to support and build inclusive, powerful, and healthy communities characterized by racial equity and economically just systems.

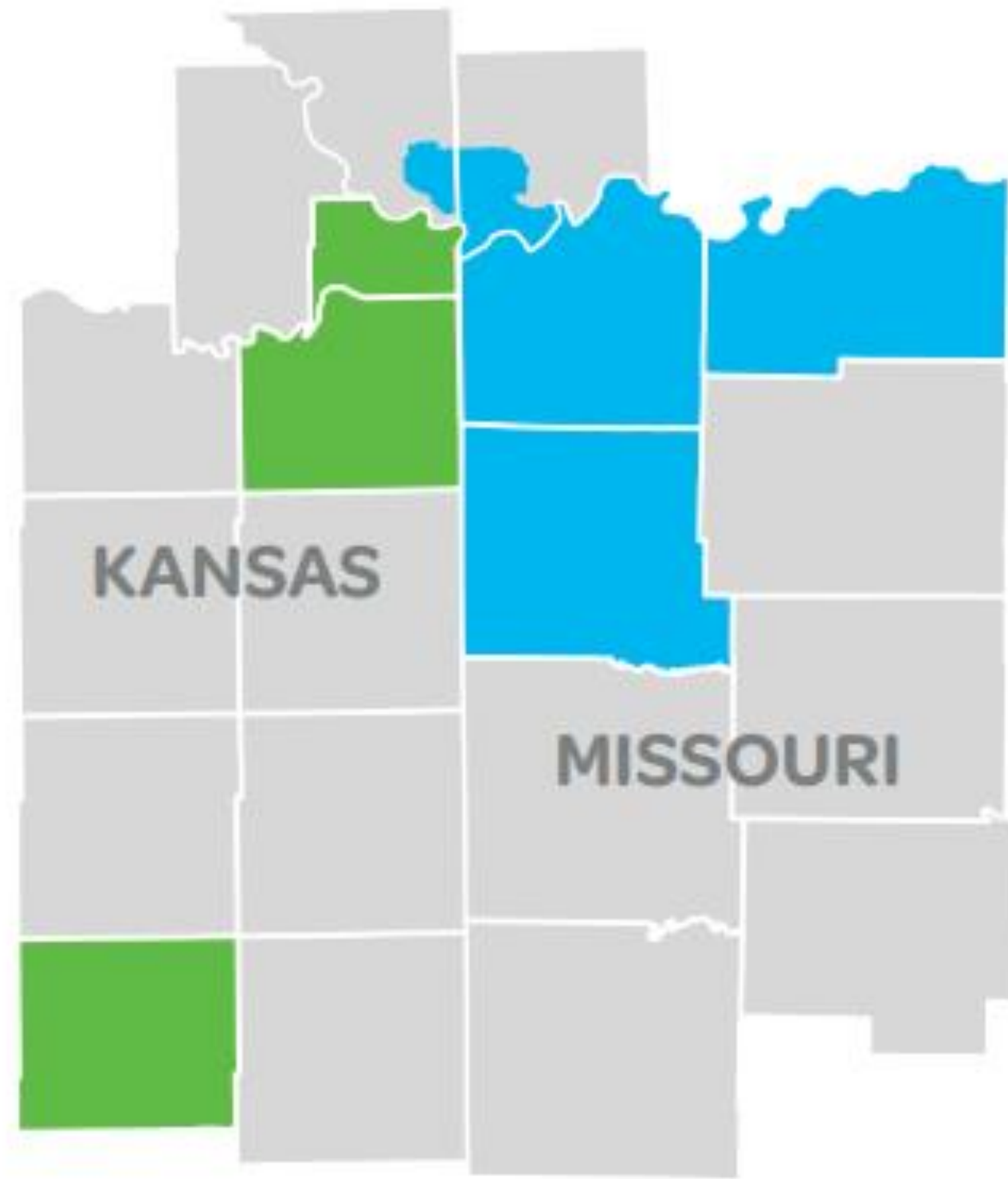
### Mission

Achieve health equity and secure a fair and just region through leadership, advocacy, and resources.



# ABOUT HEALTH FORWARD

## SERVICE AREA



## KANSAS

Allen County  
Johnson County  
Wyandotte County

## MISSOURI

Cass County  
Jackson County  
Lafayette County  
Kansas City, Missouri  
(including portions of Clay  
and Platte counties)

Established by the Missouri State  
Attorney General in 2002.



# ABOUT HEALTH FORWARD

## COMMUNITIES OF FOCUS

Our commitment to change prioritizes working to improve the lives of people who experience the greatest injustice in health outcomes, including:

- People of color whose outcomes are shaped by structural racism and other socioeconomic conditions
- People in rural areas where systemic barriers hinder optimal health

OUR PURPOSE

Every day we work to support and build inclusive, powerful, and healthy communities characterized by racial equity and economically just systems

**INTENDED IMPACT**

High-quality, equitable community health ecosystem

Strong community organizations and voices

Equitable and just places that foster health and economic advancement

**PLACE**

**STRATEGIES**

Advance safe, healthy, and affordable housing and homeownership

Advance digital access, literacy, and equity

**OUTCOMES**

Increased affordable housing and homeownership opportunities as a pathway to health and wealth creation

Reduced disparities in digital access and literacy

**PLATFORM**

**STRATEGIES**

Support cross-sector efforts to advance racial equity and economic justice throughout public, nonprofit, philanthropic, and private sectors

Shape community understanding around racial equity and economic inclusion as a pathway to health equity

Leverage Health Forward’s capital resources to further advance racial equity and economically just systems

**OUTCOMES**

Increased action on issues of racial equity and economic justice across key sectors in our community	Increased community knowledge of the connection between race equity, economic inclusion, and health equity	Increased financial and social capital targeted at racial equity and economic advancement
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**PEOPLE**

**STRATEGIES**

Strengthen capacity and effectiveness of partners to provide whole-person, equity-centered care

Advance equity-centered innovation and infrastructure across the community health ecosystem

Champion an inclusive and culturally responsive health sciences workforce

Advocate for policies that improve health

**OUTCOMES**

Advance equity-centered, whole-person care	Increased competency and capability of organizations and workforce	Increased coordination, alignment, and commitment among systems and actors in the health sciences ecosystem	Equitable access to high-quality, whole-person care
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**POWER**

**STRATEGIES**

Advance capacity building, leadership development, and connectedness

Advance participation in democracy

Support community-driven efforts to redistribute and share power

**OUTCOMES**

Stronger, more effective community-based organizations and leaders

Increased effectiveness of community organizing and civic participation

Increased community voice and shared power in philanthropy decisions



# PLATFORM

## STRATEGIES

Shape community understanding around racial equity and economic inclusion as a pathway to health equity

## OUTCOMES

Increased community knowledge of the connection between race equity, economic inclusion, and health equity





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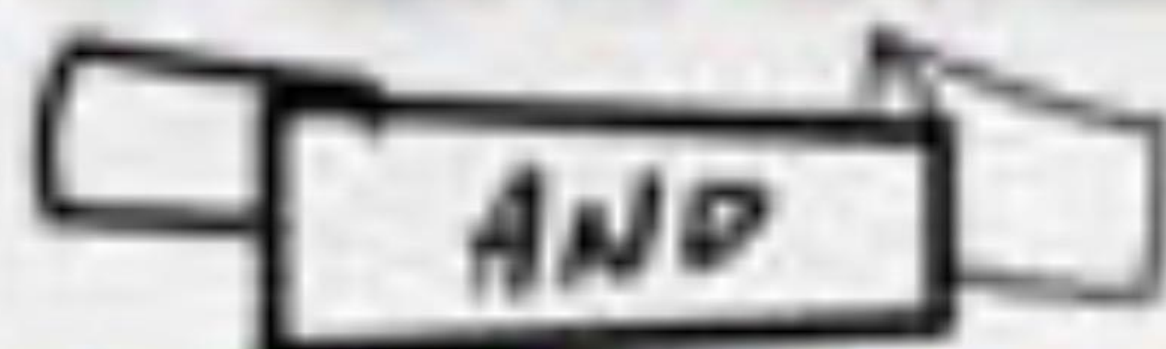
# HOW STORIES CONNECT TO HEALTH







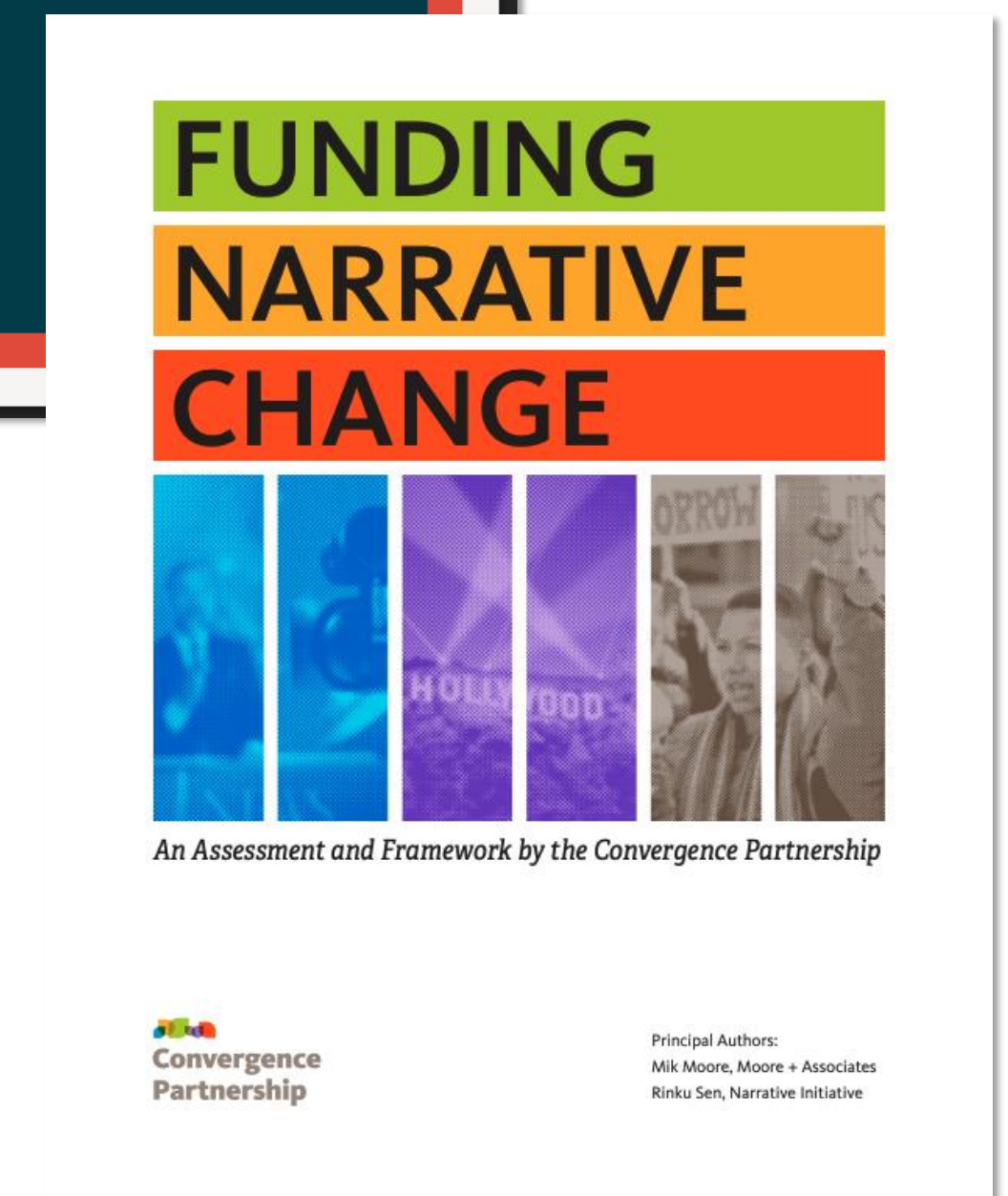
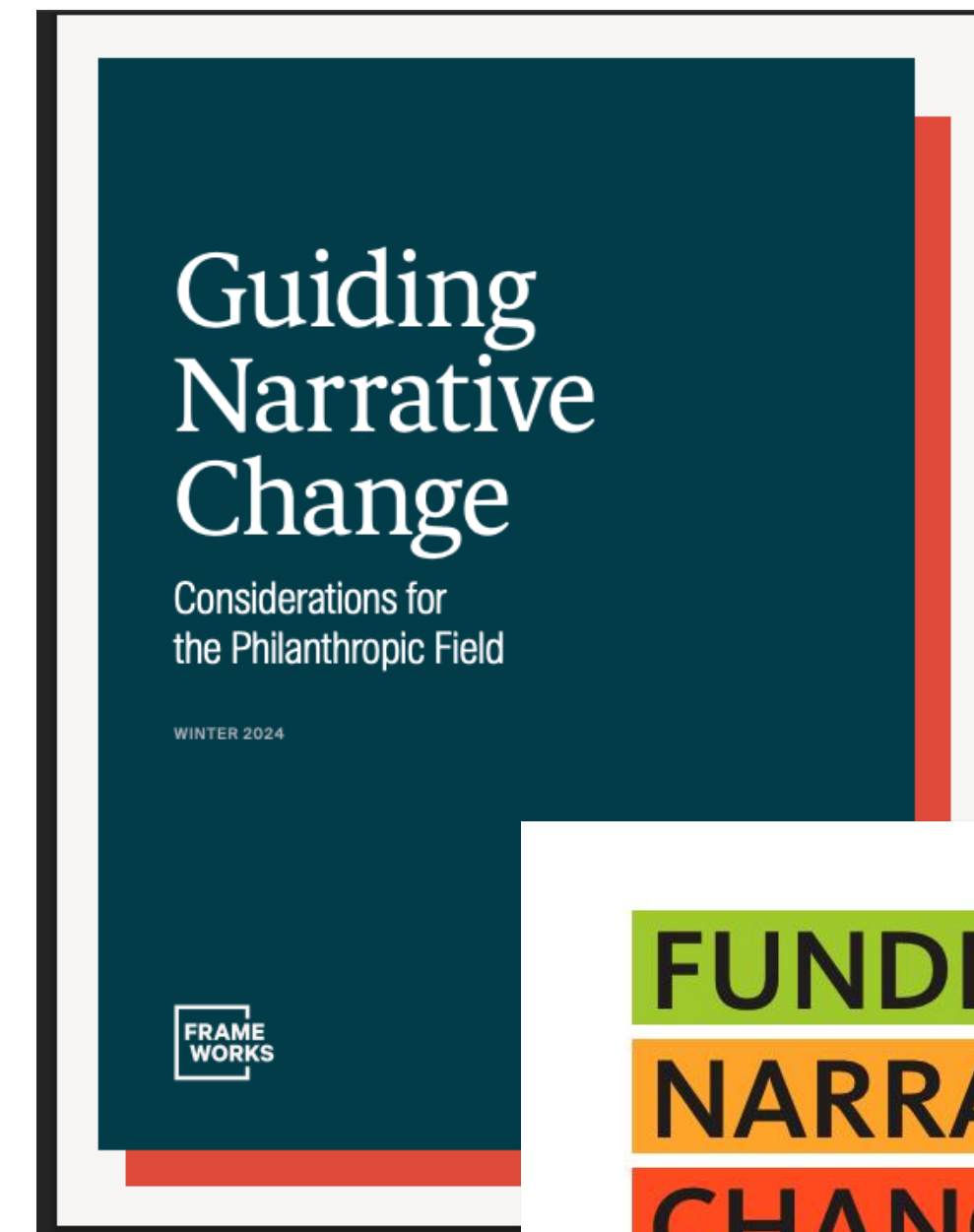
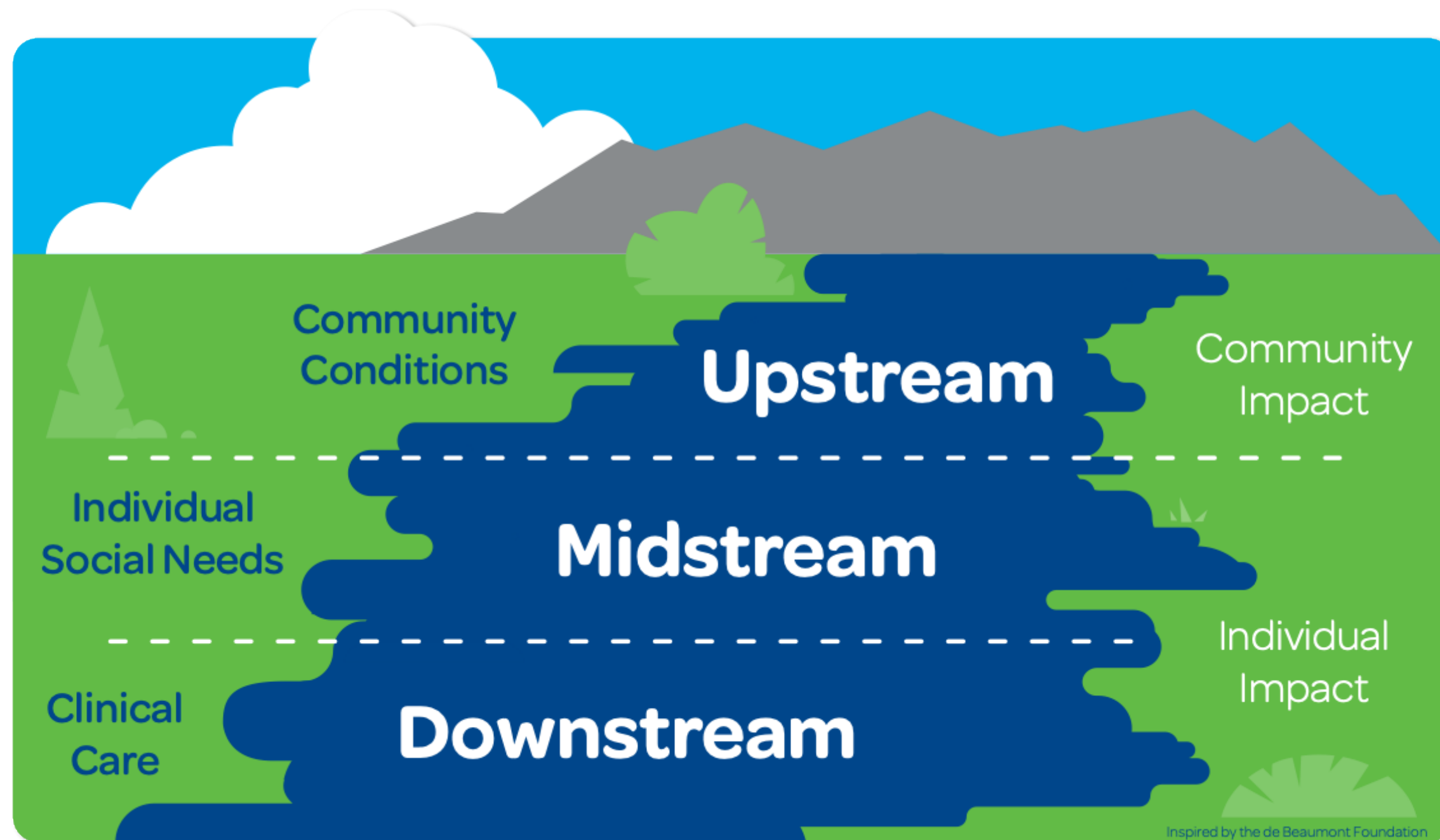
# STORIES



# HEALTH



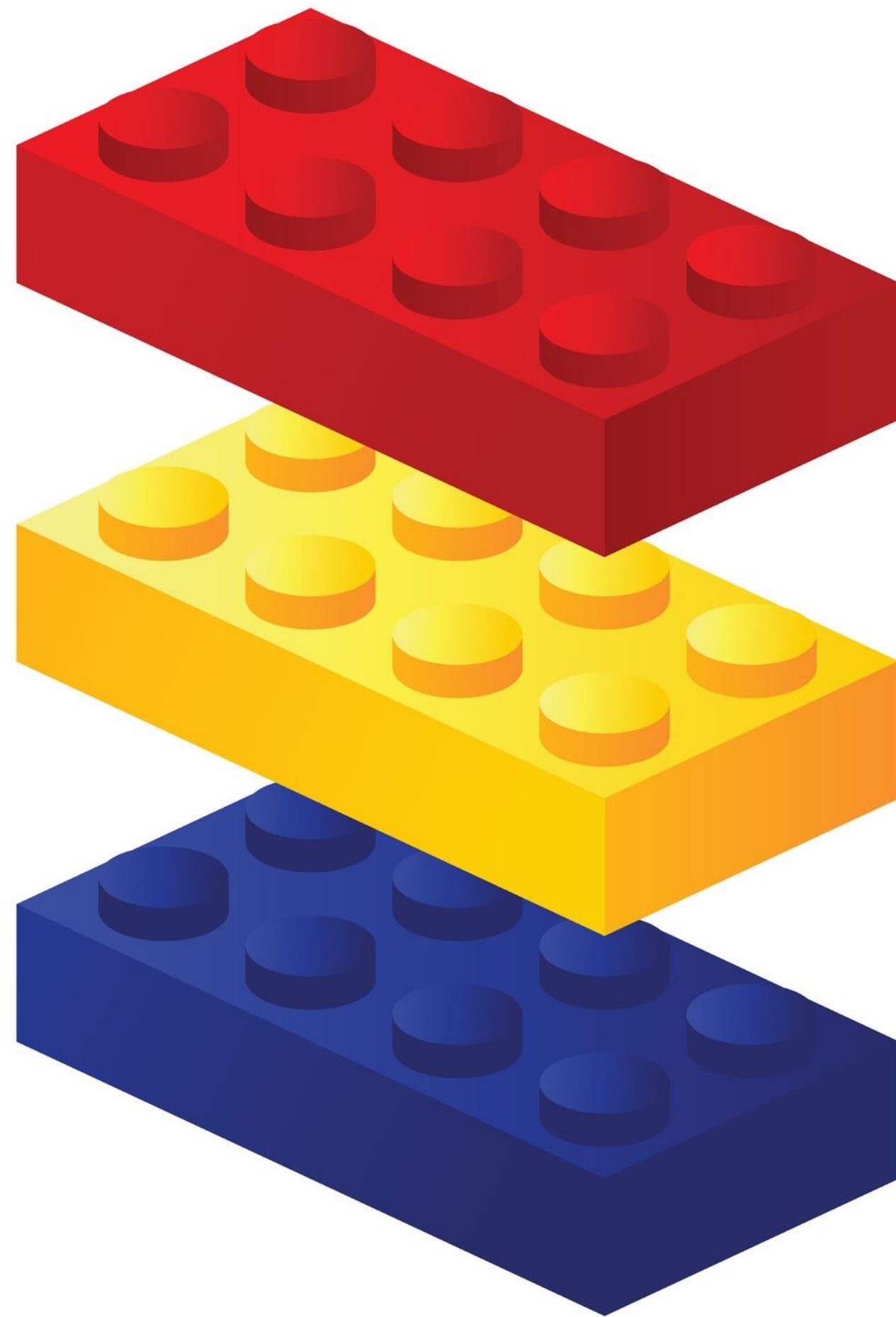




# Philanthropy and narrative change

- Systems change will be extremely difficult without narrative change
- Narrative change takes decades, not months or years
- No uniform approach, lots of experiments
- Increasing investment from funders
- Changing narratives is a major undertaking but has potentially huge benefits





