the LANDSCAPE of PHILANTHROPY

FINDINGS FROM THE STATEWIDE SURVEY
REGARDING THE HEALTH AND WELL-BEING OF ARKANSANS

2026

Blue & You FOUNDATION
For a Healthier Arkansas

25 YEARS OF IMPACT

01718.01.02-v-112026-0814

A note from Rebecca

For 25 years, the Blue & You Foundation has had the privilege of learning from and supporting organizations that know Arkansas communities best.

In planning our future, we began by listening. We wanted to understand where needs are greatest, how those needs connect and how we can be a stronger partner. This report reflects a two-part listening process conducted this summer that provided quantitative and qualitative data on our communities' needs.

Our statewide Landscape of Philanthropy in Arkansas survey gathered 241 responses and profiled 208 organizations, including nonprofits, health systems, education partners, community-based organizations and public agencies. Respondents shared urgent needs, service gaps, barriers to care, promising strategies and ways philanthropy can be most effective.

We then held six roundtable discussions with survey respondents: two each in Little Rock and Springdale, and one each in Jonesboro and Fort Smith. These conversations included more than 750 comments that brought the findings into sharper focus, exploring how these challenges affect organizations and the people they serve, and what support is needed to respond effectively.

What we heard was clear: community needs are deeply connected. Housing, transportation, food access, behavioral health, childcare and affordability all influence whether people can get care, maintain stability and thrive.

For the Blue & You Foundation, these findings reinforce the importance of listening first and providing funding with flexibility and support. We hope this report highlights where progress is taking hold, where gaps remain and how philanthropy can support organizations creating healthier Arkansas communities.

We invite you to use these findings to start conversations, strengthen partnerships and identify opportunities to work together. By listening to communities and acting on what we learn, we can help build a stronger, healthier Arkansas.

In good health,



Rebecca Pittillo
President
Blue & You Foundation for a Healthier Arkansas

Purpose

This report draws on the Blue & You Foundation's Landscape of Philanthropy Survey and Roundtable Listening Tour to inform the future of philanthropy in Arkansas. Survey response counts vary by question because respondents did not answer every item and many questions allowed multiple selections. The report also shares roundtable results through participant quotes.

Together, the survey and roundtables highlight urgent needs, underserved populations, access barriers, effective strategies, investment priorities, funder-practice improvements, collaboration opportunities and measurement priorities.

Survey snapshot

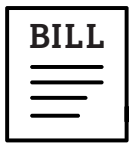
Measure	Result
Total survey records analyzed	241
Primary respondent sector	Nonprofit: 135 (65%)
Community context served	Rural: 143 (69%)
Percentages in this report are calculated among respondents who answered each question, because some questions were optional or appeared later in the survey.	

Executive summary landscape

The Blue & You Foundation survey findings point to a clear message: community health challenges are deeply connected, and the most effective responses should address stability, access and capacity together. The following seven findings summarize the main key takeaways from the survey.

1. 

Housing
ranked first in service gaps.
Housing ranked first, followed closely by transportation, food and childcare.

2. 

Cost
is the top barrier to care.
Cost and affordability were the most cited barriers.

3. 

ALICE (Asset Limited, Income Constrained, Employed) Residents
are underserved.
Rural residents were a close second.

4. 

Prevention and Intervention
are the best investment.
26% say fund these first.

5. 

Multi-year
and flexible funding are key.
64% want multi-year funding.

6. 

Collaboration
is valuable, but time is limited.
Limited time and resources impede efforts to connect with other organizations.

7. 

Measurement
should stay practical.
Outcomes should tie to stability and access. Funding should support tracking data.

The Big Takeaway: Stability, access and capacity are connected



- **Connected needs:** Transportation, housing, food access, behavioral health, and childcare do not appear as isolated problems.
- **Connected barriers:** Cost and logistics can prevent people from reaching services even when programs exist.
- **Connected solutions:** Survey findings point toward prevention, access expansion, flexible funding, rural access and stronger collaboration.

