Achieving Foundation Accountability and Transparency: Lessons From the Robert Wood Johnson Foundation’s Scorecard

David C. Colby
Robert Wood Johnson Foundation

Nancy W. Fishman
Robert Wood Johnson Foundation

Sarah G. Pickell
Robert Wood Johnson Foundation

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Key Points

· The purpose of this article is to help foundations in their accountability and transparency efforts by sharing lessons from one foundation’s journey to develop a scorecard.

· A commitment to funding and sharing the results from rigorous evaluations set the tone for Robert Wood Johnson Foundation (RWJF) accountability.

· The **Scorecard** is a powerful tool for RWJF to set goals, track organizational effectiveness, and motivate responses to shortcomings.

· Foundations can tailor their scorecard to include what best serves their needs.

· With its **Scorecard**, RWJF found that comparative and quantitative measures are the most powerful forces to motivate change.

· Setting targets motivates staff to focus their efforts on certain areas and make improvements.

Introduction

Private foundations are peculiar institutions. They are formed from the generosity of those with private wealth, yet they have public purposes. Unlike public corporations, they don’t answer to stockholders; unlike governmental bodies, they don’t answer to the electorate; and unlike unions, universities, and many charities, they don’t have members, students, or other constituents.

When J. Howard Pew was asked about publishing an annual report on the Pew Memorial Trust, he said, “I’m not telling anybody anything. It’s my money, isn’t it?” (Nielsen, 1972, p. 126). Indeed, the Pew Memorial Trust did not issue an annual or other similar report from 1948 through 1970. By contrast, in 1952 Russell Leffingwell, chairman of the Carnegie Corp., said, “We think the foundation should have glass pockets” (Foundation Center, 2010). Yet even today, according to the Foundation Center (2009), only 13 percent of foundations publish annual reports.

Despite fairly limited requirements of private foundations to provide information, there are important benefits to be gained from providing more information. Writing about the abuse of concentrated private economic power, Louis Brandeis (1914) wrote that “sunlight is said to be the best of disinfectants.” Today the Brandeis quotation is mainly applied to governmental power, but it could be applied to foundations as well. Shining light on foundation work by having objective, public assessments can encourage improved performance and more effective use of funds. Additionally, as Joel Fleischman points out, transparency is the antidote for invisibility and political vulnerability of the foundation sector (2007, pp. 149-165). Easy to say but harder to do; without the bottom line of the for-profit world, foundations often struggle to find the right measures of success—ones that can be easily understood and that provide genuine measures of impact. The challenge to the philanthropic world is to create tools that provide accountability and transparency.
This article explores the work of the Robert Wood Johnson Foundation (RWJF) to first measure impact and then share what has been learned. While there are a number of tools for measuring impact, this article briefly presents background information about RWJF’s experience with program evaluation, and then focuses on tracking organizational effectiveness using its Scorecard. The purpose is to help other foundations in their accountability and transparency efforts by sharing lessons from one foundation’s journey.

RWJF’s Commitment to Accountability and Transparency Through Evaluations

All foundations are born with silver spoons in their mouths; additionally, the Robert Wood Johnson Foundation was born lucky. Both early trustees and staff members supported the need to understand the impact of the foundation’s work. The early board of trustees was dominated by former executives of Johnson & Johnson who valued measurement and were comfortable asking whether a program had impact, just as they did for a new drug going to market. This commitment to answering the question, “How are we doing?” and sharing the results publicly set the tone for the development of the foundation’s approach and pervades its culture today.

The first and most traditional method of measuring impact embraced by the foundation’s board and staff was the program evaluation. These evaluations became the dominant mode in answering the question, “How are we doing?” and provided experience for staff in sharing results, both good and bad. From the beginning RWJF chose to make its evaluations public. This was the strategy: Develop an intervention, evaluate it, and make that evaluation public so that others would be convinced of the intervention’s worth and adopt it.

Early in the foundation’s development, the staff recommended a policy that evaluations should be conducted on projects over $1 million with multiple sites when there might be measurable outcomes within a reasonable span of time. The foundation’s 1973 annual report noted:

While the evaluation of programs designed to alter the way institutions and people act cannot yet be classified as a science, the staff and trustees have agreed that we must develop thoughtful, professional ways of weighing the effectiveness of our various programs. Clearly, our society will require solid objective data which demonstrate the worth of a particular program if it is to be widely accepted, transported to other regions, or publicly financed. (Robert Wood Johnson Foundation, 1973, p. 25)

In the second year of the foundation, the Rand Corp. evaluated a 44-site, $35 million foundation program to develop the emergency medical system. That evaluation was largely unsuccessful because of data collection problems. David Rogers, president of the foundation at that time, wrote: “When planning the Rand Corporation study, the Foundation was early in its development, and our lack of experience in service programs and evaluations alike led us to make several fundamental errors” (Robert Wood Johnson Foundation, 1978, p. 15). Even though the evaluation was flawed, it shows an early commitment both to evaluation and to sharing results. Rand finished the evaluation in 1978, publishing the results in a 1984 monograph.