## **Deep narrative / Dominant narrative**

The stickiest themes and ideas that have permeated stories for more than 50 years

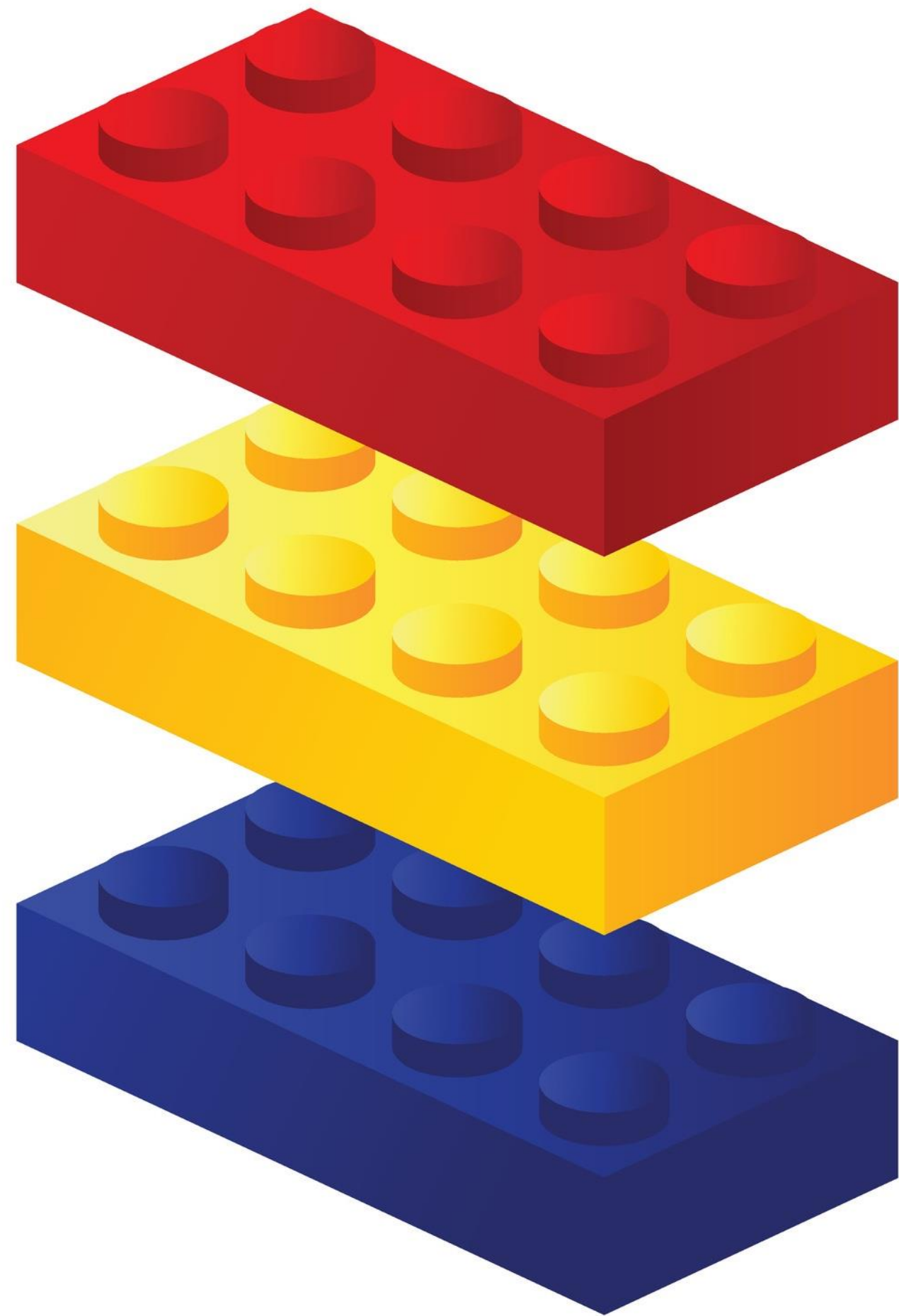
## **Narrative**

The themes and ideas that permeate collections of stories

## **Story**

A depiction of events driven by or happening to a set of characters; may be true or fictional

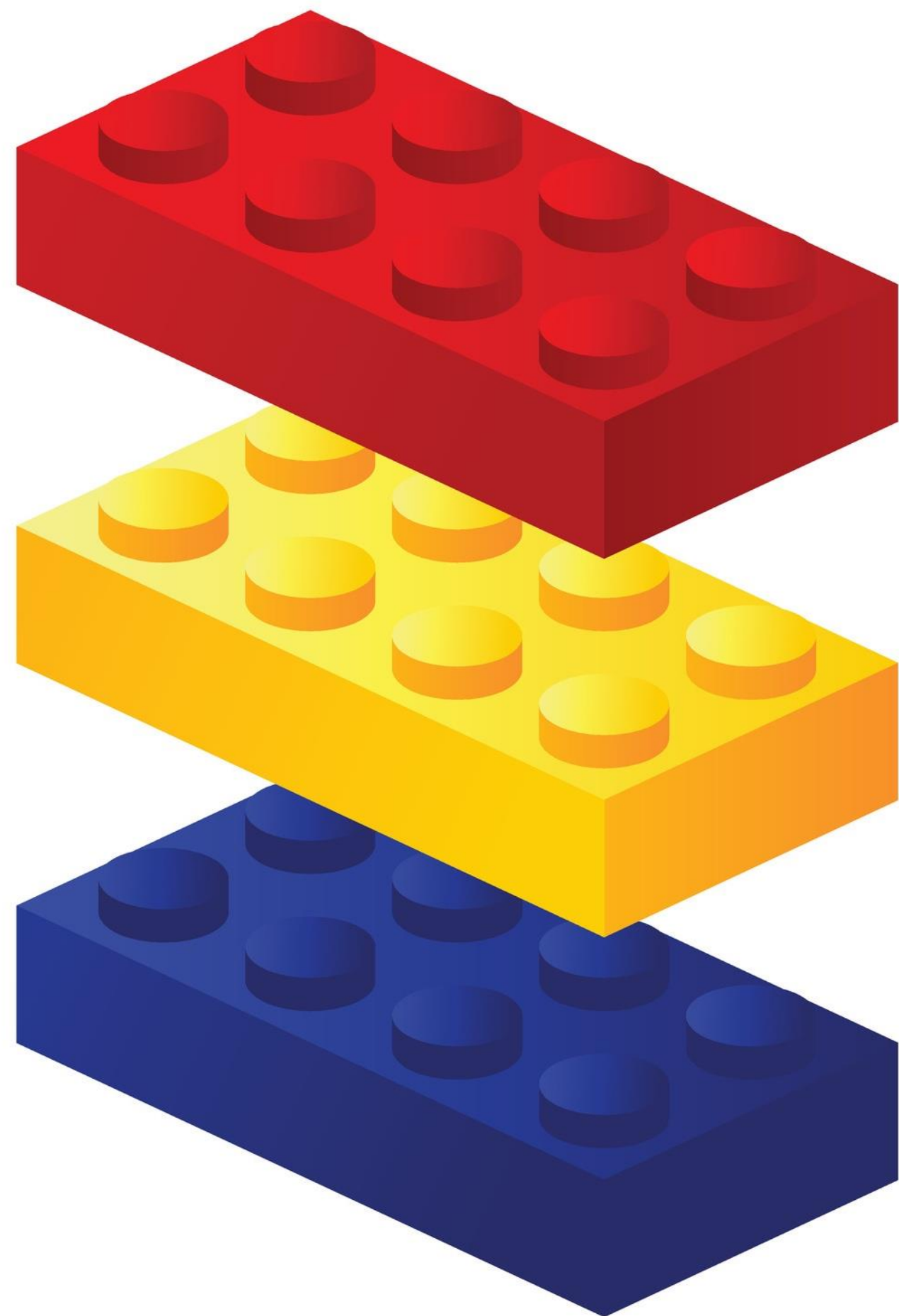




**Deep narrative:**  
**American exceptionalism**  
Everything we do is superior to everyone else.

**Narrative**  
“Our health care is the most advanced — other countries come to us for treatment.”

**Story**  
Someone hears a story (or two or three stories) about people from other countries traveling a great distance to the United States to receive health care.



**Deep narrative:**  
**American exceptionalism**

Everything we do is superior to everyone else.

**Narrative**

"Our health care is the most advanced — other countries come to us for treatment."

**Story**

We have one of the worst performing health care systems of developed countries.

~~Someone hears a story (or two or three stories) about people from other countries traveling a great distance to the United States to receive health care.~~



# **Harmful deep narratives in the United States**

- American exceptionalism
- Bootstraps
- Some people deserve government assistance more than others





# More inclusive deep narratives in the United States

- ~~American exceptionalism~~  
We are a part of a vast global community. We have some unique lessons to share and a lot to learn from others.
- ~~Bootstraps~~  
We are a great country because we take care of each other.
- ~~Some people deserve gov't assistance more than others~~  
Every person has inherent dignity, and our communities thrive when everyone has what they need to be healthy, safe, and supported.







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# OUR NARRATIVE CHANGE APPROACH





# Narrative change in our purpose plan

## STRATEGY

Shape community understanding around racial equity and economic inclusion as a pathway to health equity

## OUTCOME

Increased community knowledge of the connection between race equity, economic inclusion, and health equity



# The impact we desire...

Increased



Narrative change skills and knowledge to advance our purpose strategies with our community partners

Increased



Visibility of narrative frames around racial equity and economic justice across different forms of media

Increased



Recognition of racial equity and economic justice among our stakeholders

# Our narrative change approach so far



Media  
funding

Learning/  
technical  
assistance

Local  
narrative  
change  
funding





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# EXPLORING THE HEALTHY COMMUNITIES MESSAGE MANUAL



HATTAWAY  
COMMUNICATIONS







APRIL 2025

# Exploring Narratives Around Health Equity





# Agenda

Project Goal

Approach

Audience Insights

Audience Segmentation

Messaging Implications

Next Steps







To help community members recognize and appreciate the connection between race, class, and individual and community health.

To empower community leaders and new partners to take the lead in reinforcing this connection in meaningful and sustainable ways.



# Approach





# Audience Insights



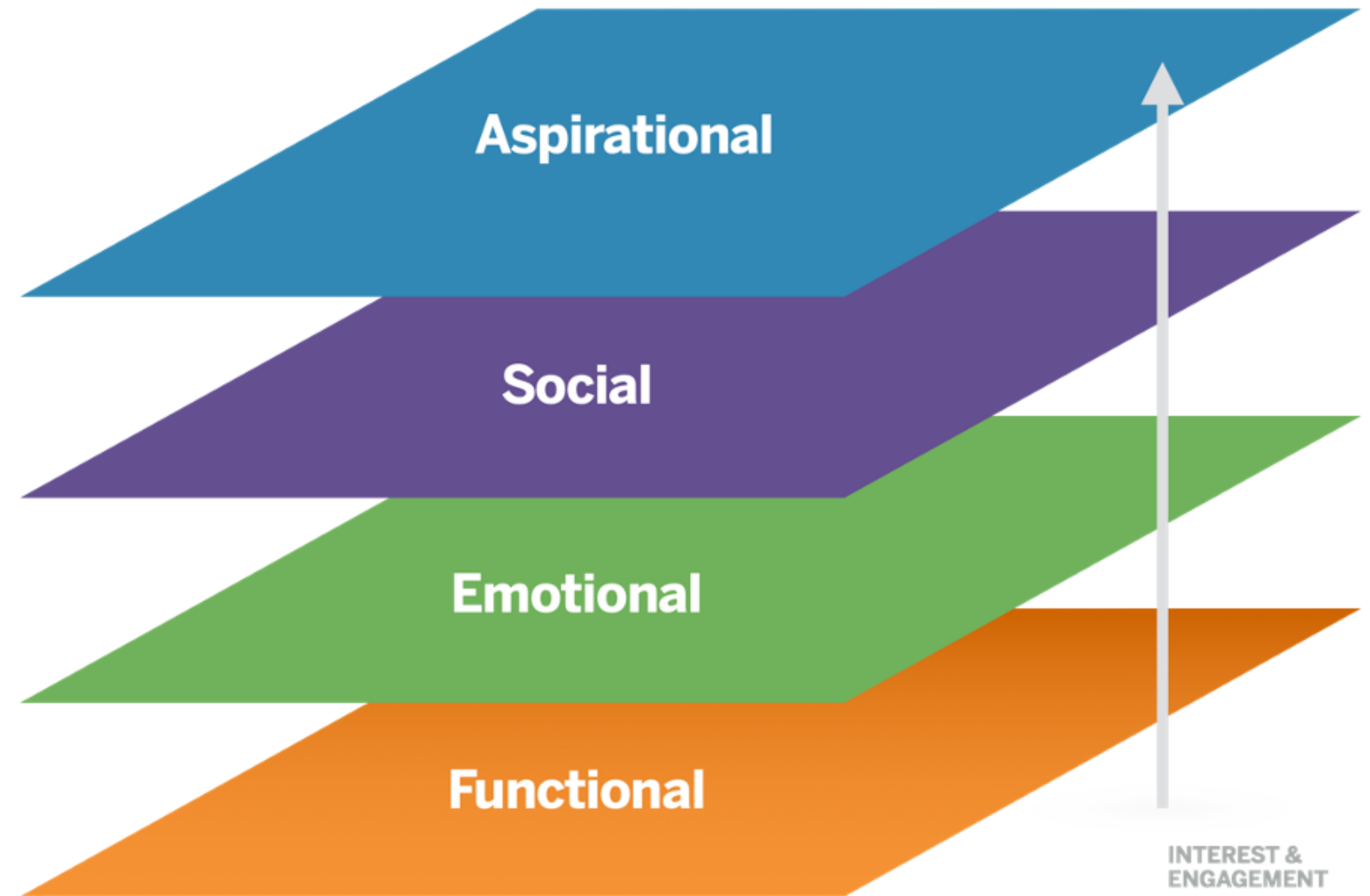
# Aspirational Communication Model

**Aspirational:** What aspirations do people have for their community and community health?

**Social:** How do social relationships shape people's understanding of and behavior around community health?

**Emotional:** How do people feel about individual health and community health?

**Functional:** What do we need to build powerful and healthy communities that offer opportunities for everyone?





# Audience Insights



**Hope for a Happy, Healthy Community, But Fear Cost of Action**



**Some Feel Siloed—But Community Connection Drives Engagement**



**Moving from “My Health” to “Our Health”**



**A Desire for Security for All, a Reality Only for Some**





# **Hope for a Happy, Healthy Community, But Fear Cost of Action**

Residents aspire to live in a community where everyone has what they need to live happy, healthy lives, but many fear the consequences of taking action.



**Residents want a community where everyone has what they need to be happy and healthy.**

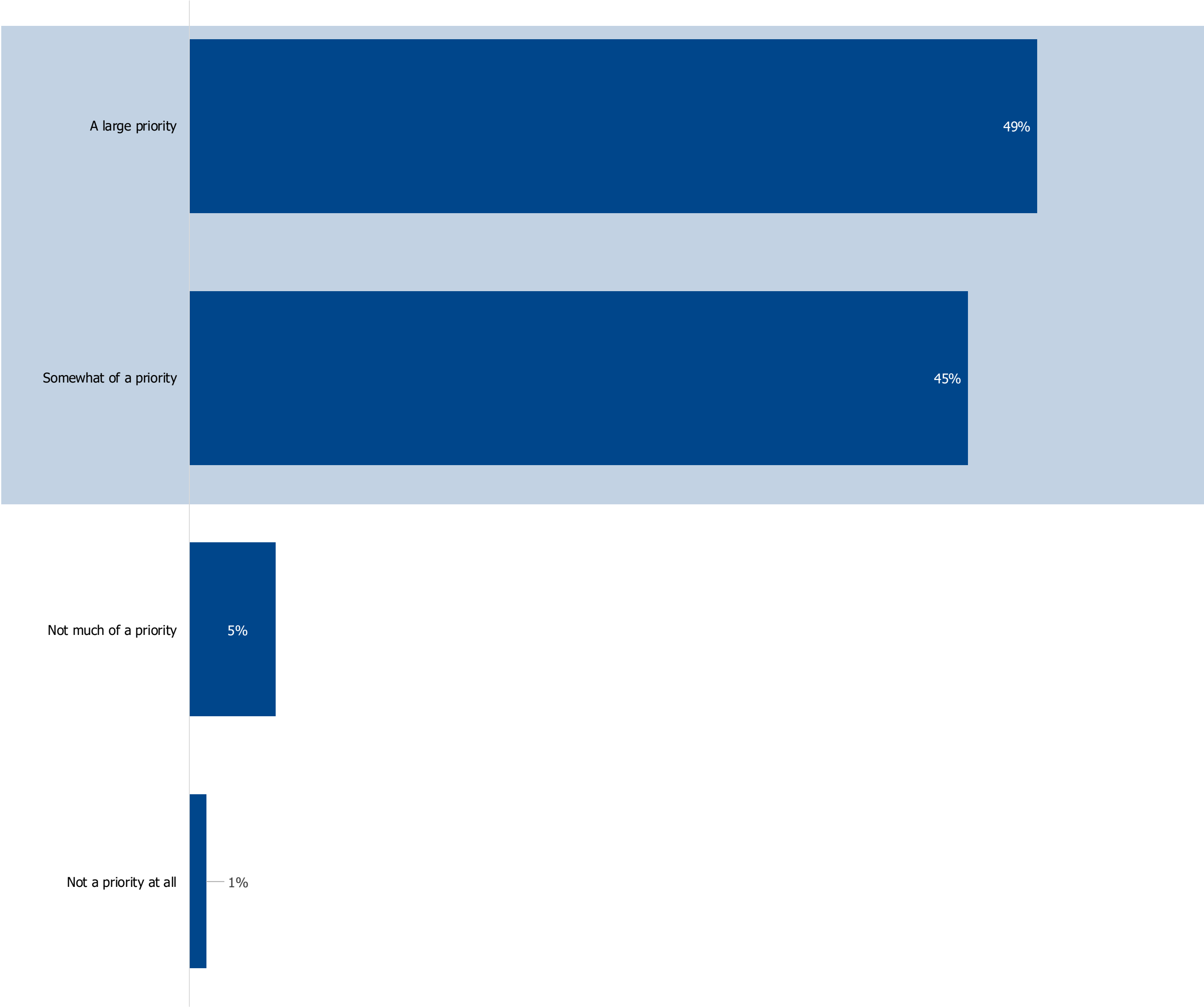
Q. When you think of a community where everyone has what they need to live a good life, no matter who you are or where they come from, what words, images, or ideas come to mind first?





# Nearly all residents say community well-being is a priority.

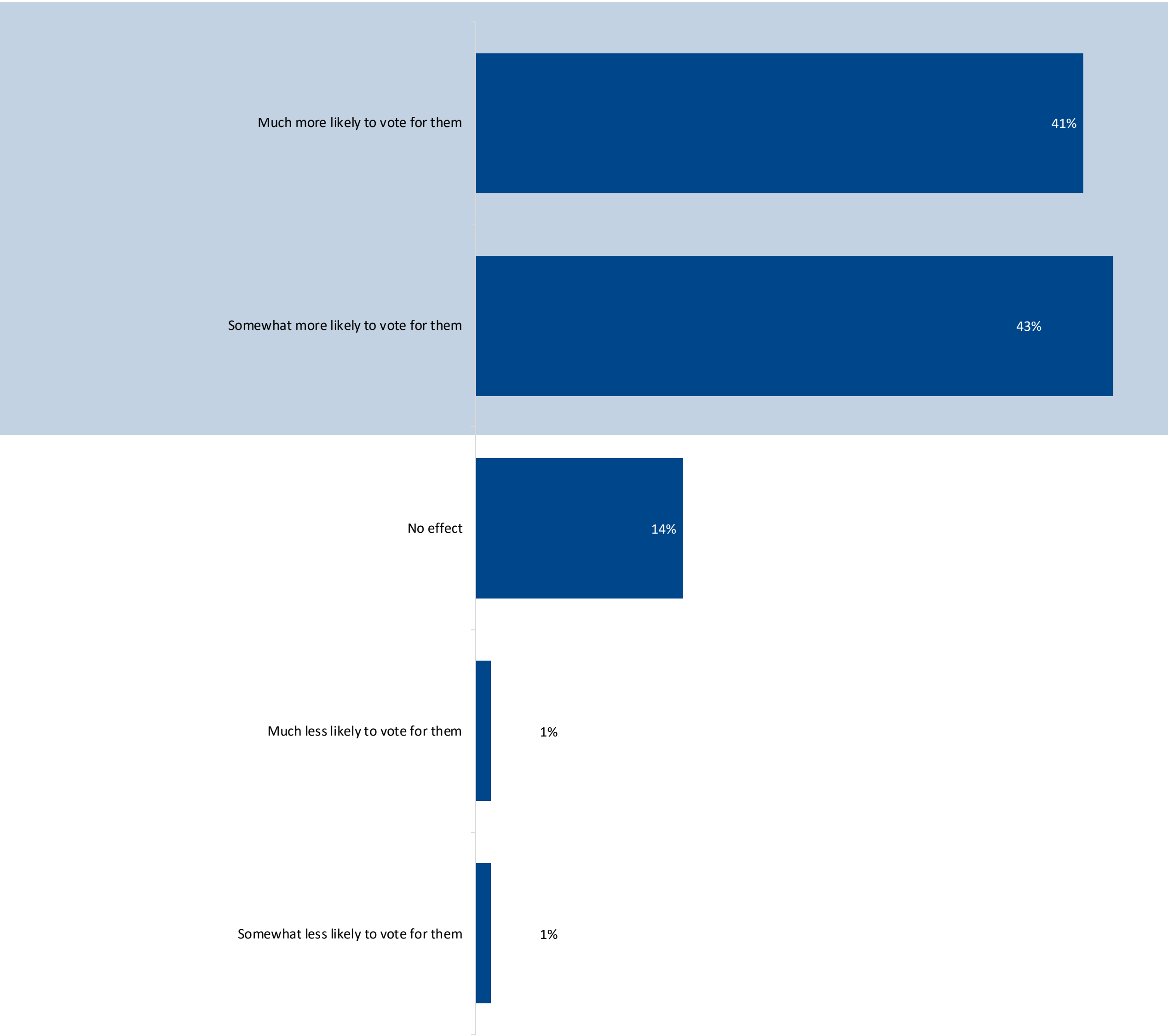
Q. How much of a priority is it to you that everyone has what they need to be healthy?