The practical implication is that a funding strategy built around the full pathway of need may be more useful than addressing one issue at a time.

> *"It's clear that there's a compounding burden ... transportation, food, access to care, childcare ... They don't live in silos."*

> *"You take two steps forward and then your car breaks down, or your child is removed from school or has a mental health crisis ... It just feels like you keep getting knocked down."*

> *"It just stacks up and stacks up and stacks up."*

Top community needs and service gaps

Across the survey, respondents consistently elevated basic needs and access to infrastructure. Transportation was the most frequently selected service and system gap, followed by housing, food access, access to behavioral healthcare and childcare. When respondents were asked to identify the single most urgent issue, housing moved to the top, followed by food access, then a cluster of transportation, behavioral healthcare and childcare.

Most urgent single issue

Issue	Responses	Share
Housing	36	22%
Food access	23	14%
Transportation	15	9.0%
Access to behavioral health care	15	9.0%
Childcare	15	9.0%
Education and workforce	14	8.4%
Substance use services	7	4.2%
Access to primary care	7	4.2%

Why it matters: The top needs are interconnected. Addressing one issue at a time may miss how transportation, housing, food access, childcare and behavioral health combine to shape whether families will remain financially stable.



> ***"It's difficult for communities and rural areas to get developers to build affordable housing in their communities or renovate homes so families can have a safe place to live."***



> ***"People don't always think about transportation as an issue. They think about affordable housing or food, but transportation is key to eveything ... Access to food, access to healthcare, access to work. To get your kids where they need to go."***



> ***"We hurt our economy by not providing adequate childcare. If we fix some of these systemic issues, our entire economy will be better."***

Differences by region, rural and urban context, and organization type

The survey suggests broad alignment across contexts, with some differences worth exploring. Housing was the leading urgent issue among respondents serving rural, urban and suburban communities. Among organizations that chose a priority geography, housing also appeared most often among respondents selecting statewide, Delta, Northwest and Southwest investment; Central respondents put food access slightly ahead of housing. Hospital, health system and clinic respondents were distinct in selecting access to primary care and transportation as the most frequent urgent issues.

What are social determinants of health?

The social determinants of health are the nonmedical factors that shape health outcomes: the conditions where people are born, grow, work, live and age, along with the broader systems that shape everyday life. Simply put, they are the circumstances of daily life that help or hinder a person's health.

Examples in everyday life

Stable housing, reliable transportation, nutritious food, safe neighborhoods, education, employment, social connection and access to care all influence health and quality of life.

Why this matters for Arkansas

When these conditions are missing or hard to reach, health can suffer even when services exist. That is why respondents repeatedly connected health with housing, transportation, food access, childcare, affordability and behavioral health.



> ***"Many rural communities don't have a clinic – they don't have anything. If you don't have the transportation to get the healthcare that you need, then it's a systemic problem."***



> ***"We can't serve people in the more rural areas. It's still 20 minutes away, so they can't get to us."***



> ***"I wish demand-response transportation could be funded so doctors visits and health needs could be met."***

Underserved populations

Respondents most often identified ALICE individuals and families as well as rural residents as underserved populations. When asked to choose only one population for philanthropic priority, ALICE individuals and families remained first, with rural residents second.

Most underserved populations

Population	Responses	Share
ALICE individuals and families	86	53%
Rural residents	83	51%
Uninsured and underinsured people	62	38%
Black and African American communities	27	17%
Older adults	25	15%
Families with young children	23	14%
People with disabilities	22	13%
People with substance use disorder	20	12%



> ***"How am I going to live on one income with three kids when I make too much for food stamps, but I don't make enough to pay my rent?"***



> ***"Families, even if they're working, are one crisis away from their circumstances changing."***

Who is ALICE in Arkansas?