Since the emergency medical system evaluation, RWJF has funded more than 400 evaluations. While evaluation questions and methods have

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varied, foundation staff agree that “tough-minded and pragmatic documentation of the worth of their efforts carried out by ... third party evaluation groups” (Aiken, Blendon, Rogers, & Freeman, 1980, p. 128) is essential.

Where possible, evaluation results are published in peer-reviewed journals; if not accepted for publication they are shared with program participants and available upon request. Currently, evaluation reports are also posted on the foundation’s website, including interim reports, final reports, and peer-reviewed journal articles. A section of the website is devoted exclusively to this work. Evaluations are made public to share the foundation’s findings with others interested in similar work. RWJF believes that making a difference in the health and health care of all Americans is more readily accomplished by openly sharing successes and failures of programs.

Although program evaluation was a part of foundation work from its inception, it took longer for foundation staff to develop an appropriate vehicle to assess the organization as a whole – to assess itself at the enterprise level.

Organizational Assessment: The RWJF Scorecard
Although program evaluation was a part of foundation work from its inception, it took longer for foundation staff to develop an appropriate vehicle to assess the organization as a whole – to assess itself at the enterprise level. In 1993, staff presented to the board the first Scorecard assessing the foundation as an organization. Since the beginning, the Scorecard served as an important tool to gauge improvement and track organizational progress. RWJF’s Scorecard, however, has evolved significantly. More recently it has been used as a vehicle to share our results through a public version posted on our website. This evolution incorporated new tools for assessment and reflected a change in emphasis from being strategic at the program level to being strategic at the organizational level. Incremental changes occurred to reflect changes in the foundation’s interests or concerns. Each year foundation staff revisits the type of data included in the Scorecard, balancing the need for consistent measures over time with the foundation’s changing needs for accountability. RWJF continues on its journey to assess organizational performance. Below we discuss the Scorecard’s progression over time.

Early “Scorecard”
In 1993 the foundation developed its first Scorecard. This report, included as a separate section in the quarterly board book, stated:

The foundation’s ability to achieve our mission of improving health and health care for all Americans depends, in large part, on the types of interventions supported, the strategic coherence of those interventions, their timing, and the effectiveness with which they are implemented. Over the past several years we have stated our intent to improve the strategic coherence of our interventions by using multi-site demonstrations only when they are the best means to achieve our end, by increasing our convening function, by applying various types of interventions to a common problem to attempt a synergistic effect, and by reconsidering the appropriate targets of interventions. (Robert Wood Johnson Foundation, 1993, p. 1)

Most of the first Scorecard focused on broad foundation goals (such as improving access to care), and answered the question about how the foundation was doing with case studies of specific programs. Since RWJF did not have specific, measurable strategies to achieve its goals, it had to rely on assessments of individual programs as the basis of the Scorecard. Thus, the enterprise-level assessment was the sum of the parts.

A survey of grantees and applicants provided the only quantitative assessment of the foundation as well as the only assessment at the organizational level. Survey questions focused on accessibility...
and usefulness of foundation information and programs, staff expertise, and grant application process. The survey was repeated in 1997.

Moving Toward a More Robust Assessment

In July 1994, Steven Schroeder, then president of RWJF, noted in his message to the board – the first to focus on the Scorecard – that while the Scorecard was more qualitative than quantitative, he hoped this would change moving forward. And over time, a more balanced approach evolved.

In 1996 the foundation developed a Scorecard debuting quantitative data on all aspects of programming. This new style of the Scorecard provided information on the three interventions – demonstrations, research, and training – accounting for 95 percent of the foundation’s grantmaking. Specifically examining these areas of significant investment helped the foundation plan future programming during a time of significant asset expansion. In the next year the foundation built upon the quantitative-focused Scorecard by including three-year trend data on RWJF’s grantmaking, and results from surveys and scans of grantees, policymakers, external stakeholders (including opinion elites and providers), and the public.

Over the next several years the quantitative elements of the Scorecard were revised and expanded. Revisions to questions and additional questions that are of immediate concern are considered each year while retaining standard questions that provide consistent information over time. Major additions are shown in Table 1.

### Balanced "Scorecard"

In 1999 Lewis Sandy, then the executive vice president of RWJF, wrote to the board that in business there had been increasing discontent with the limitations of traditional financial measures available to assess a company’s health. In response to these limitations, businesses were adopting the balanced scorecard, which blended financial and nonfinancial measures to provide a picture of a company’s total health. In a similar fashion, Sandy and others at the foundation thought it critical to report on the balance between making good grants and delivering results in the Scorecard (Sandy, 1999).