# Residents are willing to make community well-being a priority in the voting booth.

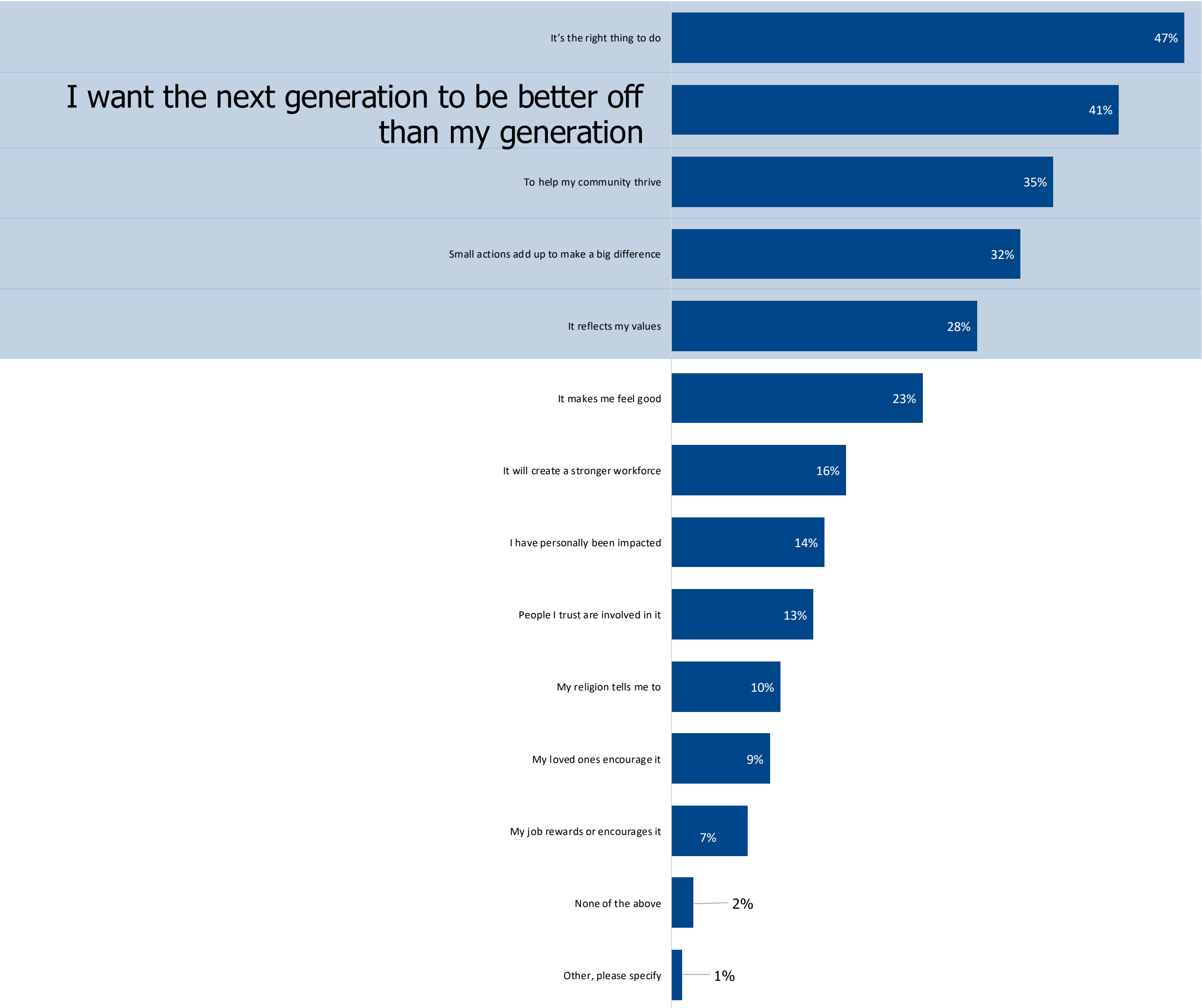
Q. If a local politician supported policies and programs that made more opportunities for everyone to have what they need to be healthy, regardless of who they are and where they come from, would you be more or less likely to vote for them?





# These aspirations are driven by their core values and the desire to make things better for their community.

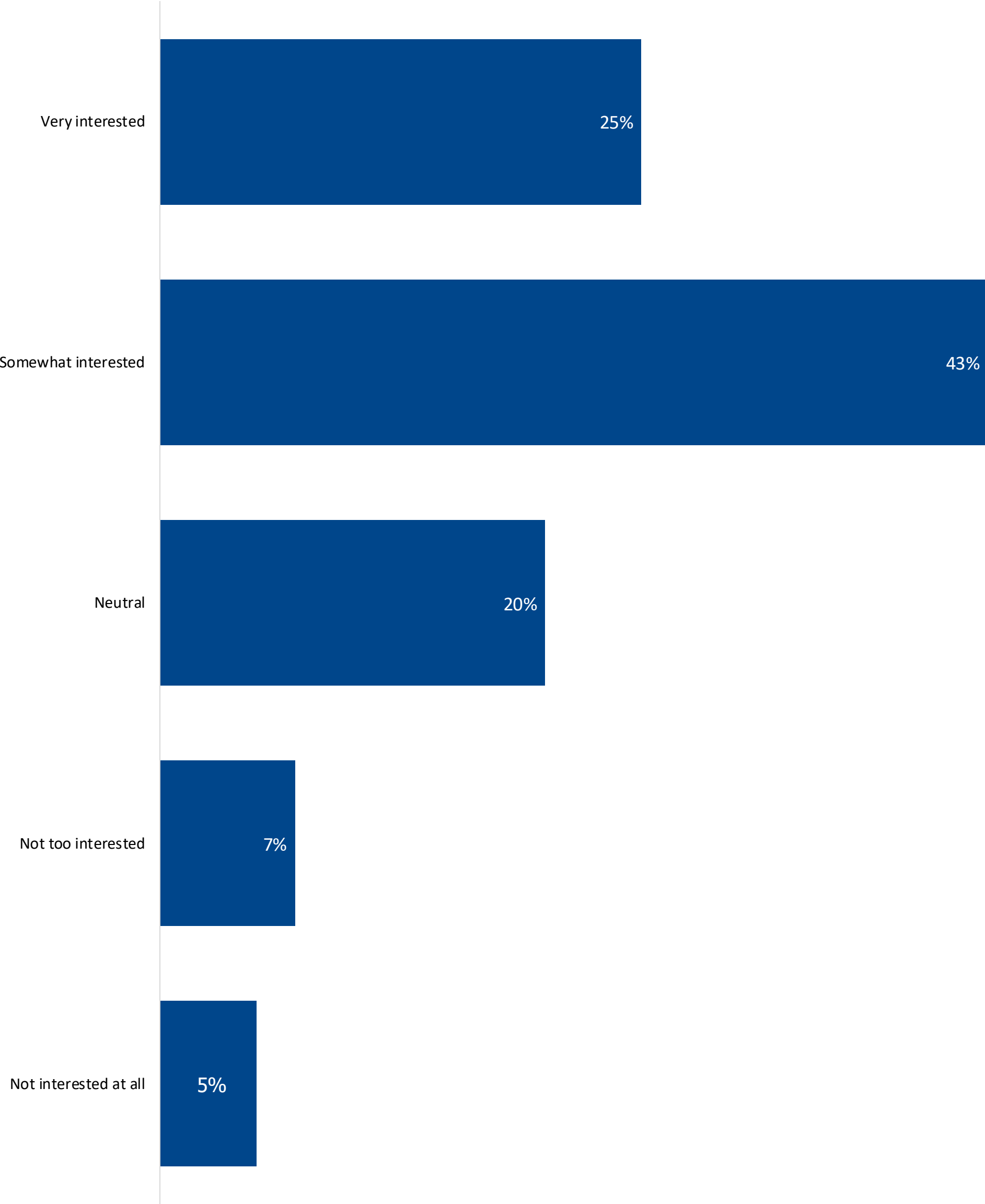
Q. Which of the following do you think are the best reasons to push for policies and programs that ensure everyone has what they need to be healthy? Select up to three.





# However, residents are hesitant to say they'll do more to get involved.

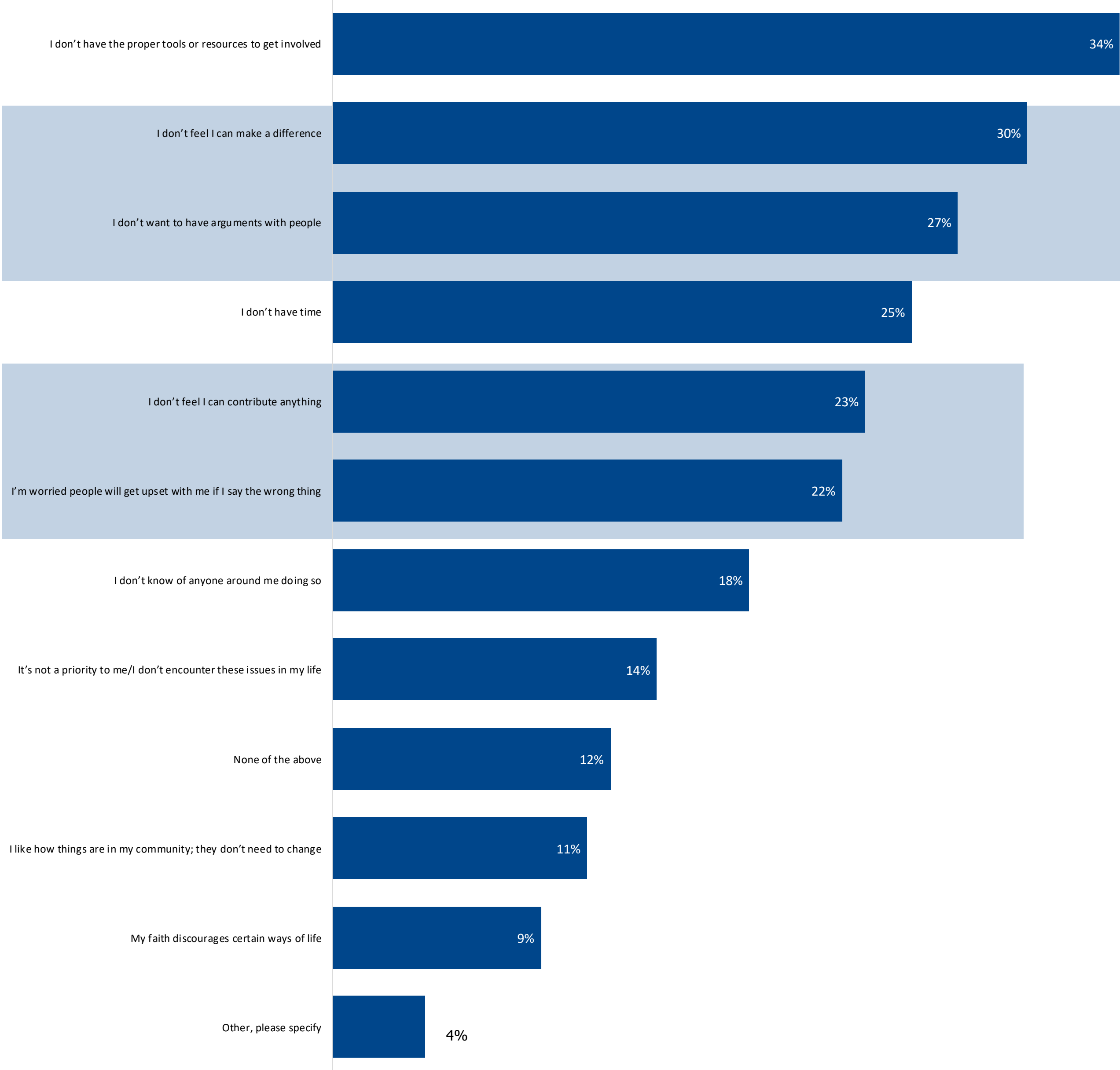
Q. How interested are you in increasing your involvement in activities that help ensure everyone in your community has what they need to be healthy?





# Fear holds them back: fear of judgment, of falling short, or of putting themselves at risk.

Q. Which of the following are concerns that could make you hesitant to push for policies and programs that help ensure everyone has what they need to be healthy? Select up to three.





# **Some Feel Siloed—But Community Connection Drives Engagement**

Residents have a strong desire for community connectedness, but experience connection differently based on where they live. When residents do feel more connected, they are more likely to engage.



**People long  
for a sense of  
connectedness and  
support from their  
communities.**

**Their hope:**

- . "Increased sense of **belonging**, making people feel **valued** and **less isolated** in their environment."
- . "Community **working together** as one."
- . "I see people **loving and respecting** one another."
- . "'Living healthy means...having fun in your life by meeting with friends and family as much as possible, **keeping active in your community**...Don't isolate yourself."

**Yet some feel  
siloed and  
disconnected.**

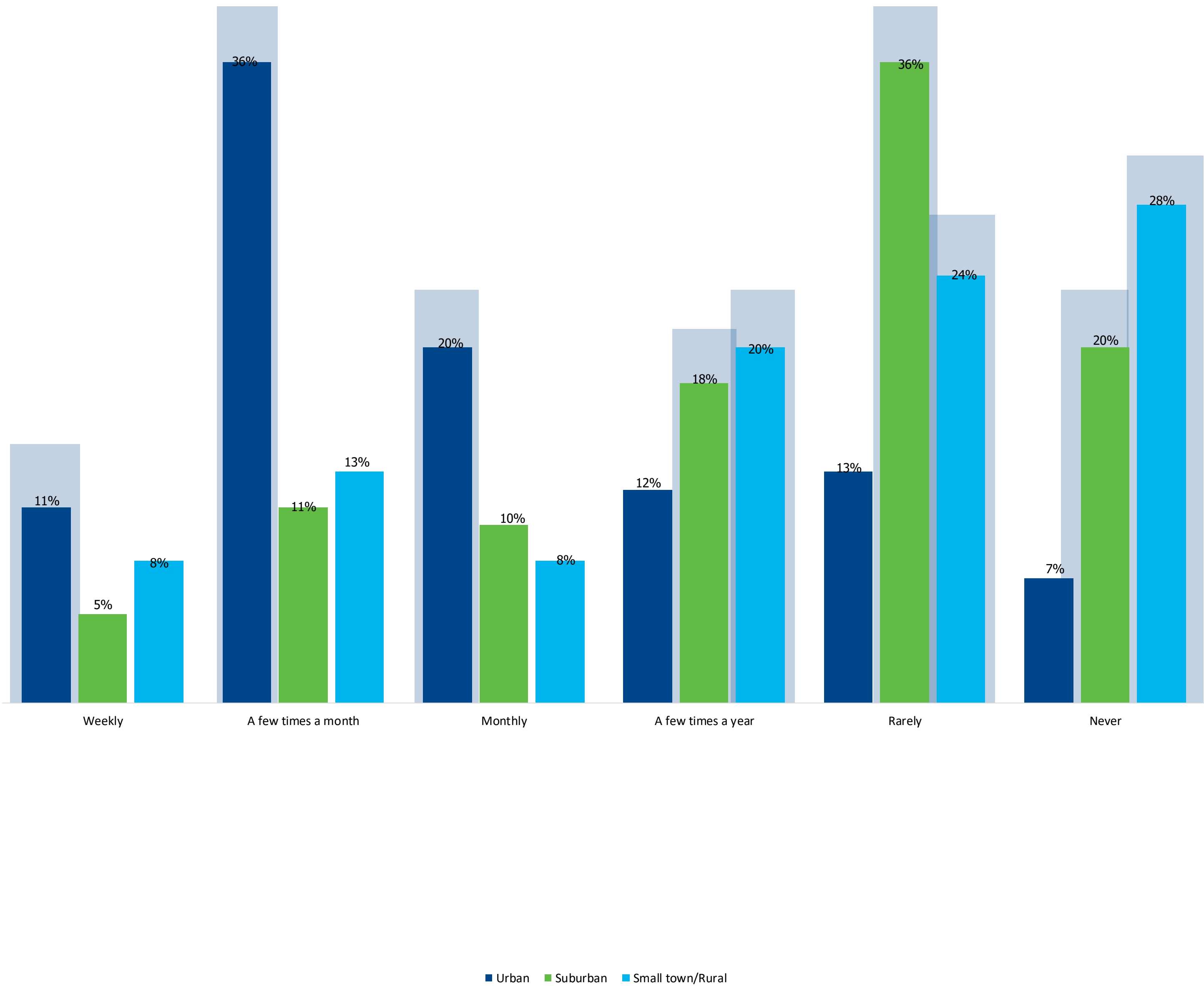
**The reality:**

- . "I feel like the community is **broken.**"
- . "There is a **lack of compassion and empathy** for others."
- . "Honestly the community is **not helping each other out.**"
- . "The current political climate is polarizing. Individuals [in different] cultures [are] **pitted one against the other.**"



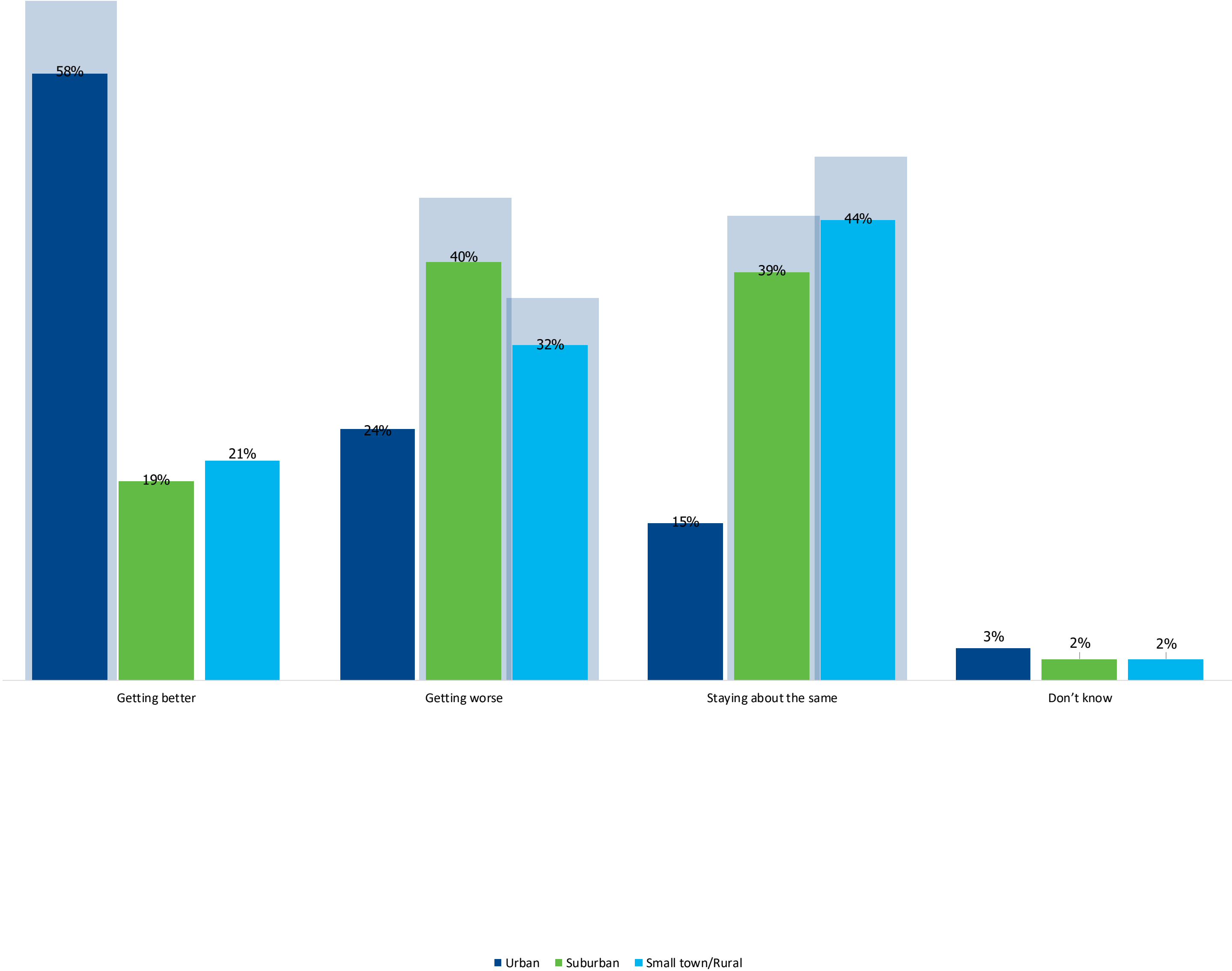
# Community engagement is largely driven by where residents live.

Q. How often do you participate in activities, such as community events, volunteer work, or town halls, that help make your community better?



