

Partner Spotlight: Laura Gerald, President, Kate B. Reynolds Charitable Trust

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Philanthropy can be a critical partner with state government to achieve systems change. As President of the Kate B. Reynolds Charitable Trust, and former State Health Director and director of the Health and Wellness Trust, Dr. Laura Gerald has multiple perspectives on the power of state government-philanthropy partnerships.

In this interview, Dr. Gerald provides insights on the role of philanthropy in state government-philanthropy partnerships and the significance of research to philanthropy, and shares advice for state government and philanthropy on engaging with each other. An excerpted version of this interview was published in the NC Office of Strategic Partnerships' February 2024 Highlights.



Dr. Laura Gerald
Kate B. Reynolds Charitable Trust

1. What is your role? What do you want people to know about your role?

I am the president of the [Kate B. Reynolds Charitable Trust](#), a 76-year-old foundation with a mission to improve the health and quality of life of people experiencing poverty in Forsyth County and across North Carolina. I work tirelessly to achieve our vision of thriving residents and communities, equitable access to care, and equitable health outcomes. We do this work in partnership with community, centering racial equity and focusing on shifting systems that have historically marginalized the very people Mrs. Reynolds asked us to serve.

2. Can you share one or two ways in which Kate B. Reynolds Charitable Trust collaborates with state government agencies, institutions of higher education, and other philanthropies to address systemic healthcare challenges?

Systems change is a team sport, so it requires collaboration across all sectors. We provide grants to a variety of organizations including state government, higher education, nonprofits, and community and grassroots organizations that are working to improve the quality of life in our state. We also provide collaborative funding with other foundations to accomplish major systemic changes.

The most recent example of this work is the expansion of Medicaid in North Carolina. The Trust has been working to increase health insurance enrollment and expand Medicaid since 2012, investing more than \$17 million in those efforts over the years. We have funded research at George Washington University that analyzed the economic impact of Medicaid expansion on our state and individual counties. We've invested in organizations advocating for Medicaid expansion and now, with a group of five other North Carolina funders, we're investing in community groups working to ensure all eligible residents can enroll in Medicaid and access quality health care.

3. How is research relevant to philanthropy?

Philanthropy is very data driven. The data helps us understand where inequities exist by race and place. This is how we've come to focus our efforts in under resourced communities where we see residents experiencing the poorest health, education, and economic outcomes. One of the things we've learned is that despite our many charitable efforts over 75 years, the research still shows that we're not decreasing disparities. That well-meaning charitable grantmaking has not addressed the root causes—specifically the systemic barriers—of the problems facing Black and Brown communities and residents who have been marginalized. Frankly, the disparities are being perpetuated by the systems that are still in place.

To that end, the Trust invests in research efforts such as the [UNC Sheps Center dashboard](#) that shows where hard-to-reach residents live who are eligible for Medicaid but are not yet enrolled. The North Carolina Department of Health and Human Services and nonprofits are using that data to target their outreach.



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We have also heard from community organizations how important data is to their work, but they often have a tough time accessing the information they need. So, the Trust created a [Data Resource Library](#) that provides tools for data collection, dashboards, and reports that anyone can use around a variety of health issues.

But honestly, we know the numbers, and we know who's experiencing poor outcomes. We know where inequities persist. Research is not enough, and we must engage directly with the communities that are experiencing poor outcomes. At the Trust, we center their voices and stories to put a human face on those numbers. Philanthropy is the love of humanity, and we work to bring people's lived experience to the forefront to shine a light on the injustices that persist.

4. Your prior roles include North Carolina State Health Director and Director of the North Carolina Health and Wellness Trust Fund Commission. How does this experience inform your current leadership role in philanthropy and what advice do you have for philanthropy and state government for engaging with each other?

I have been fortunate in my 25+ year career in North Carolina to work to improve health from a variety of positions. This has included practicing medicine in my hometown of Lumberton, serving as the NC State Health Director and the Director of the NC Division of Public Health, and leading the NC Health and Wellness Trust Fund Commission.

The NC Health and Wellness Trust Fund Commission taught me about grantmaking and philanthropy but being the State Health Director taught me about improving population health and the impact of health policy on health outcomes. It also gave me experience around how impactful state government agencies can be in improving health for the entire state.

In philanthropy, we're identifying innovative ideas, piloting promising programs, and investing in communities around the state, but we will never get to scale. Our resources are a drop in the bucket compared to the budget of a state agency. We need partnerships with local and state government if we're ever going to see long-term change for all North Carolinians.

For example, local health departments serve all of North Carolina's 100 counties. The Trust just completed a 10-year, \$100 million initiative called Healthy Places NC to improve rural health, and while we're very proud of our place-based work and the community capacity that emerged through that initiative, we were only able to invest deeply in ten rural counties. Local and state governments can reach all 100 counties at the same time.



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5. In 100 words or less, what do you want people in other sectors to know about the power and impact of cross-sector partnerships?

Because people have been disenfranchised across a variety of sectors, it impacts so many facets of their lives—finding affordable housing, accessing a quality education and affordable health care, securing a living wage job. The problems we're combatting are across multiple sectors, and we need everyone involved in the solutions. It will take all of us to right the wrongs of the past. I am hopeful that we can make North Carolina a thriving state for everyone if we work together to address systemic racism and the root causes of disparities.



Kate B. Reynolds Charitable Trust



The North Carolina Office of Strategic Partnerships (OSP) develops, launches, and enhances partnerships between state government and North Carolina's research and philanthropic sectors.

OSP works with state government and non-governmental partners on priority issues, develops and convenes networks of public sector and research experts, and provides learning and engagement opportunities. These efforts help to deepen connections between North Carolina state government and external research experts and to increase state government's internal capacity to generate and use evidence to improve policy and programmatic functions.



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