ALICE stands for Asset Limited, Income Constrained, Employed. These are households that work but still struggle to afford basics such as housing, food, childcare, transportation and healthcare, yet often earn too much to qualify for assistance. The ALICE Household Survival Budget compares the cost of these basics to the wages of common jobs in the area.

According to the 2026 United for ALICE report, 43% of Arkansas households faced financial hardship in 2024. For a family of four, this includes 16% below the federal poverty level of $31,200 and 27% below the ALICE threshold of $71,052.

Barriers to access

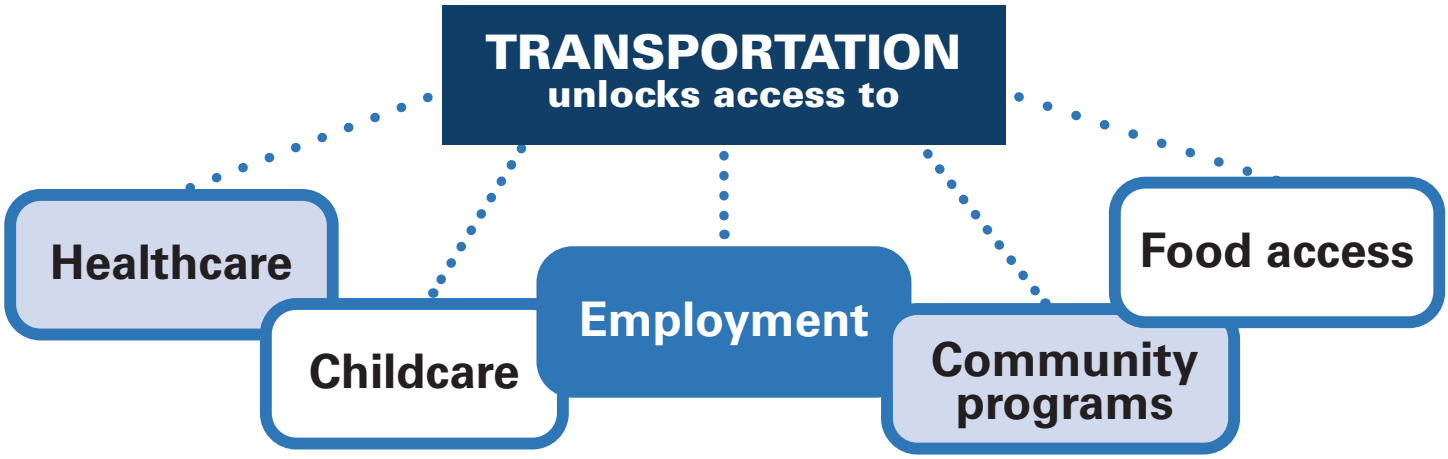
Cost and transportation determine who actually gets served. Strong programs have limited impact if people cannot afford or reach them. Cost and affordability was the single barrier respondents said would unlock the greatest progress, with transportation second. Limited income, lack of insurance, lack of awareness and workforce shortages also surfaced as constraints that may prevent residents from accessing help even when services exist.

> *"The city has public transportation. Tickets are $1.25. But if you don't have $1.25, it might as well be $1,025."*

> *"If you don't have childcare, don't have a car, or you are working, how do you get to the food pantry? And do I go for food or do I work ..."*