# Residents' perception of quality live varies based on where they live.

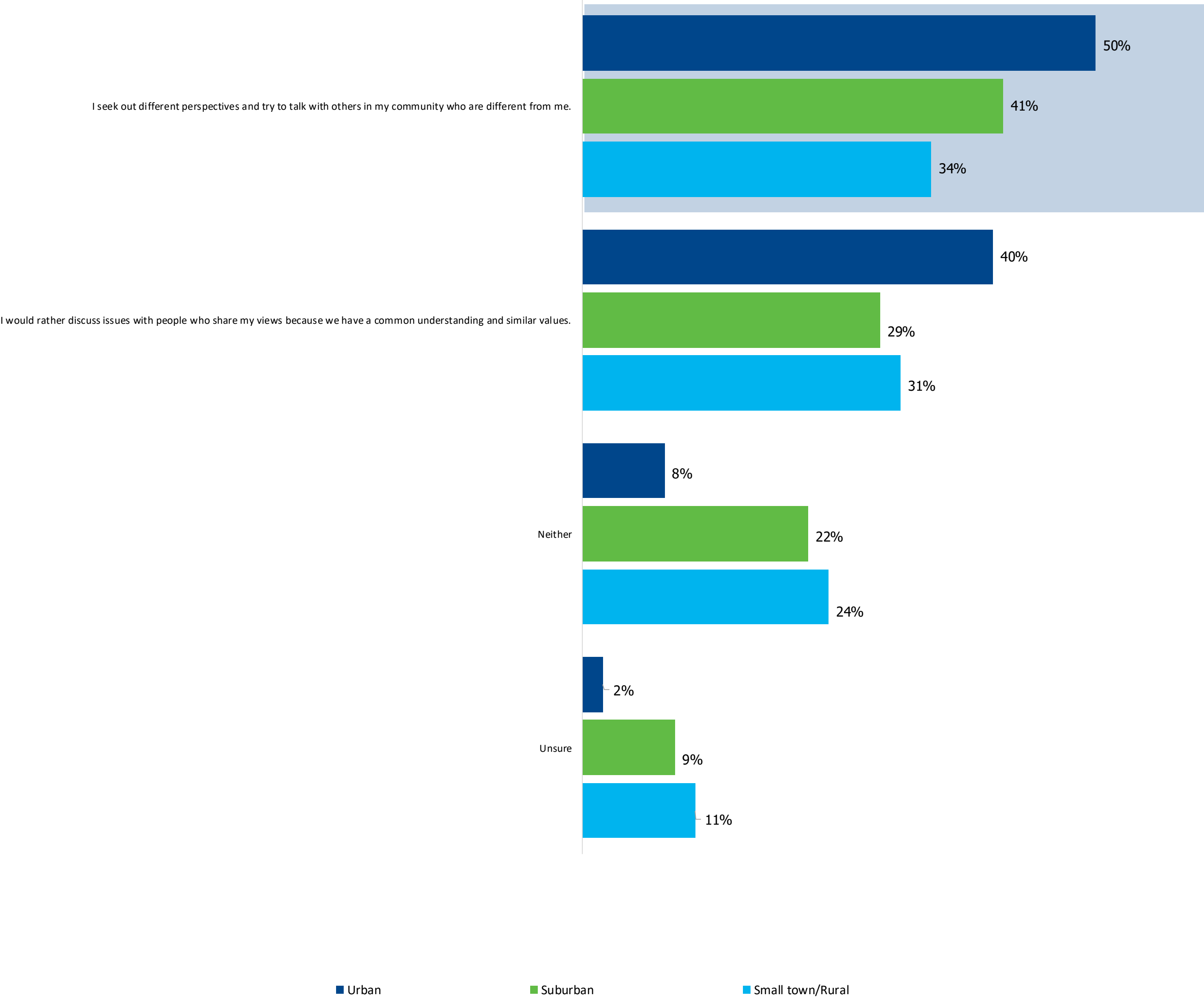
Q. In general, do you feel the quality of life for people in your community is getting better, getting worse, or staying about the same?





# People in urban areas are more open to meaningfully engaging with people with different ideas and perspectives.

Q. Which of the following statements is more closely in line with your personal view?





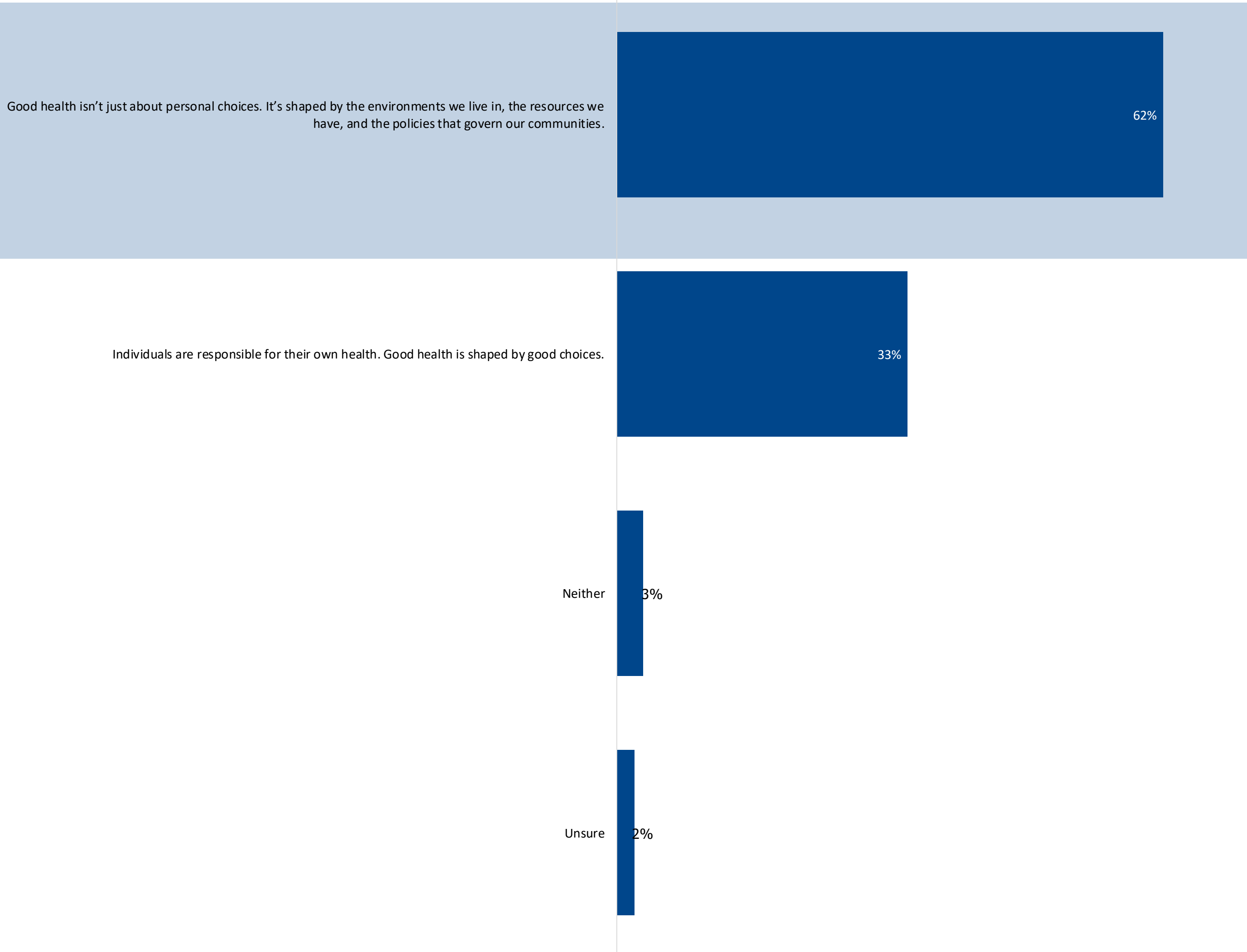
# Moving from “My Health” to “Our Health”

People understand that health is shaped by environment and circumstance, yet they experience it as deeply personal, making it harder to envision what community health can look like.



# Broadly speaking, residents understand that health is shaped by our environment and circumstances.

Q. Which of the following statements is more closely in line with your personal view?



# They recognize that a lack of resources can create ripple effects for their community.

Q. Which of the following statements is more closely in line with your personal view?

While long-term changes are important, we must prioritize taking action now to prevent violence and crime and save lives.



If we want safer communities, we must address the root causes of violence by ensuring access to good jobs, affordable housing, quality education, and healthcare.



Neither 4%

Unsure 5%



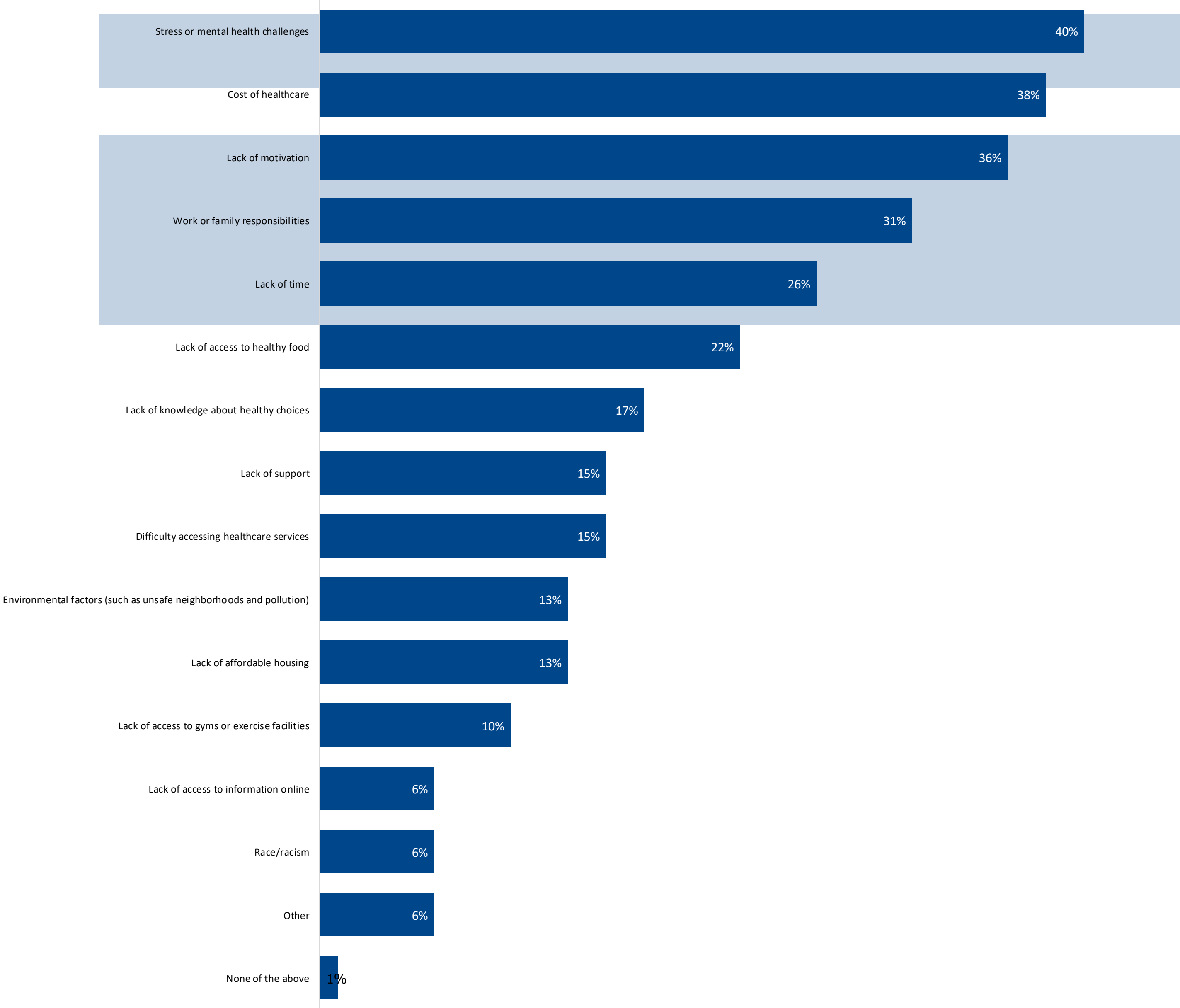
**But residents approach being healthy as a personal issue.**

Q. What does being healthy mean to you?

- . **“Eating well, getting exercise and sleep.”**
- . **“In good shape body and mind.”**
- . **“Being able to do whatever you want.”**
- . **“Healthy means eating right and getting plenty of exercise. It also includes healthy relationships with family and friends.”**

# Residents are more likely to say personal barriers rather than systemic barriers get in the way of being healthy

Q. What gets in the way of you being as healthy as you could be? Please select the top three most significant barriers.







# **A Desire for Security for All, a Reality Only for Some**

Residents want a community where everyone feels secure, made possible through access to economic opportunity, affordable housing, and quality healthcare—but residents recognize that access to these needs vary widely based on who you are and where you live.

## Residents want a community where everyone feels secure.

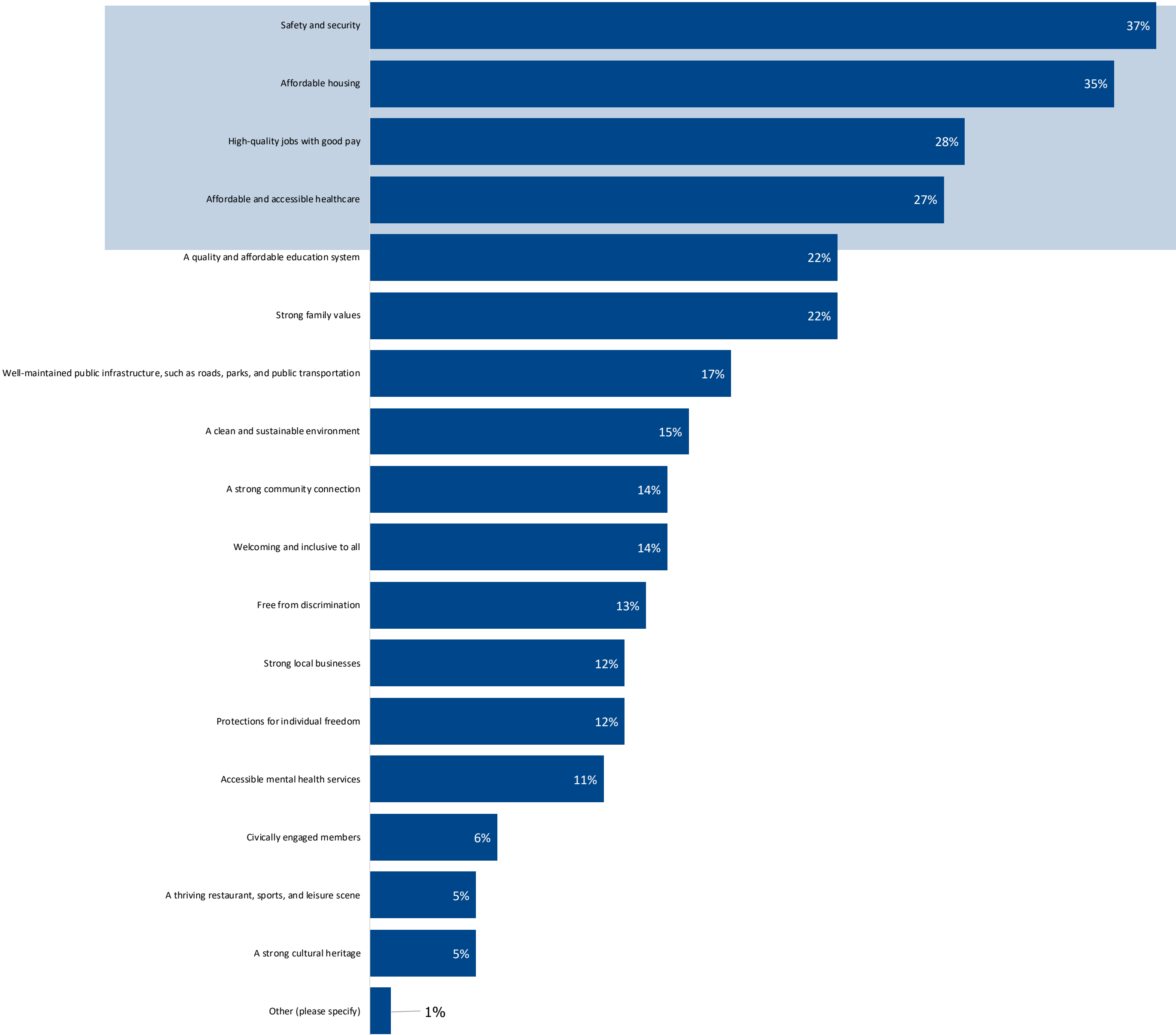
Q. When you think of a community where everyone has what they need to live a good life, no matter who you are or where they come from, what words, images, or ideas come to mind first?

- . “Adequate **income**, natural environment nearby enough to walk to/in, excellent **health care**, excellent **education**, satisfying **employment**, **safety**.”
- . “Affordable **housing**, access to affordable **non-processed foods**, access to affordable **health care**, good **schools**, **safe** neighborhoods.”
- . “When everyone has what they need to live a good life, they have their basic needs met—**safety, food, water, shelter, and clothing**.”



# Security is made possible through access to affordable housing in a safe neighborhood, economic opportunity, and quality healthcare.

Q. In your opinion, what are the most important components of a thriving community? Select up to three.



**But many don't believe they get that security.**

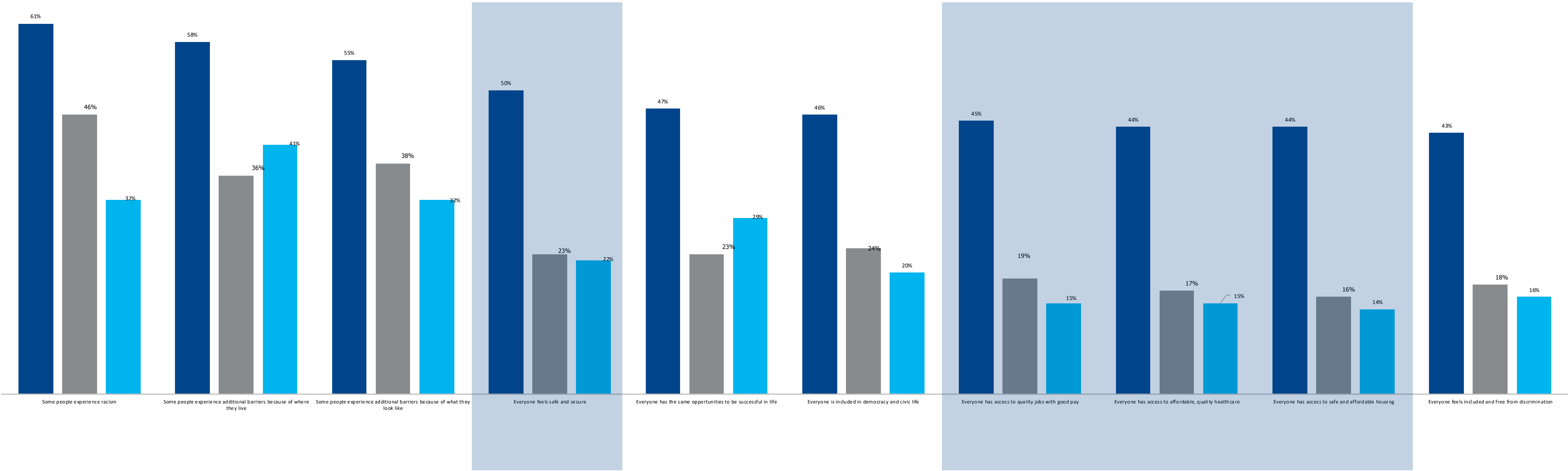
Q. Why do you think the quality of life for people in your community is getting worse?

- . "I hear about more **crime** around my area, **fights** take place at some sporting events where they never did before. People are less tolerant it seems than years ago."
- . "With the **economic downfall**, people are still saving money and doing cheaper things with their families. We have quite a few **homeless and poor**."
- . "I think the **healthcare system is broken**, and many people don't get the treatments they need, because they can't afford them, or they aren't covered under their insurance plan or healthcare coverage plan."



# Residents don't feel confident that people in their community feel safe and secure or have access to the things they need; Perception varies greatly based on where people live.

Thinking about your community in particular, please indicate how much you agree or disagree with each of the following statements. Strongly agree (6-7)



# Audience Insights



**Hope for a Happy, Healthy Community, But Fear Cost of Action**



**Some Feel Siloed—But Community Connection Drives Engagement**



**Moving from “My Health” to “Our Health”**



**A Desire for Security for All, a Reality Only for Some**



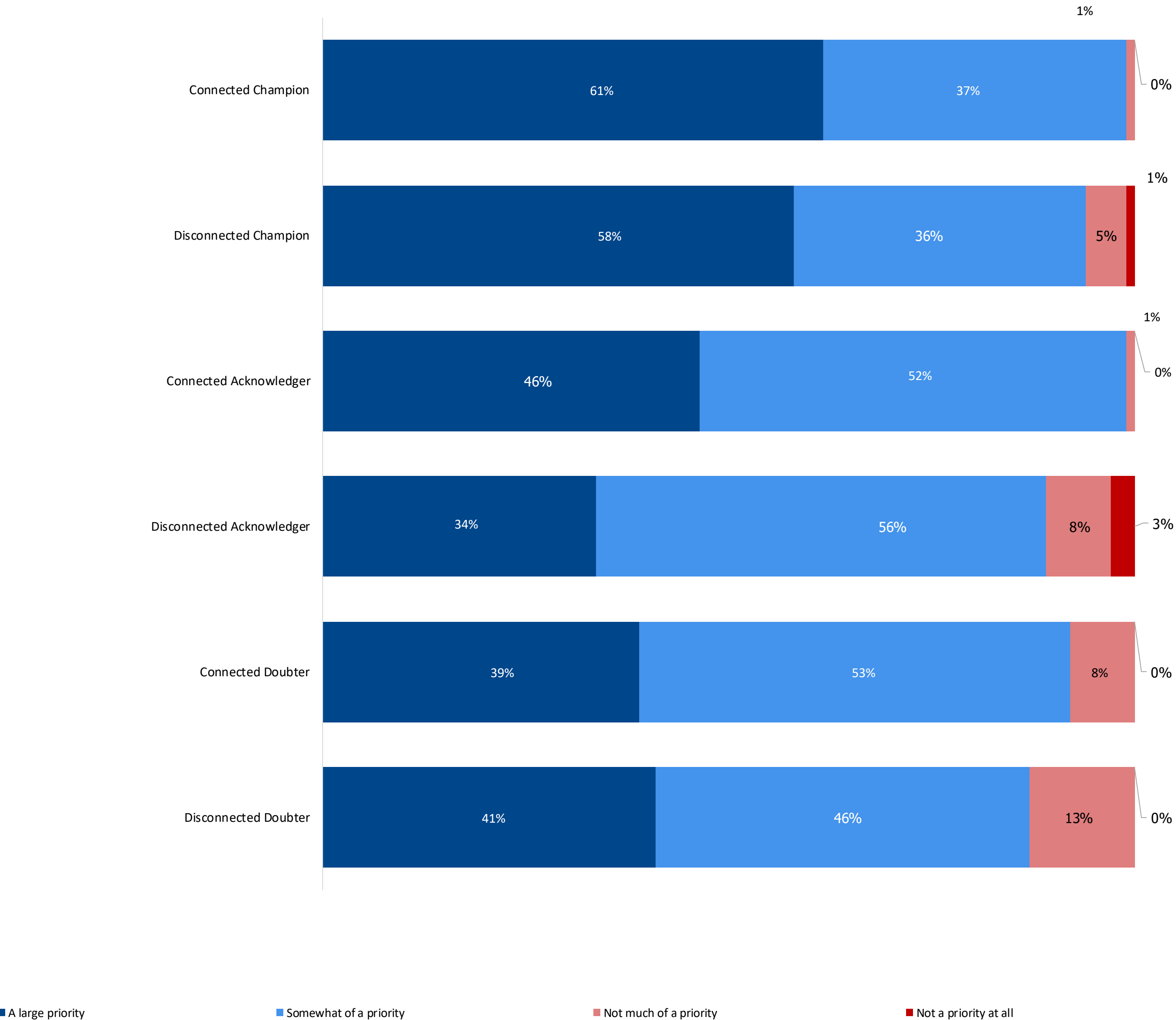
# Audience Segmentation

	High awareness of racism	Medium awareness of racism	Low awareness of racism
	(Strongly agree some people in community experience racism)	(Somewhat agree/neutral that some people in community experience racism)	(Disagree that some people in community experience racism)
Connected to community	Connected Champions (29%)	Connected Acknowledgers (15%)	Connected Doubters (3%)
(Participates in events/actions to make community better at least monthly)			
Disconnected from community	Disconnected Champions (24%)	Disconnected Acknowledgers (19%)	Disconnected Doubters (9%)
(Rarely or never participates in events/actions to make community better)			