Single barrier that could unlock the greatest progress

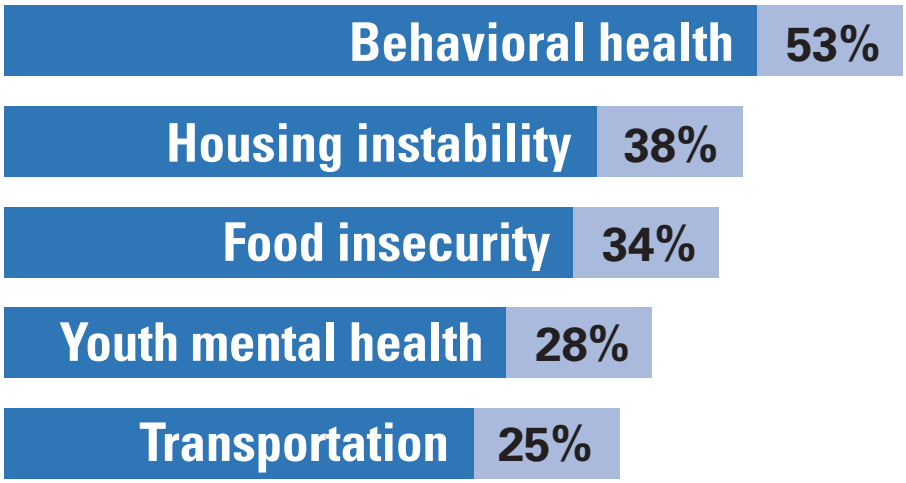
Barrier	Responses	Share
Cost and affordability	50	30%
Transportation	20	12%
Limited income	13	7.9%
Workforce shortages	12	7.3%
Lack of awareness	12	7.3%



Future areas of need

Respondents expect several of today's most pressing challenges to intensify. More than half identified behavioral health demand as a growing need, followed by housing instability and food insecurity. Youth mental health and transportation also ranked among the leading concerns, pointing to continued pressure on families, communities and the organizations that serve them.

Top growing needs



> ***When someone can't get past the cost and transportation issues ... it creates isolation ... and increases the mental health complications or challenges.***

Effective strategies

The strategies most often identified as effective at reaching people with the greatest need were faith and community partnerships, school-based services, community health workers or peer navigators, case management and navigation and warm handoffs and referrals.

Nearly six in 10 respondents who answered the collaboration question reported seeing a collaborative effort in their area that others could replicate.

Strategies working now

Strategy	Responses	Share
Faith and community partnerships	52	31%
School-based services	44	26%
Community health workers and peer navigators	38	22%
Case management and navigation	36	21%
Warm handoffs and referrals	30	18%
Culturally tailored outreach	25	15%
Integrated care (primary + behavioral)	22	13%
Transportation supports	16	9.4%

Bright spots

Respondents reported the most meaningful recent progress in social determinants of health, behavioral and mental health and maternal and child health. These are areas the Blue & You Foundation has focused on in the past five years and will continue to address in the future.

Areas with meaningful progress



Social determinants of health support

- **RESPONSES: 119**



Behavioral and mental health support

- **RESPONSES: 84**



Maternal and child health support

- **RESPONSES: 58**

> *"There's been some amazing and wonderful, wonderful work around moms, prenatal care and support. I want to continue to think about what happens to support the family after the baby comes. We need a strong family."*

> *"When someone gets sober, it impacts other people's lives. When someone has the support they need, it strengthens families and communities.*

Accelerating support

Survey respondents identified several areas where additional philanthropic investment could build on existing momentum. Rural access solutions ranked highest, followed by behavioral health access, cross-sector partnerships and community-led efforts. The findings suggest an opportunity for philanthropy not only to address unmet needs, but also to strengthen approaches and partnerships already gaining traction in Arkansas communities.

Momentum that philanthropy could accelerate

Momentum area	Responses	Share
Rural access solutions	95	54%
Behavioral health access	78	44%
Cross-sector partnerships	76	43%
Community-led efforts	73	41%
Operational supports	69	39%
Workforce development	65	37%
Leadership capacity building	63	36%
Maternal & child health initiatives	59	34%

Highest-impact philanthropic investments

The investment signal is strongest for prevention and early intervention, access expansion, direct services and community-led solutions. Prevention and early intervention led when respondents chose the top three investment areas and when they were forced to select only one funding area.