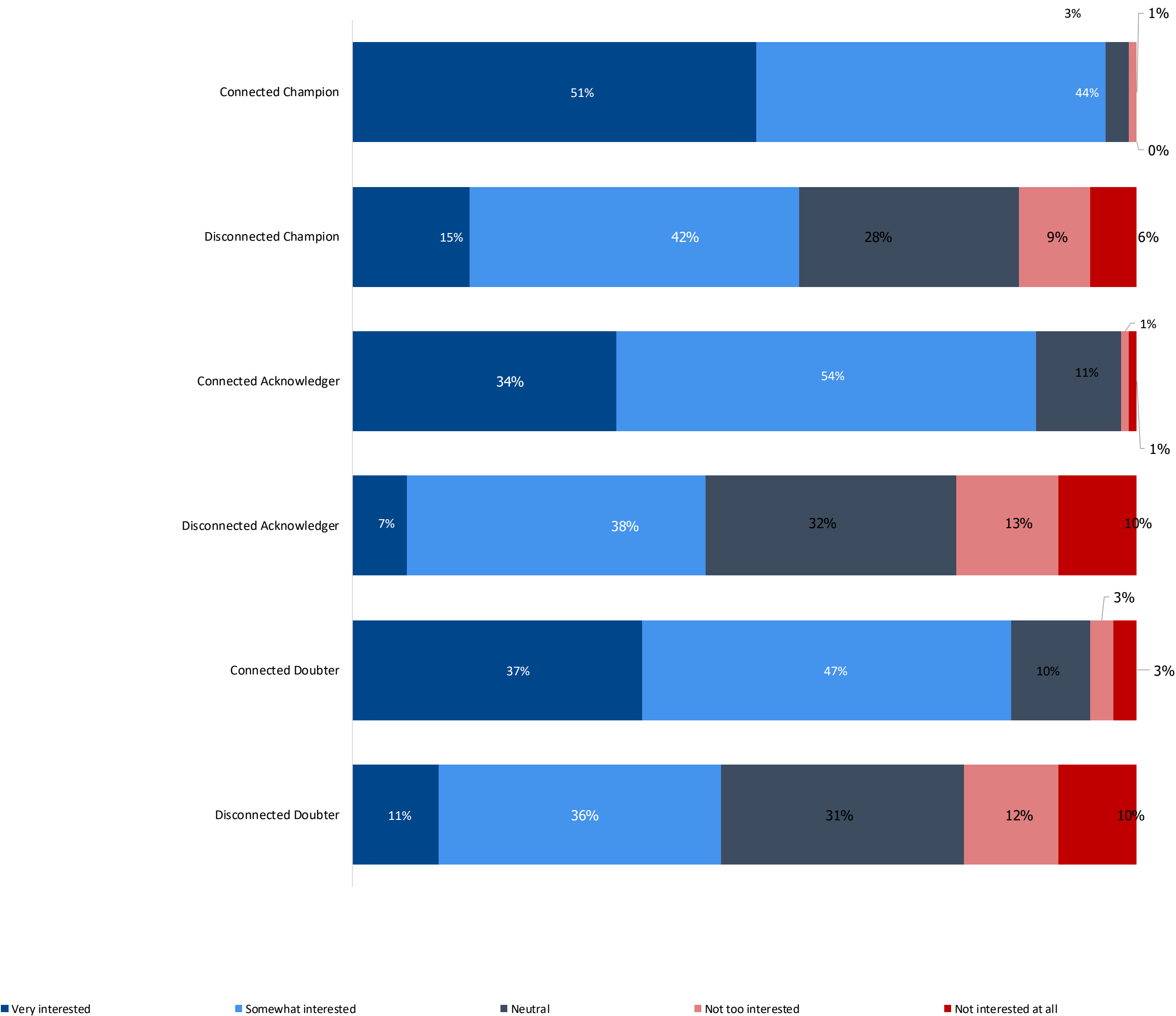
# Ensuring everyone has what they need to be healthy is a high priority across segments.

Q. How much of a priority is it to you that everyone has what they need to be healthy?



# But prioritization doesn't always equate to involvement—Community connection is a better indicator.

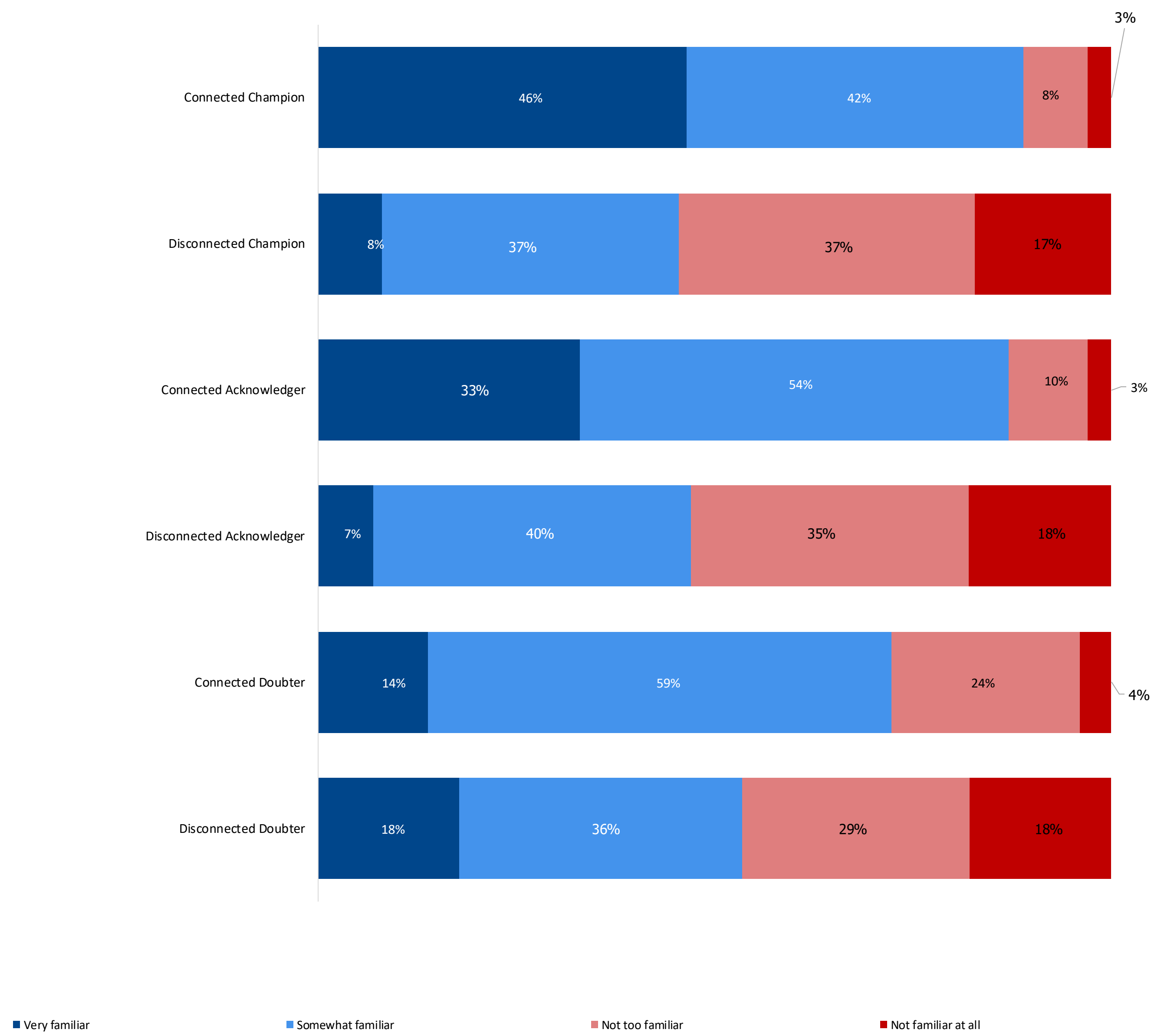
Q. How interested are you in increasing your involvement in activities that help ensure everyone in your community has what they need to be healthy?





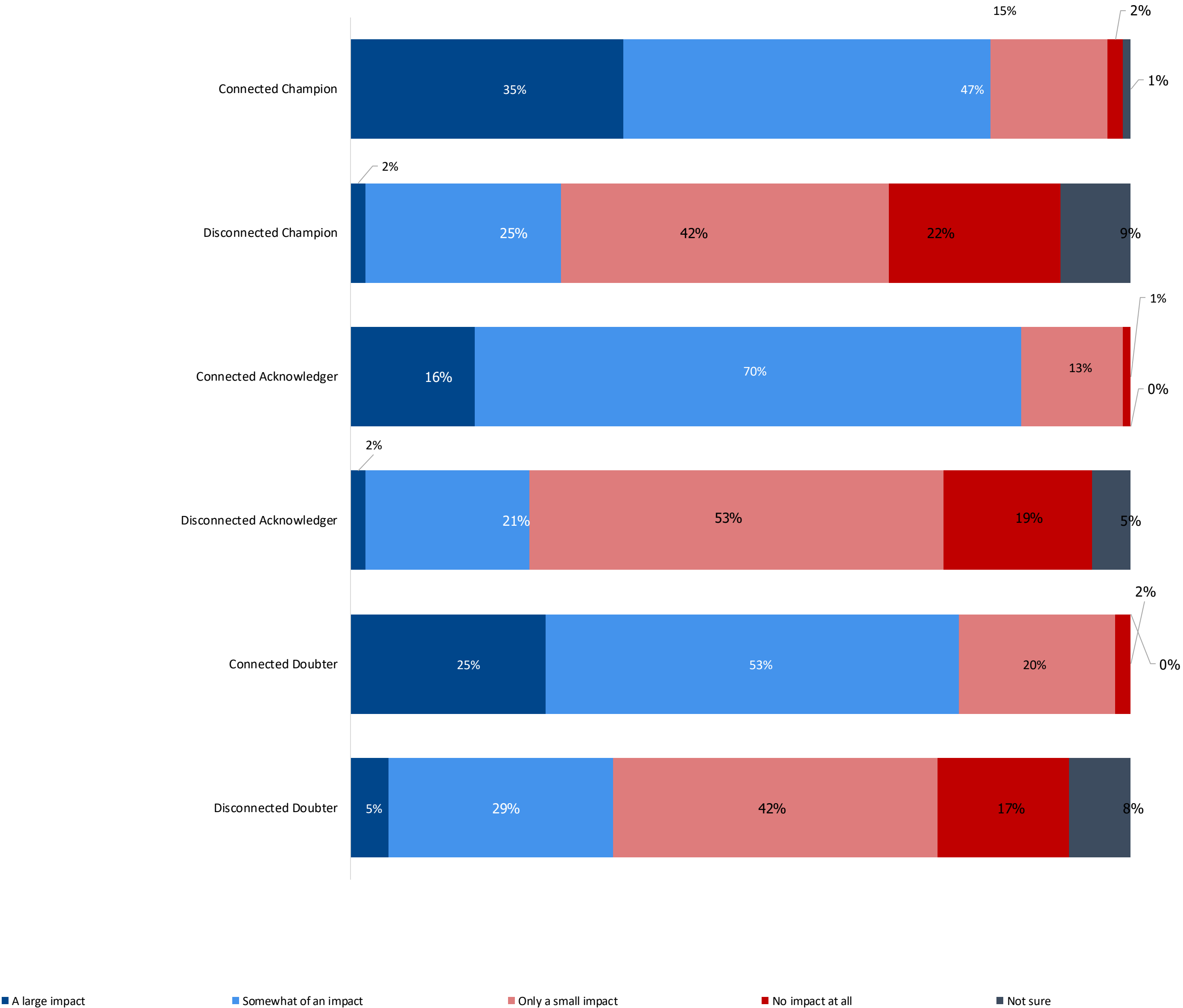
# People with low community connection are also less likely to be exposed to solutions-oriented conversations.

Q. There have been some conversations in America lately about making sure everyone has what they need to be healthy. How familiar are you with these kinds of conversations?



# Lower community connection also impacts people's sense of self-efficacy.

Q. How much of an impact do you think you can make on your community?





# Health Forward Targets

# Connected Champions

## Views of Community

- High awareness, high community connection
- Aspire for quality and affordable education, a strong community connection, a clean environment, and a community free of discrimination
- Almost 3 in 4 strongly agree that some people face barriers because of where they live (71%) and what they look like (71%)
- However, more than half also agree everyone feels safe and secure (56%), has the same opportunities to be successful (56%) and has access to affordable, quality healthcare (55%), and jobs with good pay (55%)

## Top Motivators

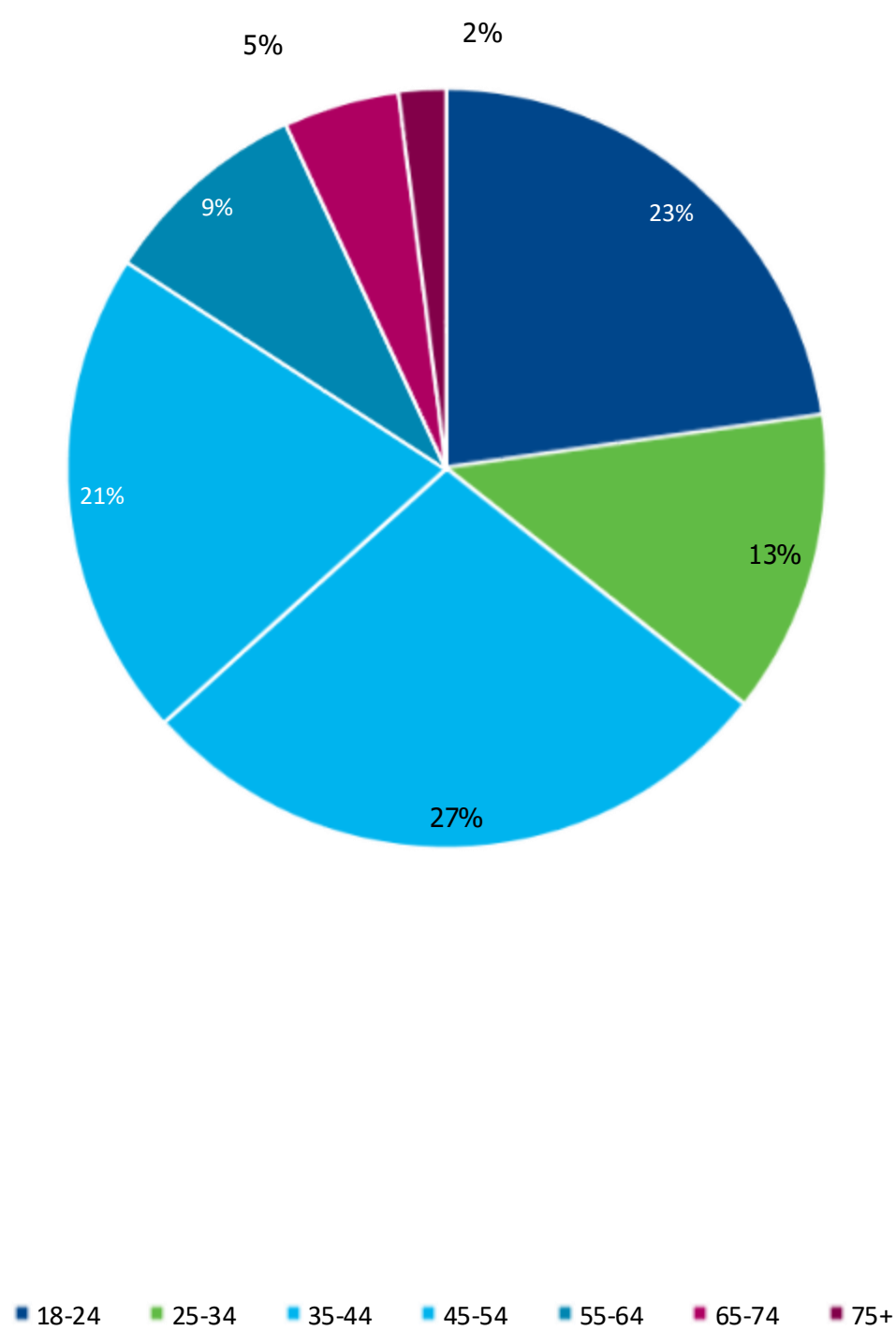
- **34%** because it's the right thing to do
- **34%** to help the next generation be better off
- **33%** to help their community thrive
- **28%** to make them feel good

## Top Barriers

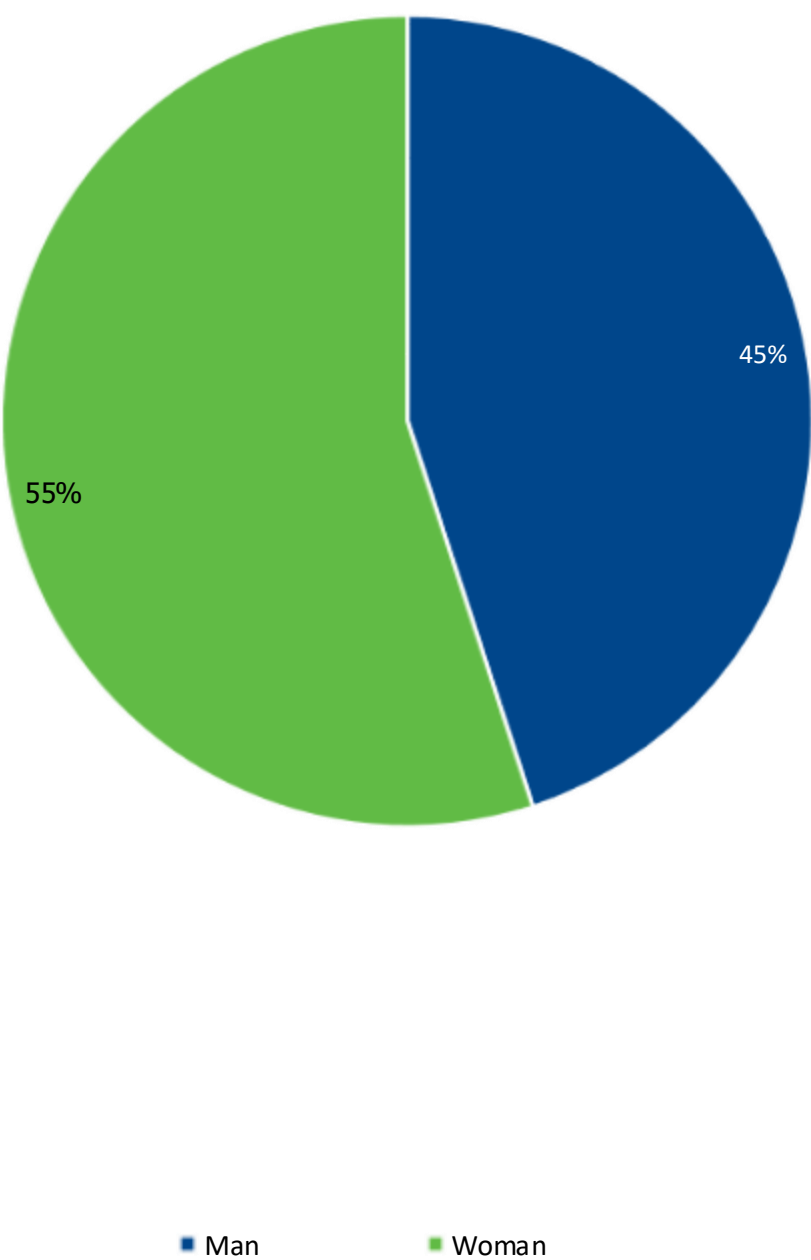
- **36%** don't have proper tools or resources
- **29%** are worried people will get upset if they say the wrong thing
- **27%** don't want to have arguments with people