Single investment area to fund first

Investment area	Responses	Share
Prevention and early intervention	41	26%
Access expansion	24	15%
Community-led solutions	23	14%
Direct services	20	13%
Systems change and policy	16	10%
Workforce development	13	8.2%
Infrastructure and capital	11	6.9%
Navigation and coordination	5	3.1%



> ***"What kind of impact could that make on our students? That's our future. How many incarcerations could we prevent if we're able to teach them and reach them at an early age? The impact could be huge."***

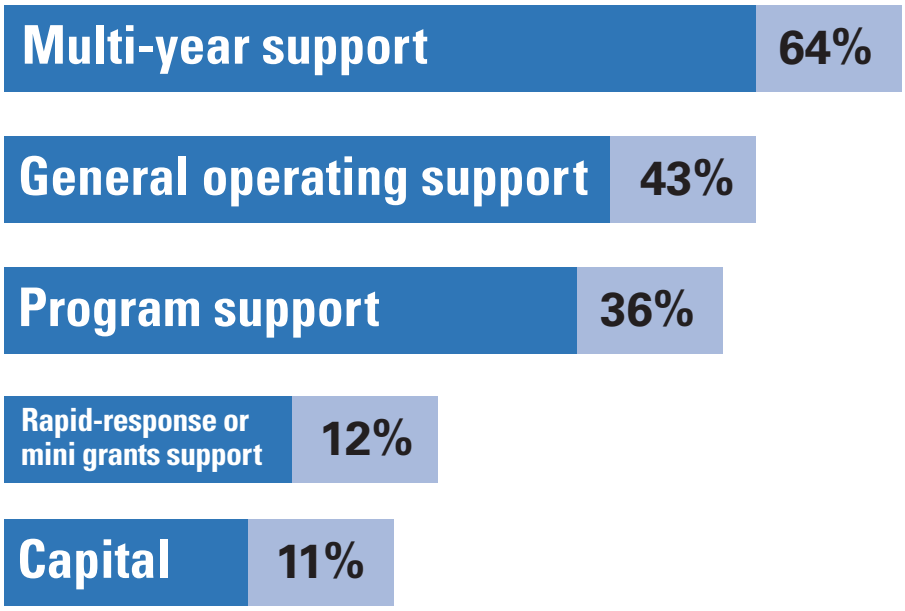


> ***"You can't always measure prevention. When we go into schools, we hope the kids are getting the message, but we don't always get those stories."***

Funding practices that reduce burden and increase impact

The clearest funding-practice message is stability plus flexibility. Respondents most often selected multi-year support as the funding type most needed now. They also recommended general operating support, flexible funding and simplified applications as practices that would reduce burden and increase impact.

Funding types most needed now



> *When you say you've got a multi-year grant, you can really start planning ... You make me smile because it's like, 'Oh, okay, we're going to make payroll.'*

> *I think more feedback during the grant process would be great. If something sounds good but you need more detail, ask us. There may be a 500-word limit, or the right question might not be on the application.*

> *We cannot afford to pay our people a decent wage because we cannot get enough funding to make that happen.*

Collaboration and systems-level opportunities

Organizations want to work together, and the desire for better connection is high across all listed sectors. But the barrier to collaboration isn't a matter of willingness. Limited staff time, competition for resources and funding silos make collaboration difficult.



> ***"Being able to fund the time to build those collaborative opportunities through planning grants and then follow that with implementation grants is really lovely."***

Sectors needing better connection

Sector	Responses	Share
Nonprofits	111	74%
Philanthropy	80	54%
Hospitals and healthcare providers	79	53%
Schools	77	52%
Behavioral health providers	76	51%
Local government	74	50%
Employers and workforce	70	47%
Faith-based organizations	67	45%

Barriers to collaboration

Barrier	Responses	Share
Limited staff time	89	60%
Competition for resources	87	59%
Funding silos	73	49%
Connection and lack of awareness	59	40%
Lack of convening or coordination	55	37%
Trust and history	37	25%
Geographic distance or transportation barriers	30	20%
Cost of collaboration	27	18%



> ***"Instead of separating us, [funding] should be the thing that brings us together."***

Taken together, these barriers fall into four broad categories:



Capacity constraints

including limited staff time and the cost of collaboration



Resource dynamics

including competition for resources and funding silos



Coordination gaps

including limited convening and lack of awareness



Relationship or access barriers

including trust, history, distance and transportation

This points to a practical opportunity for philanthropy: supporting the infrastructure for collaboration, rather than asking organizations to collaborate on top of already stretched workloads.