# Demographics: Connected Champion

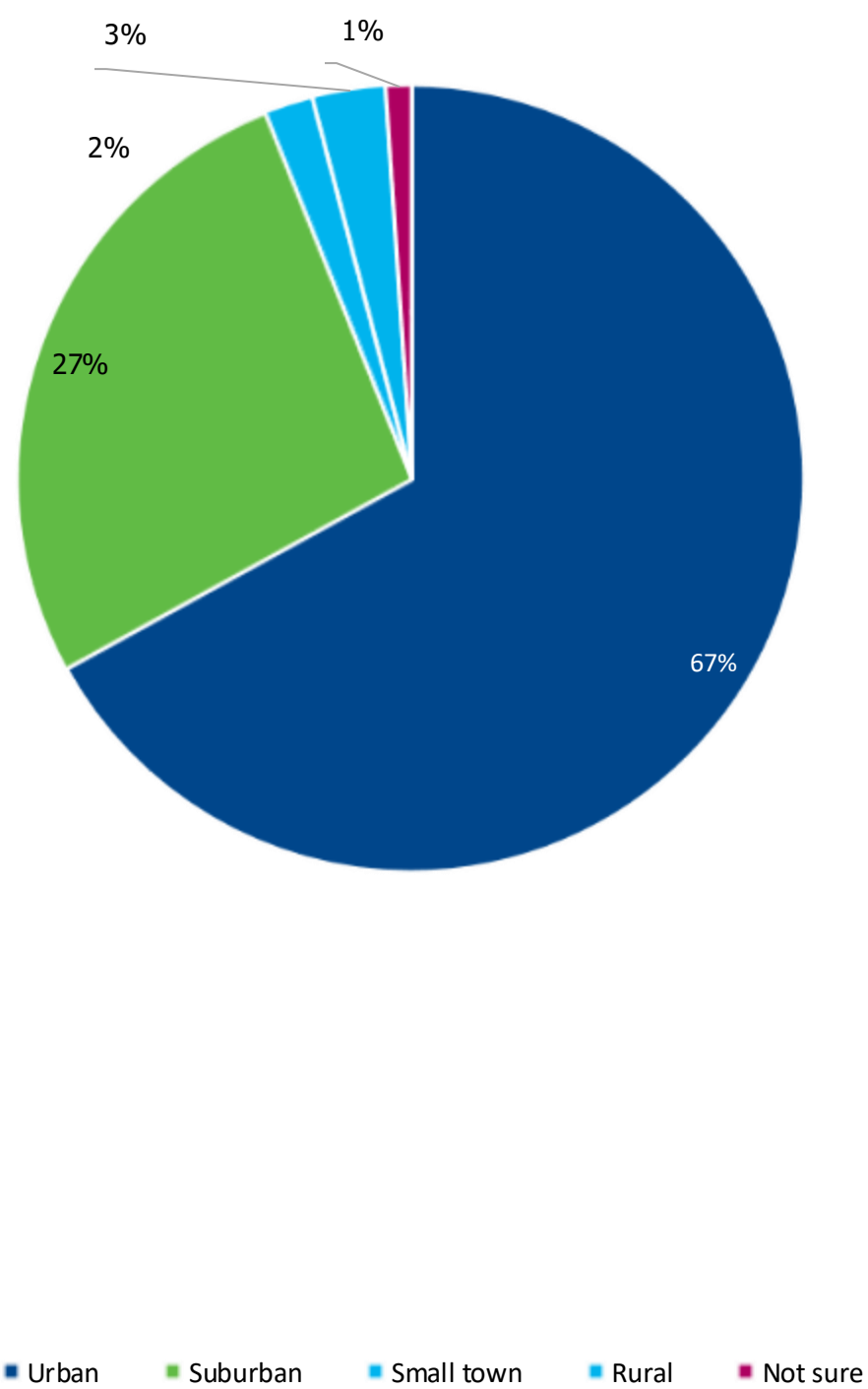
Age



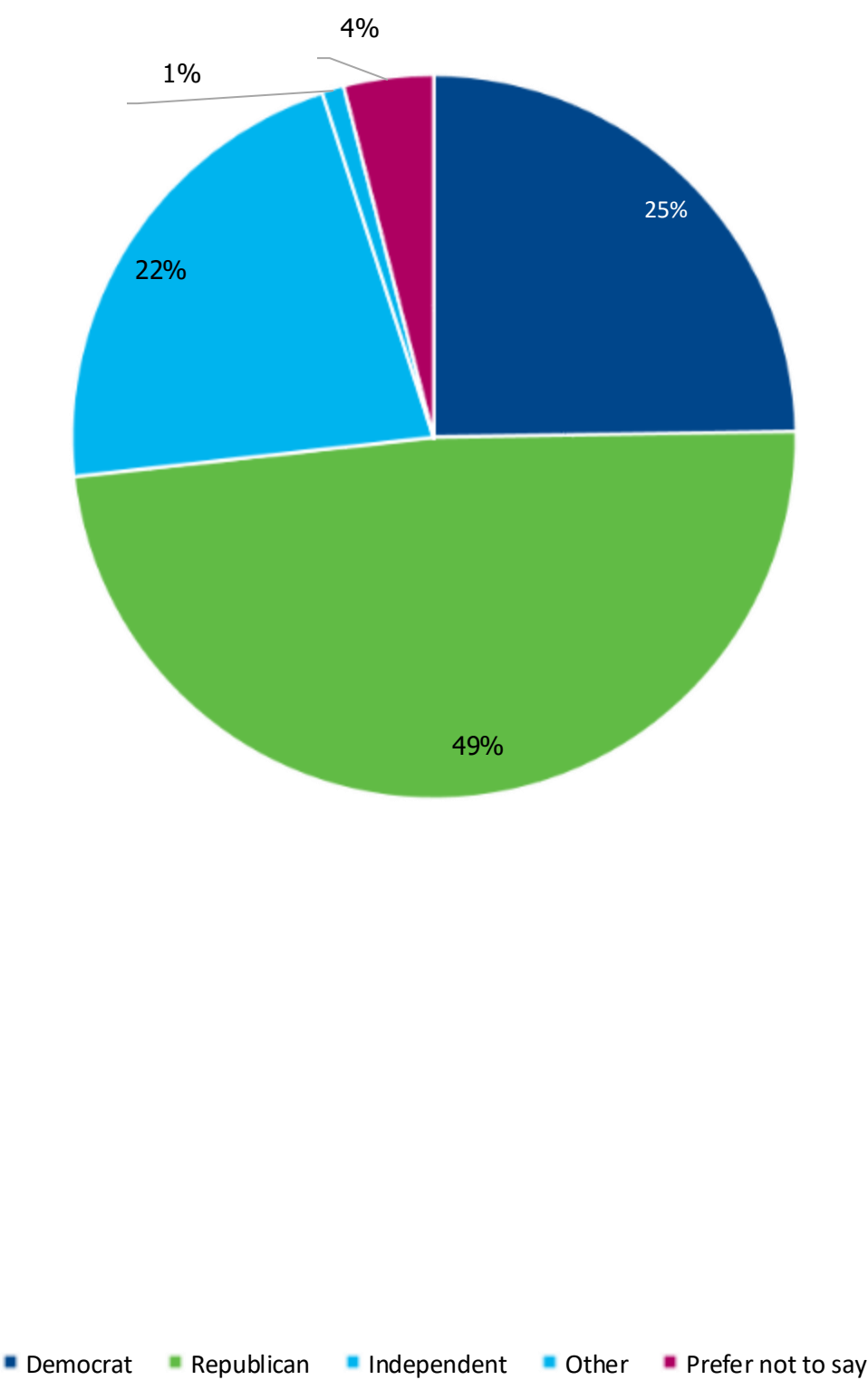
Gender



Urbanicity



Political ID





# Disconnected Champions

## Views of Community

- High awareness, low community connection
- Aspire for a community that is welcoming and inclusive for all and free from discrimination
- More than a majority strongly agree some people experience barriers because of what they look like (63%) and where they live (58%)
- Around two thirds strongly disagree that everyone in their community is free from discrimination (64%) and everyone has access to safe and affordable housing (64%) and affordable, quality healthcare (59%)

## Top Motivators

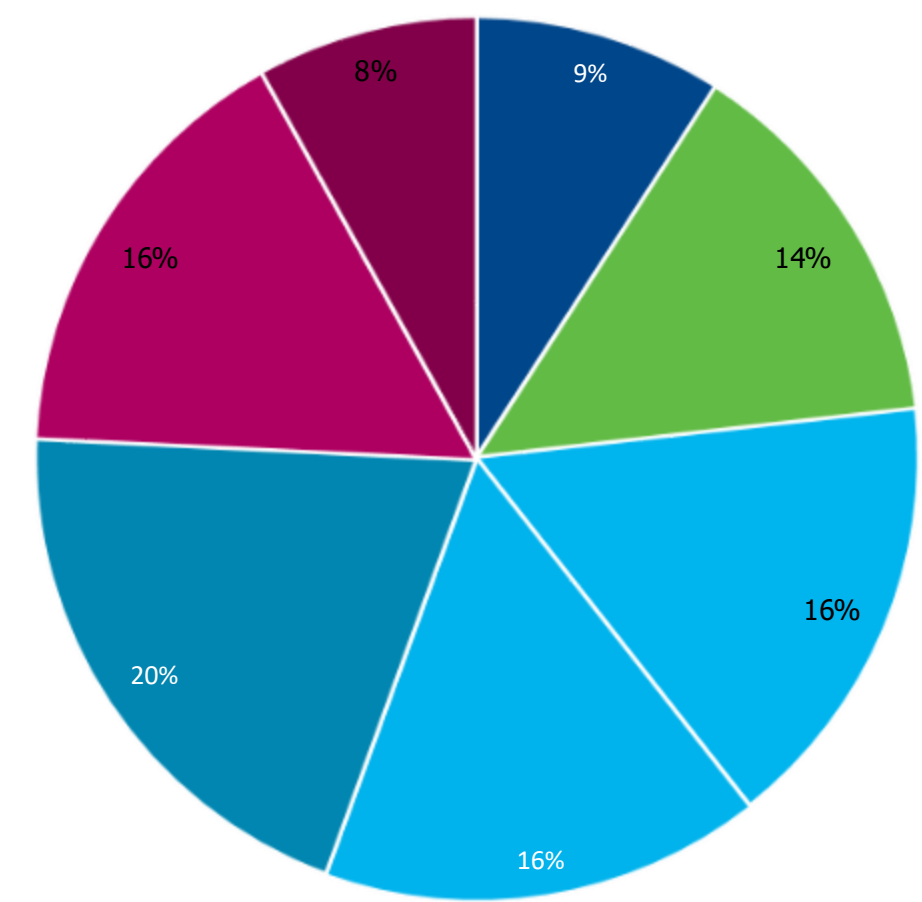
- **61%** because it's the right thing to do
- **49%** to help the next generation be better off
- **40%** to help their community thrive

## Top Barriers

- **41%** don't feel they can make a difference
- **36%** don't have proper tools or resources
- **30%** don't have time
- **28%** don't feel they can contribute anything

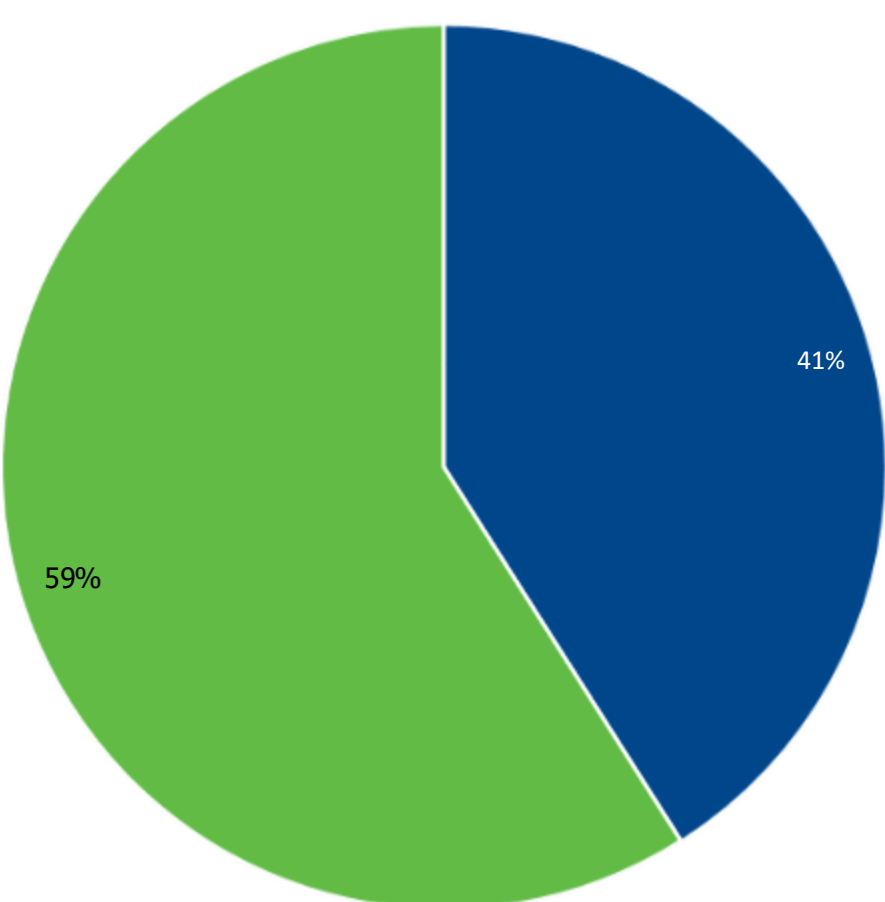
# Demographics-Disconnected Champion

Age



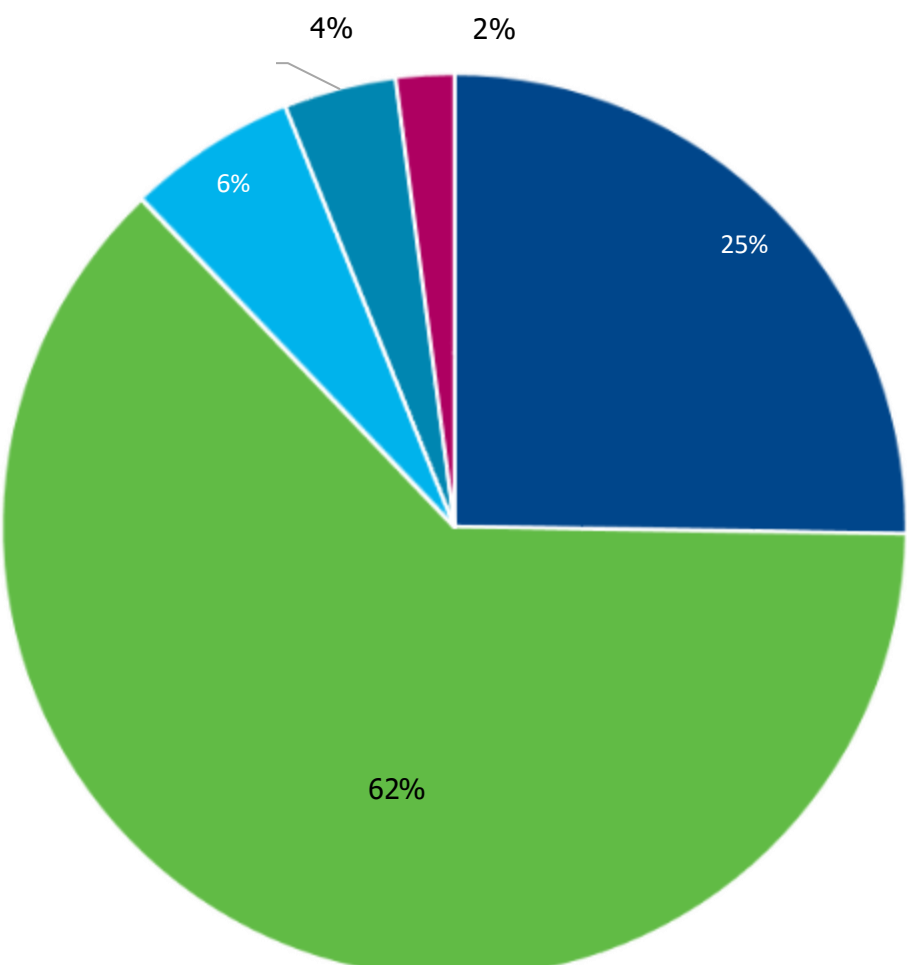
18-24 25-34 35-44 45-54 55-64 65-74 75+

Gender



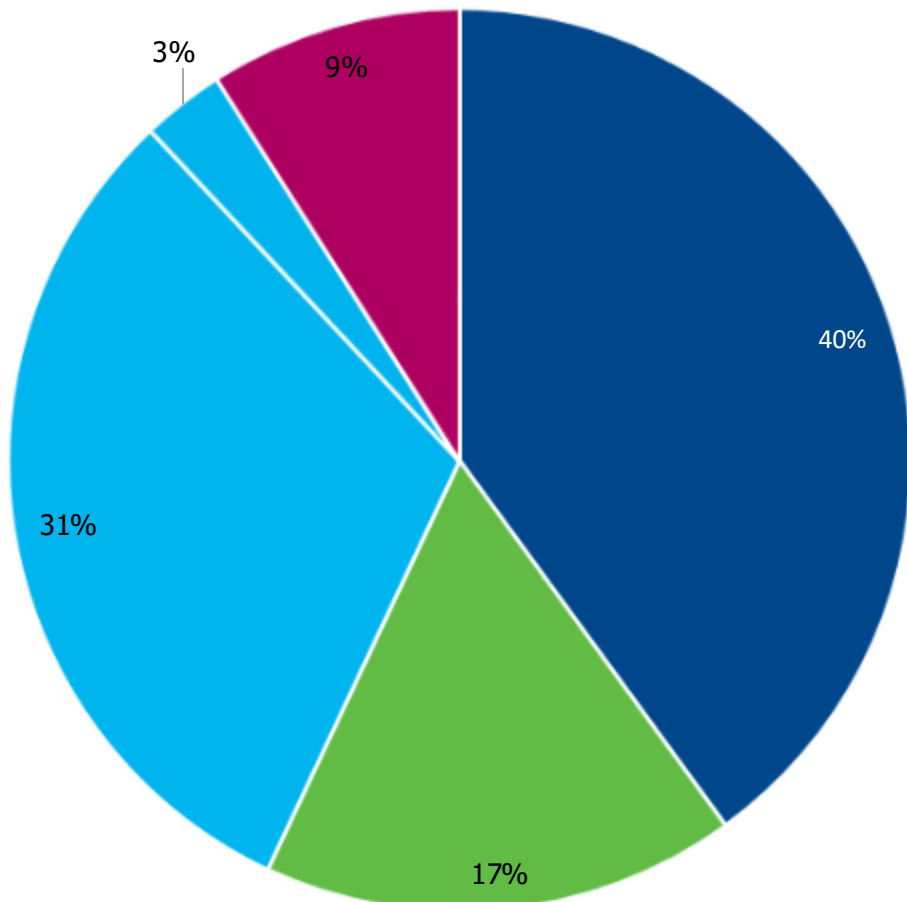
Man Woman

Urbanicity



Urban Suburban Small town Rural Not sure

Political ID



Democrat Republican Independent Other Prefer not to say

# Connected Acknowledgers

## Views of Community

- . Medium awareness, high community connection
- . Aspire for strong family values, strong small businesses, and a quality education system
- . More than a third strongly agree some people experience barriers because of what they look like (35%) and where they live (36%)
- . At least a third also strongly agree everyone feels safe and secure (44%), is included in democracy and civic life (38%), and has the same opportunity to be successful in life

## Motivators

- . **40%** because small actions add up to a big difference
- . **37%** to help their community thrive
- . **35%** to help the next generation be better off

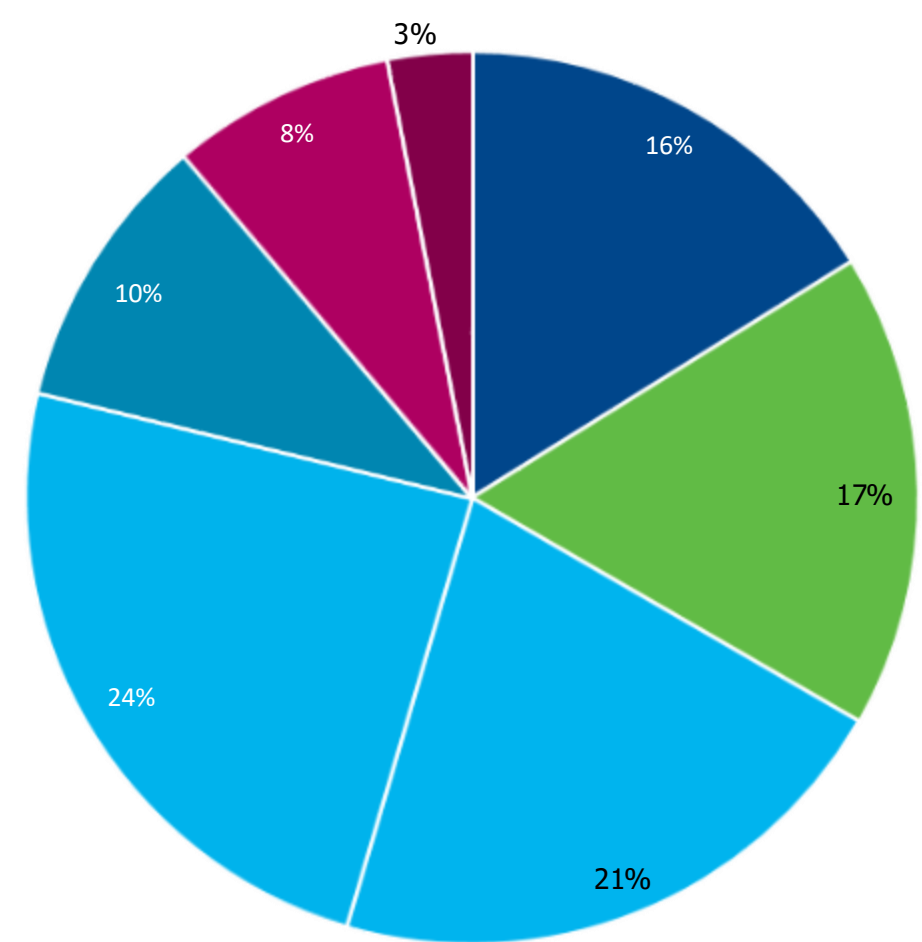
## Barriers

- . **39%** don't want to get into arguments with people
- . **37%** are worried people will be upset with them if they say the wrong thing
- . **36%** don't have the proper tools or resources



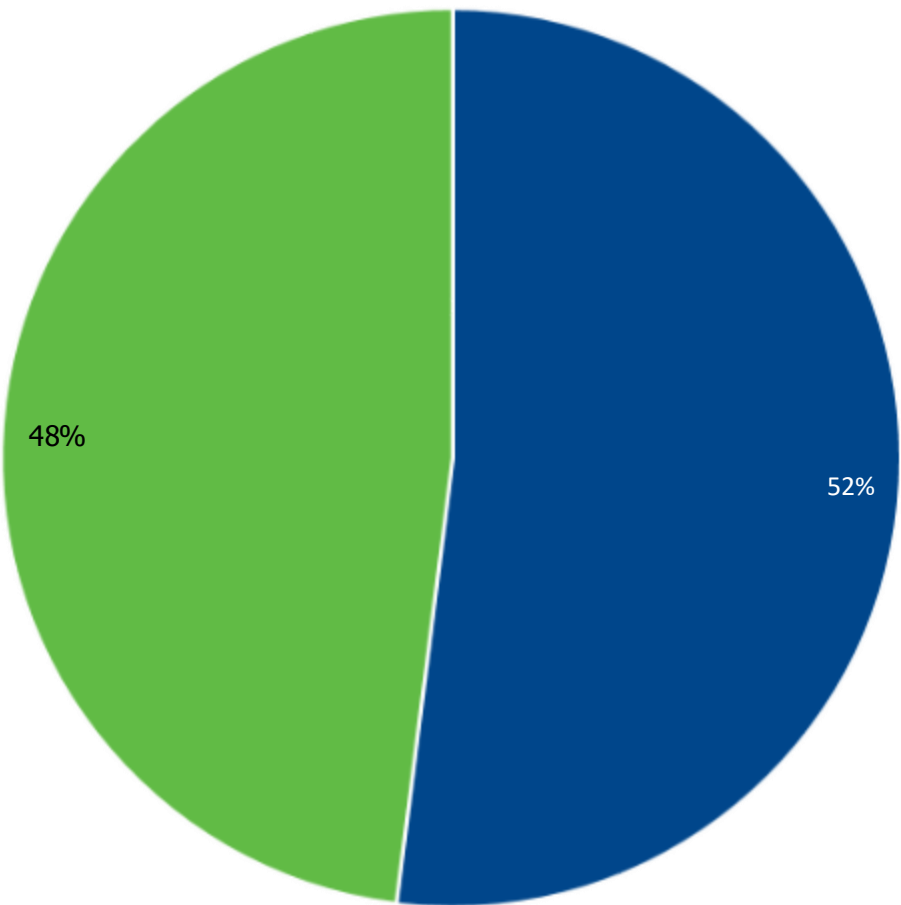
# Demographics-Connected Acknowledger

Age



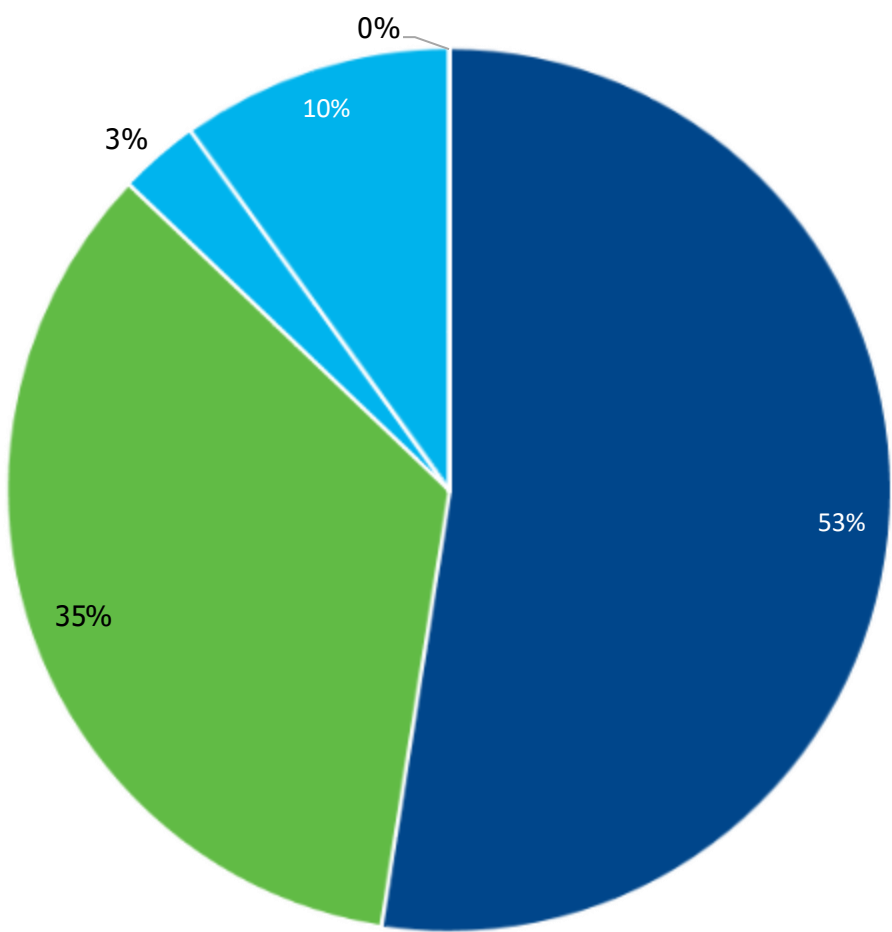
■ 18-24 ■ 25-34 ■ 35-44 ■ 45-54 ■ 55-64 ■ 65-74 ■ 75+

Gender



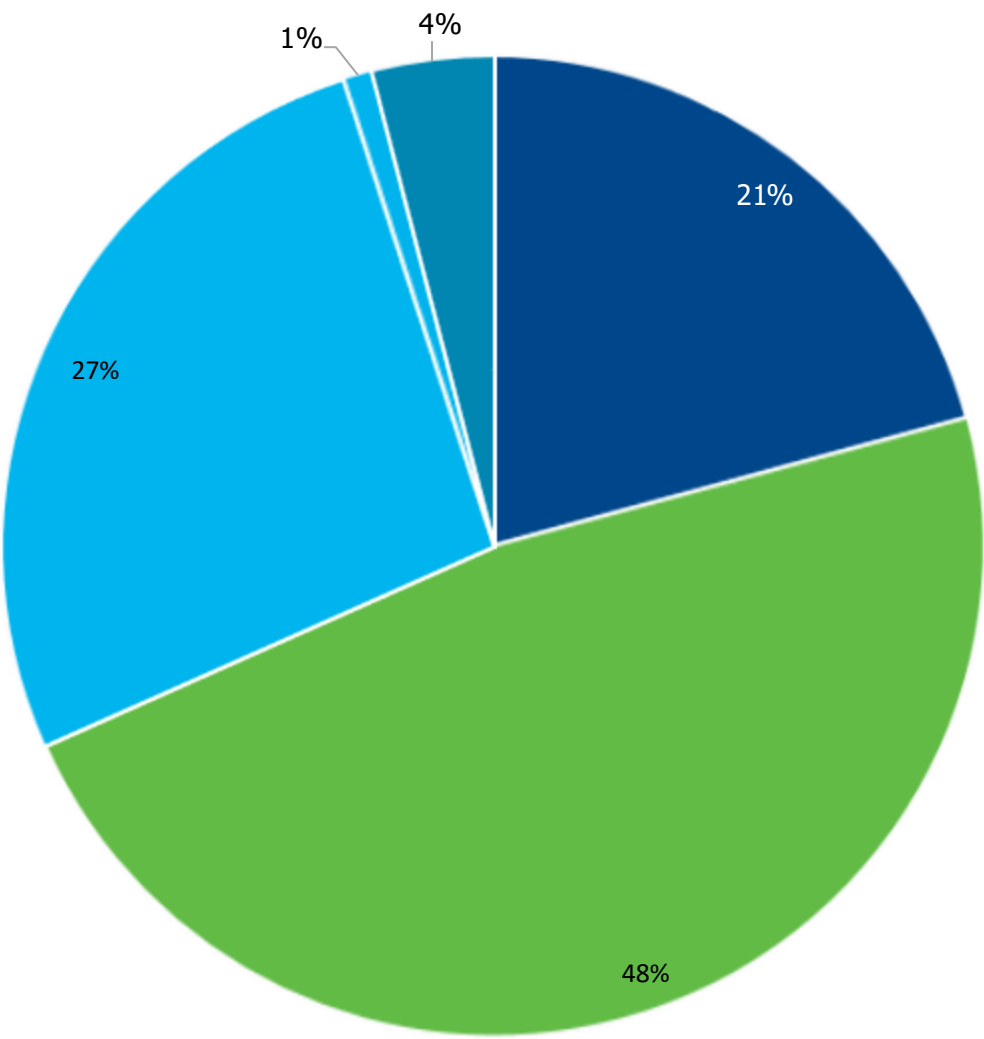
■ Man ■ Woman

Urbanicity



■ Urban ■ Suburban ■ Small town ■ Rural ■ Not sure

Political ID



■ Democrat ■ Republican ■ Independent ■ Other ■ Prefer not to say

# Disconnected Acknowledgers

## Views of Community

- Medium awareness, low community connection
- Aspire for strong family values and well-maintained infrastructure
- Few agree that some people experience barriers because of where they live (23%) and what they look like (18%)
- At the same time, few agree that everyone feels free from discrimination (12%) or has access to affordable, quality healthcare (13%) safe and affordable housing (14%), and quality jobs with good pay (14%)

## Motivators

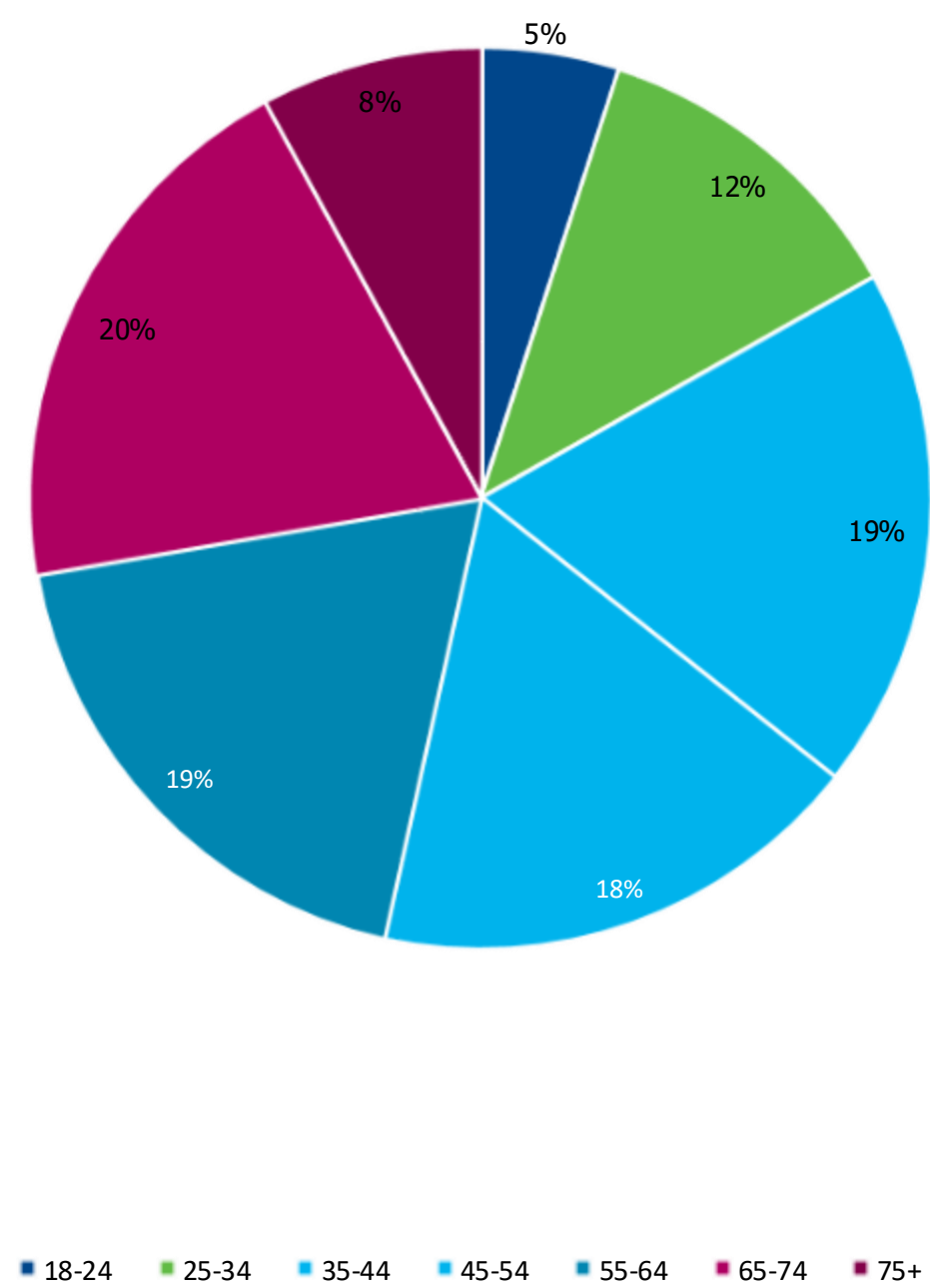
- **54%** because it's the right thing to do
- **47%** to help the next generation be better off
- **35%** to help their community thrive

## Barriers

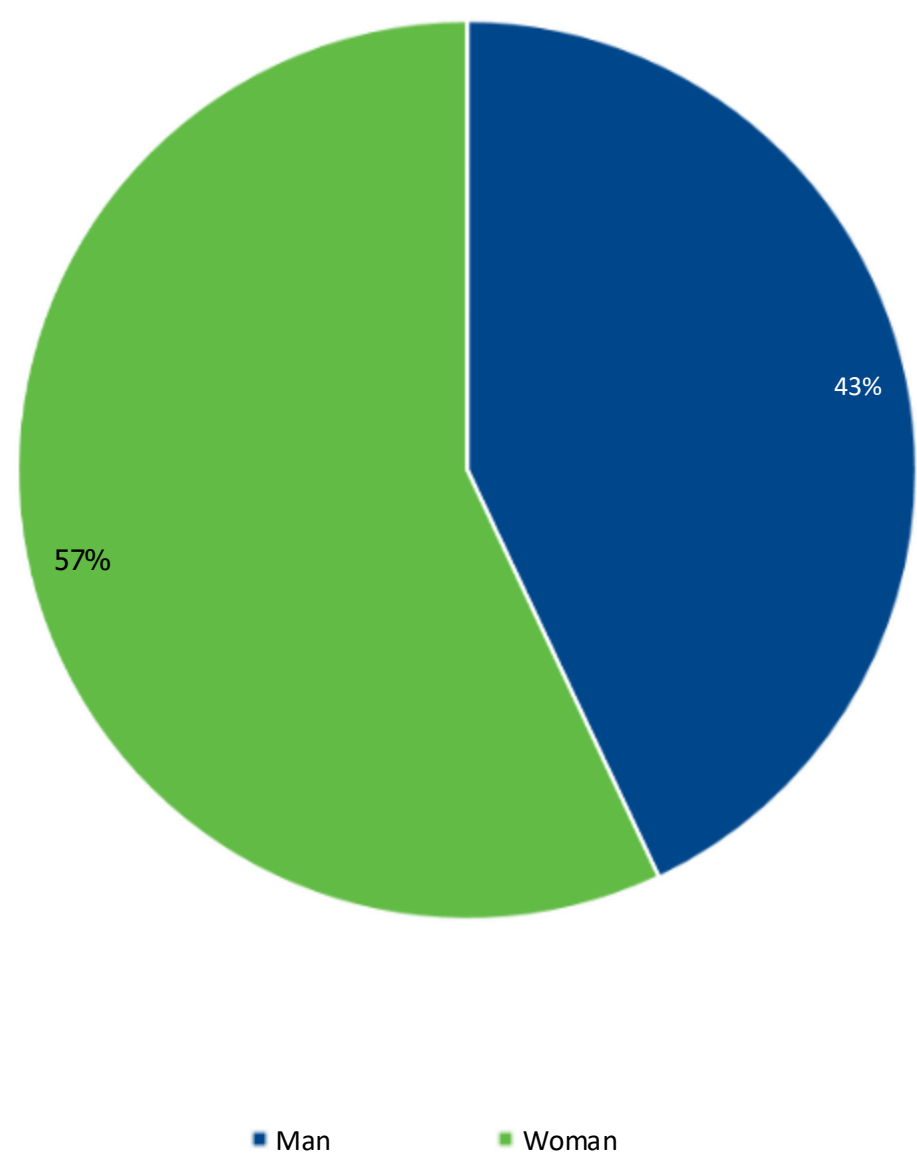
- **33%** don't have the proper tools or resources
- **31%** don't feel they can make a difference
- **29%** don't have time

# Demographics-Disconnected Acknowledger

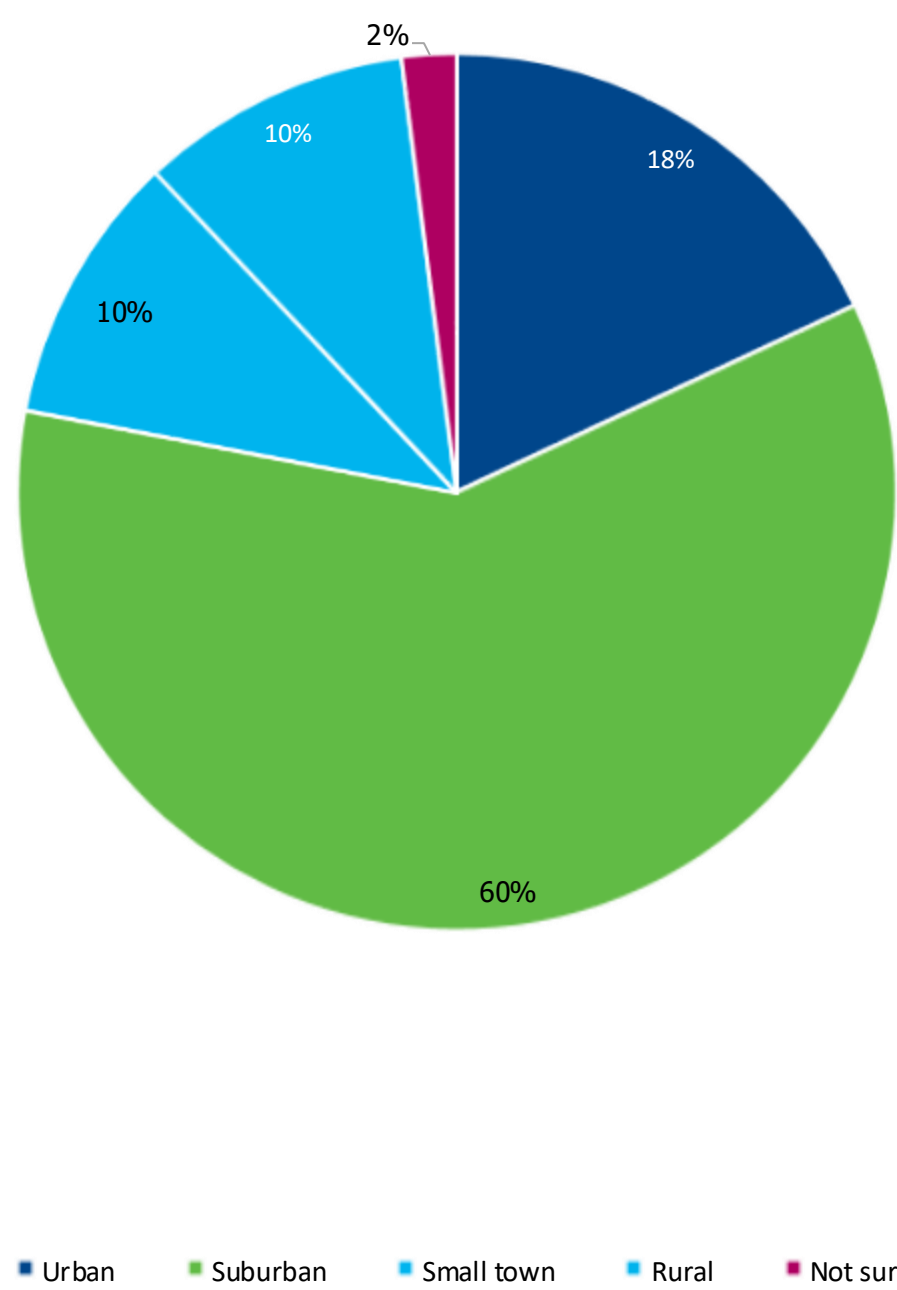
Age



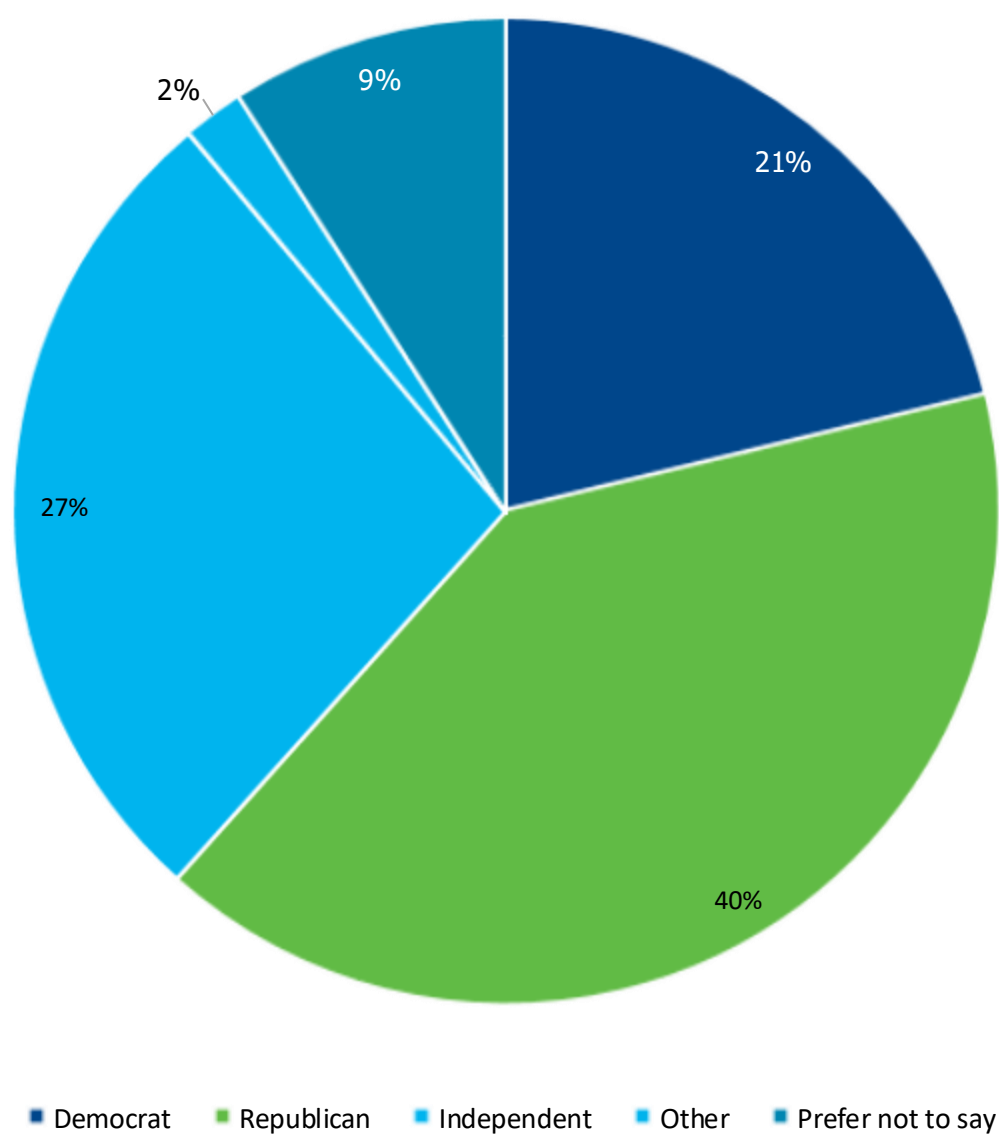
Gender



Urbanicity



Political ID





# Messaging Insights and Updated Messages

# Initial Messages Tested

**Big City, Small-Town Heart:** Kansas City has a little bit of everything—big-city energy, small-town connections, and people who care. From jazz to barbecue to world-class sports, KC has always been shaped by its people. Our goal is to create a city where everyone feels connected, supported, and empowered to build a better future together.