Outcomes and measurement priorities

Respondents prioritized practical, community-level indicators that reflect stability and access. Reduced food insecurity, improved housing stability, improved access to therapy and psychiatry, improved access to childcare, policy and systems change, and improved employment stability were among the leading outcome areas. For evaluation support, respondents most often selected funding for evaluation, partnerships with researchers, access to state and local data, data systems and technology, shared metrics and training and technical assistance.

Outcome areas funders should track

Outcome area	Responses	Share
Reduced food insecurity	72	46%
Improved housing stability	70	45%
Improved access to therapy and psychiatry	64	41%
Improved childcare access	49	32%
Policy and systems change	48	31%
Improved employment stability	46	30%
Improved school attendance	35	23%
Reduced maternal mortality	29	19%
Reduced suicide attempts and deaths	25	16%
Reduced preventable emergency room use	25	16%



> ***"Prevention is difficult because you can't always measure it."***



> ***"I'm all about accountability and transparency, but not when you have to redo your whole system."***

Evaluation and learning supports are needed

Support	Responses	Share
Funding for evaluation	86	62%
Partnering with researchers	68	49%
Access to state and local data	62	45%
Data systems and technology	61	44%
Shared metrics	50	36%
Training and TA	48	35%
Other	1	0.7%



Why it matters:

Measurement should be useful, not burdensome. Respondents prioritized practical outcomes that reflect stability and access, but grantees may need funding, shared data and technical support to track these outcomes effectively.

Domain-specific measurement priorities

- **Social determinants of health:** Food insecurity, transportation access, employment and childcare access were the leading indicators.
- **Behavioral and mental health:** Respondents prioritized crisis response capacity, time to first appointment, suicide rates and overdose rates.
- **Maternal and child health:** Prenatal care access, maternal mental health, postpartum care and infant mortality were the top indicators.



“Studies have been done on how prevention reduces cost and negative outcomes ... Use those evidence-based interventions. Don’t require us to repeat the outcomes.”

— Bottom Line: —

Arkansas communities need more stable, accessible and connected supports for the people most affected by cost, distance and service gaps — across housing, food, transportation, childcare and behavioral health.

- **Flexible funding:** Stability and trust in local judgment.
- **Prevention:** Help communities act earlier.
- **Rural access:** Close the distance and cost gap.
- **ALICE stability:** Reach families that are stretched thin.
- **Collaboration:** Fund the enabling infrastructure.
- **Measurement:** Tie outcomes to stability and access.



> ***"When someone can't get to the safety net programs for groceries or can't get to their job, it's not just that person who pays for it. It is the entire community. This is not about handing out things. This is about helping your community."***



> ***"Just because you personally do not use our services, please do not think you don't benefit from them. Our community is better when people are fed, when they are healthy, when they can go to work, when their kids have a place to go, when kids are supported and when people are addiction-free. We all benefit."***

What We Heard

Real voices for a stronger, healthier Arkansas

"Prevention is difficult because you can't always measure it."

"Transportation's key to everything."

"Our students are our future. The impact could be huge."

"Your neighbor's not going to say 'I'm food insecure.'"

"It's just a domino effect."

"They don't live in silos."

"Flexible funding and multi-year funding is what we need."

"Collaboration is the deliverable."

"Women aren't going to those postpartum follow-up visits."

"I wish demand-response transportation could be funded so doctors visits and health needs could be met."

"Prevention is difficult because you can't always measure it."

"Instead of separating us, [funding] should be the thing that brings us together."

"One crisis away from their circumstances changing."

"We actually hurt our economy by not providing adequate childcare."

"There is no health without support for mental health."