**Community Starts with Care:** We all want to live in a place where people care—not just about themselves, but about their neighbors too. When we look out for each other and take responsibility for our community’s well-being, we create a place where everyone has the chance to thrive.

**Rooted and Resilient:** Kansas City stands strong. No matter who doubts us or what challenges come our way, we hold our ground. This is our home, and we’re here to build a future where every person and every neighborhood has the chance to succeed.

**People Over Projects:** Too often, it seems like leaders are focusing on big, shiny projects while everyday people are struggling. When we put people’s voices at the center of decision-making, we build a city that works for all of us. By focusing on the things that make everyday people’s lives better—things like accessible healthcare and affordable housing—Kansas City can be a place where everyone thrives.

## From Division to Connection (split sample)

**Split A:** For too long, Kansas City has been divided by race, leaving **Black and Brown** communities shut out of opportunity. The legacy of redlining still shapes our city, but we can change that. Investing in these communities and having honest conversations will move us toward a future where race no longer determines opportunity.

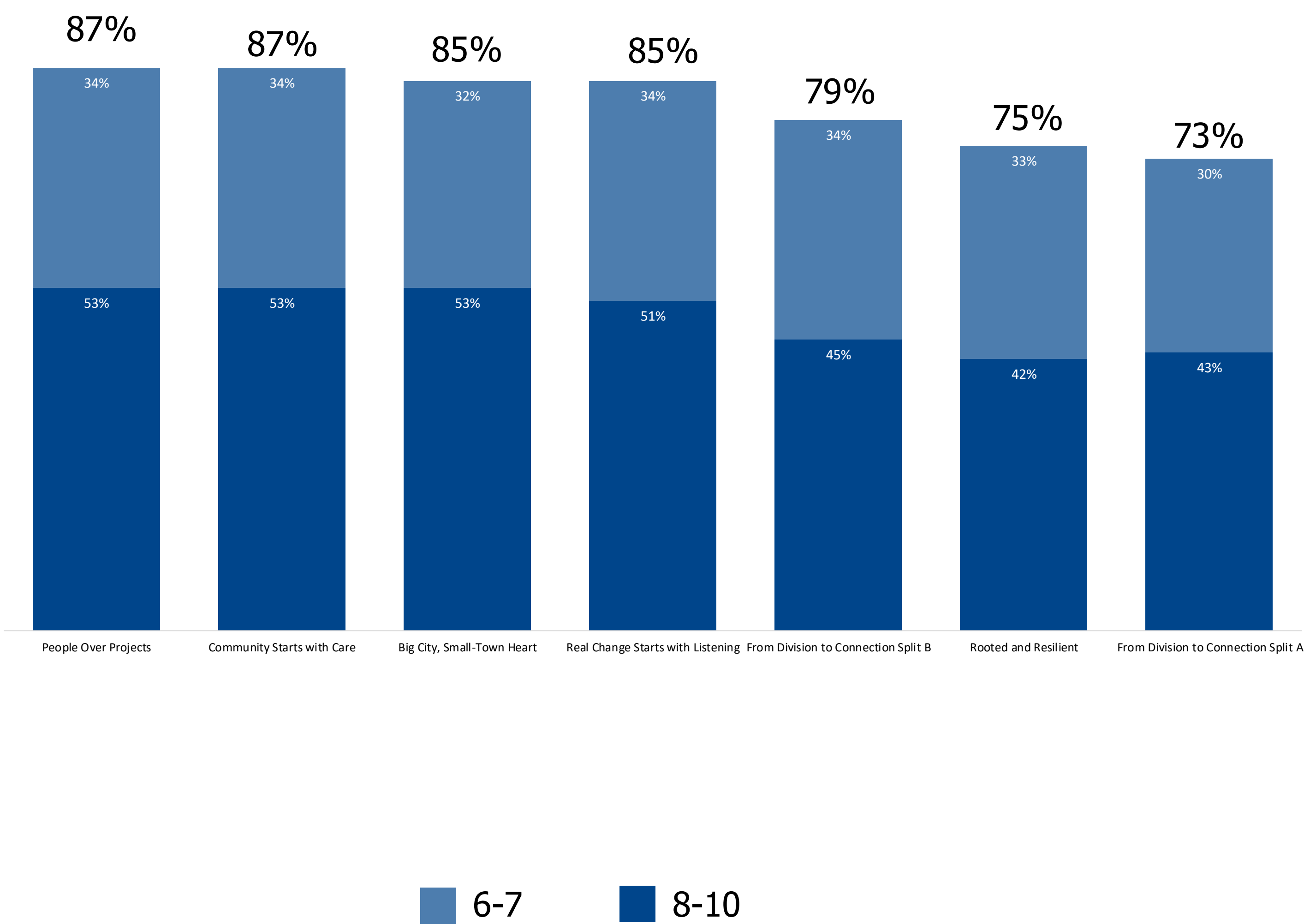
**Split B:** For too long, Kansas City has been divided in ways that hurt us all. Decades-old redlining has left a legacy of underinvestment in certain communities. We can’t change the past, but we can invest in the future. A united Kansas City starts with community programs and conversations that bring us closer, not farther apart.

**Real Change Starts with Listening:** When we don’t listen to the people actually living through struggles in our city, we miss out on real solutions. A stronger Kansas City starts with listening. When we make space for real conversations and build solutions that start with the perspectives and experiences of the people who know their needs best, we can create a future that works for everyone.

# Message Testing Results

Our messages performed well:  
On average, roughly half of respondents think they are very convincing, and **over 80% think they are convincing.**

Q. please rate how convincing each statement is as a reason to support policies and programs that help all people get what they need to be healthy.  
10 means it's extremely convincing, 0 means it's extremely unconvincing, and 5 means you feel neutral.





# Words and Ideas that work

Aspirational	Social	Emotional	Functional
<div>Every person can succeed/thrive</div> <div>Race no longer determines opportunity</div> <div>Everyone has a chance</div> <div>Everyday people’s lives better</div>	<div>Connected, supported,</div> <div>Divided</div> <div>Honest, real conversations</div> <div>Take responsibility for community well-being</div> <div>Underinvestment in community</div> <div>Bring people closer</div> <div>Listening</div>	<div>Empowered</div> <div>Care</div> <div>Strong</div> <div>Struggling</div>	<div>Accessible healthcare</div> <div>Affordable housing</div> <div>Build solutions</div> <div>Real conversations</div>

# Messaging Guidance

- **Lead with connection.** People responded more strongly to the relationship-building that happens in Kansas City than to selling points like sports or barbecue. Messages should highlight the community bonds that make the region feel like home.
- **Ground the future in real outcomes.** People believe in Kansas City's future and in each other's potential. Messages should clearly show what change looks like such as affordable housing, better health care access, and safer communities.
- **Conversation is action.** People don't just tolerate dialogue; they welcome it. Frame real conversation as a powerful step people can take to create change.
- **Make health both personal and shared.** People understand health as personal—but need a nudge to see it as shared. Messages should make the benefits of community health tangible, relatable, and inclusive.
- **Frame equity through opportunity.** Rather than focusing on systems or struggles, show how a just Kansas City opens doors for everyone. "Race no longer determines opportunity" is a powerful, resonant idea.

# Updated Messaging



## Theme 1A: Community is Health / Community is Care

We know that health doesn't start in a clinic: Health starts where we **live, work, learn, and gather**. When we **build strong relationships, invest** in great communities, and make sure our neighbors have what they need, we are building **healthy futures**. Just like everyone needs a good doctor, we need robust communities. But not everyone in Kansas City has the same **support, safety, or connection** that makes a healthy life. By **strengthening the ties between people**, creating **welcoming spaces**, and ensuring every community has the **resources it needs**, we can build the kind of Kansas City where everyone has the opportunity to live well.

## Theme 1B: Community is Health / Community is Care

Health is more than doctors' visits—it's about who's around you. When communities are **strong**, people **feel better, live longer, and thrive together**. But right now, **too many people feel cut off** from that kind of care and connection. **If we treat our community like our own health** and invest in places where people can get the care they need, make sure everyone has a **safe, stable home**, and help neighbors **stay connected** to resources and each other, we can build communities where health is something everyone can **share**.

## Theme 2: Racial Equity

People across Kansas City understand that race still plays a role in who gets to live a **healthy, secure life**. Whether it's **good jobs, housing, or healthcare**, the **legacy of racism** lives on in **policies and places**. It shapes who can count on **care, safety, and support**. The good news is, more people are ready to have that **conversation**. By **listening** to the people most affected, investing in historically **excluded communities**, and working together to open doors, we can build a Kansas City where race no longer determines **opportunity** and every person has the chance to **thrive and belong**.

## Theme 3: We Are All Kansas City

When we look around Kansas City, it's clear that our **experiences** aren't all the same—where we live and who we are shape what we see and what we have. But the **spirit of this region** runs deeper than the lines that **divide us**. We're all part of one community, built by caring people who want **safe neighborhoods, strong schools, and healthy futures**. When we see that **connection**—and make sure every zip code has what it needs to **thrive**—we can build a Kansas City where everyone is **seen, heard, and supported**.

# Next Steps



- . Message-testing In-depth interviews with potential new partners
- . Message-testing focus groups with audience segments



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Break







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# OVERVIEW OF THIS FUNDING OPPORTUNITY

Shifting narratives:  
Changing the stories  
we tell to create healthier  
communities





# FUNDING OPPORTUNITY

## SHIFTING NARRATIVES



- Health Forward will award up to \$1 million
- Dollars to be distributed in November 2025
- We anticipate funding 8-12 organizations



*Funding details*

# What we are looking for

## SHIFTING NARRATIVES

- Applicants should demonstrate in their application their experience and intentions in engaging and elevating community voices.
- Applicants should also detail how they will clearly connect our ***Healthy Communities Message Manual*** to center the voices and experiences of people most affected by inequitable policies and health inequities.
- Additionally, applications should describe your existing organizational capacity to implement narrative change work.



*Funding details*

# ILLUSTRATIVE PROJECT EXAMPLES

- Community campaigns that change how people think and talk about racism, wealth, and health
- Creative projects — such as storytelling, visual arts, or written narratives — that vividly illustrate what communities need to thrive or highlight the good in communities and the people in them
- Partnerships between artists, organizers, and storytellers to reach people in new ways



# WHO SHOULD APPLY?

## ONE IMPORTANT NOTE

Because of Health Forward's existing support of local journalism, news media organizations will not be considered through this funding opportunity.

# WHO SHOULD APPLY?

## BROADLY SPEAKING

- Nonprofits
- Arts and cultural organizations
- Other community-based entities working to advance racial equity, economic inclusion, and health equity

# WHO SHOULD APPLY?

- Organizations that help move people from aspiration to action.
- Organizations who are actively building bridges and bringing people together across divides.
- Organizations working to close gaps that make life less stable for people in historically excluded communities.
- Organizations that foster healthy people and center equity in all aspects of the community health system.



# WHO SHOULD APPLY?

Strong applicants will have **established communications capacity** at the organizational level — or a clear plan to build and sustain it — and will be prepared to use the ***Healthy Communities Message Manual*** to shift harmful narratives around health, race, and economic justice.





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# APPLICATION PROCESS

**Shifting narratives: Changing  
the stories we tell to create  
healthier communities**





# APPLICATION PROCESS

## TIMELINE

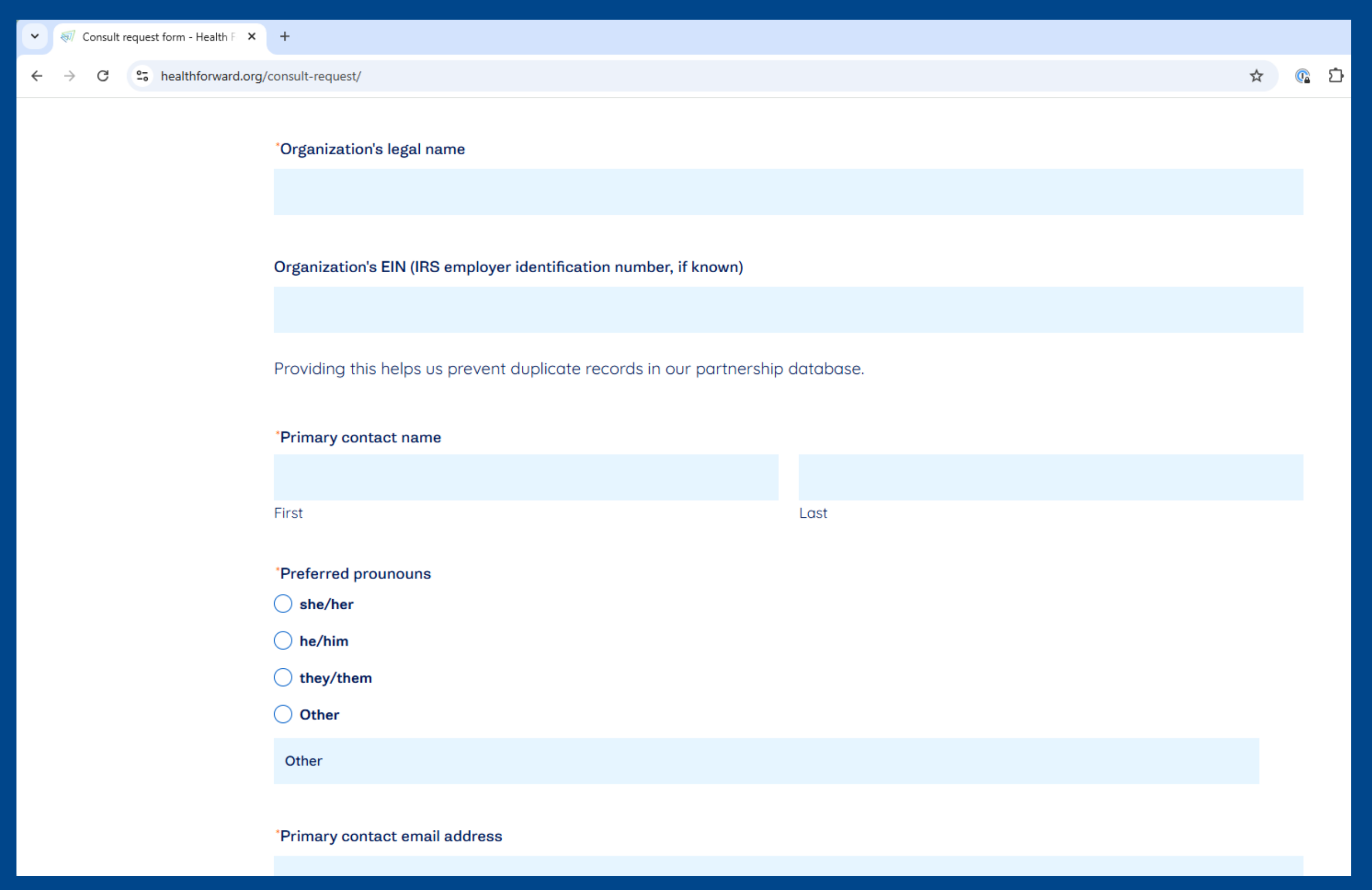
- August and September 2025 – Consultations available with Health Forward. We especially encourage **organizations who are new to Health Forward** to seek a consultation prior to submitting your application.
- Wednesday, Sept. 3, 2025 – Basic application available through our portal
- Thursday Sept. 25, 2025 – Application due by noon
- November 2025 – Funding decisions will be announced



# APPLICATION PROCESS

## CONSULTATIONS

Visit our website to  
request a consultation:  
<https://healthforward.org/consult-request/>



The screenshot shows a web browser window with the URL [healthforward.org/consult-request/](https://healthforward.org/consult-request/). The form contains the following fields and options:

- \*Organization's legal name**: A single-line text input field.
- Organization's EIN (IRS employer identification number, if known)**: A single-line text input field.
- Providing this helps us prevent duplicate records in our partnership database.
- \*Primary contact name**: Two side-by-side text input fields labeled First and Last.
- \*Preferred pronouns**: A list of radio button options: ☐ she/her, ☐ he/him, ☐ they/them, and ☐ Other. Below the "Other" option is a single-line text input field.
- \*Primary contact email address**: A single-line text input field.

# APPLICATION PROCESS

## GENERAL ELIGIBILITY

- Review the guidelines available on our [website](#)
- Non-discrimination—race, religion, national origin, age, disability, sexual orientation, or veteran status
- We can fund 501(c) tax-exempt organizations
- We cannot fund political campaigns to support or oppose candidates for public office
- Priority given to organizations in our service area
  - However, we will consider organizations located outside of our area that do work to benefit our region and communities of focus

# APPLICATION PROCESS

## PORTAL ACCESS

- Submit application in Health Forward's applicant portal
- If your organization has already registered for portal access, you can continue to use your established credentials to log in
- If you are a new applicant or need access to the portal, you will need to register
- Once in the portal, navigate to "**Funding Opportunities**" and Click "**Apply Now**"
- Select the funding opportunity i.e., Narrative Change and click "**Start a New Application**".
- Once a year, you will be prompted to complete or update demographic information for your organization and submit your organizations financials.
- Contact our impact administration team for assistance:  
[impactadmin@healthforward.org](mailto:impactadmin@healthforward.org)



# APPLICATION PROCESS

## APPLICATION CONTENT

**Geography:** Consider the scope of the narrative change work you plan to do. How would you describe the scope of your geographic impact? Please provide your best estimates of the concentration of your work within the Health Forward service area. Indicate a percentage.

- a. Allen County, Kansas: \_\_\_\_\_%
- b. Johnson County, Kansas: \_\_\_\_\_%
- c. Wyandotte County, Kansas: \_\_\_\_\_%
- d. Other Kansas counties: \_\_\_\_\_%
- e. Cass County, Missouri: \_\_\_\_\_%
- f. Kansas City, MO (including portions of Clay and Platte Counties): \_\_\_\_\_%
- g. Jackson County, Missouri (non KCMO): \_\_\_\_\_%
- h. Lafayette County, Missouri: \_\_\_\_\_%
- i. Other Missouri counties: \_\_\_\_\_%

# APPLICATION PROCESS

## APPLICATION CONTENT

Request amount: No maximum  
Request term: Up to 12 months







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# REVIEW PROCESS

**Shifting narratives: Changing the stories we tell to create healthier communities**





# What we strive for

## Accessibility

- Health Forward uses a simple, low-barrier application for our funding opportunities
- Our team is available for consultations and to answer your questions as you prepare your application

## Transparency

- Our priorities are clear in our funding opportunity announcement and our policy agendas
- Our application asks for the information we consider most valuable
- We communicate if you are not a fit
- After review, we provide feedback on applications upon request

## Equity

- We look beyond the page
- It's about the work you do, not the application you write
- Multiple people review each application using an asset-framed approach
- Applications are discussed by a diverse panel of reviewers
- We will reach out to you if we have questions

# What review will look like

Following the basic application deadline at noon on Thursday, Sept. 25, our Health Forward team will begin reviewing applications.

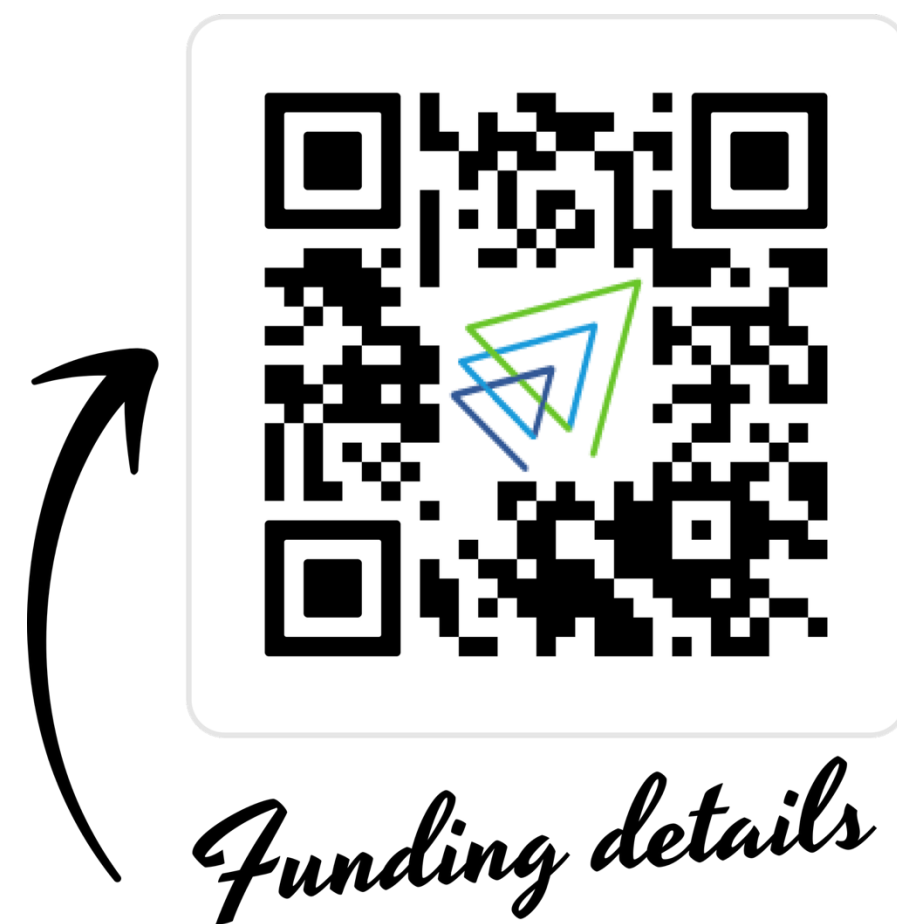
During this period, we may seek supplemental information to clarify or expound on the information submitted or as part of our due diligence process.

Shortly after this period, we will undergo a final review phase and may follow up with any remaining questions to help deepen our understanding of your work.



REMINDER – Application questions available on website

Application will be live on Sept. 3, 2025.





# APPLICATION QUESTIONS

## Basic questions

1. How does your current work align with Health Forward's purposes and strategies?
2. Tell us about your history, understanding, and connectedness to Health Forward's communities of focus.
3. What specific activities would Health Forward funding support and what impact do you seek from these activities?
4. What is your existing organizational capacity for narrative change?

**Save the date:**

**Narrative Change Summit**

*Oct. 30, 2025*

# What questions can we answer?