The foundation gradually developed elements of a balanced Scorecard to gauge the foundation’s overall performance starting in 1999, but did not present a full articulation of it until 2001. The 2001 balanced Scorecard reported measures of the foundation’s performance on four distinct areas of its work – program development, impact, staff development, and customer service. Over time, RWJF staff identified and incorporated key components of the Scorecard that increased its usefulness to staff and trustees.

### Key Features That Strengthened the Scorecard

#### Articulating Strategic Goals

As RWJF shifted from developing and implementing strategic programs to strategies of social change, the Scorecard evolved to reflect this change. The 1999 Scorecard announced the foundation was developing long-term strategic goals along with performance indicators to measure its performance in meeting those goals. For example, one of the strategic goals of the foundation’s work

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**TABLE 1 Sources of RWJF Scorecard Data**

<table>
<thead>
<tr>
<th>Survey</th>
<th>Year of Introduction</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantee Survey</td>
<td>1993; CEP in 2004</td>
<td>Every other year, odd years</td>
</tr>
<tr>
<td>Health Care Industry Leaders Survey</td>
<td>2006</td>
<td>Every other year, even years</td>
</tr>
<tr>
<td>Health Policy Experts Survey</td>
<td>2007</td>
<td>Every other year, odd years</td>
</tr>
<tr>
<td>Public Opinion Survey</td>
<td>1993</td>
<td>Every year</td>
</tr>
<tr>
<td>Staff Survey</td>
<td>1993</td>
<td>Every other year, odd years</td>
</tr>
</tbody>
</table>
in end-of-life care was to improve the quality of such care. An indicator of success in reaching that goal was to establish palliative care services in 20 percent of U.S. hospitals within a decade.

In 2000 the Scorecard presented strategic goals for all areas of the foundation’s work, but featured only a selection of indicators focused on the foundation’s tobacco and coverage work. These performance indicators linked program work with outcome measures that indicated broader success. For example, the goal of the foundation’s work in tobacco was to decrease the number of Americans using tobacco. To bring about that goal, the foundation expected an increase in tobacco taxes to result in an increase in young smokers seeking treatment, and that would result in a decrease in smoking. The amount of tobacco taxes and the number of people seeking treatment, as well as the strategic goal of decreasing the number of Americans using tobacco, were measurable.

This was an important new step for staff, reflecting the foundation’s ongoing effort to articulate and measure not just program-level goals but strategic goals in programmatic areas. These measures informed the board on the foundation’s progress, as well as helped staff focus clusters of programs addressing a strategic goal. Progress on strategic goals and related indicators continues to be reported in the Scorecard. Table 2 reports progress on current indicators for each team during a one-year time period.

**Using Comparative Data**

Another key element of the Scorecard was the use of comparison data. In the 1990s RWJF relied on its own grantee survey, conducted by outside research organizations. This survey asked similar questions year to year, polling respondents on their perception of the foundation in addition to their perception of a small comparison group made up of similarly sized foundations. Nevertheless, very few of the comparative survey results were presented in the Scorecard.

In 2004 the foundation first used the Grantee Perception Report by the Center for Effective Philanthropy (CEP) instead of its own grantee survey. In addition to presenting results from the foundation’s grantees, the CEP data provide comparative data on many other foundations. These comparative data were reported first in the 2004 Scorecard. Although the foundation had scored well in its own previous surveys of grantees, using the CEP survey to compare grantee ratings of

**TABLE 2**  Progress on Current Indicators and Objectives (August 2008–July 2009)

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Indicators Due</th>
<th>Indicators Completed By Target Date</th>
<th>Indicators Completed Late</th>
<th>Indicators In Progress</th>
<th>Indicators Not Completed</th>
<th>Indicators Dropped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>0</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Childhood Obesity</td>
<td>4</td>
<td>4 (100%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Public Health</td>
<td>5</td>
<td>4 (80%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (20%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Coverage</td>
<td>3</td>
<td>2 (67%)</td>
<td>0 (0%)</td>
<td>1 (33%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Quality/Equality</td>
<td>4</td>
<td>1 (25%)</td>
<td>1 (25%)</td>
<td>1 (25%)</td>
<td>0 (0%)</td>
<td>1 (25%)</td>
</tr>
<tr>
<td>Building Human Capital</td>
<td>0</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Pioneer</td>
<td>0</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Vulnerable Populations</td>
<td>0</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>11 (69%)</td>
<td>1 (6%)</td>
<td>2 (13%)</td>
<td>1 (6%)</td>
<td>1 (6%)</td>
</tr>
</tbody>
</table>
RWJF with grantee ratings of other foundations was a jolting wake-up call.

The comparative results of the CEP grantee survey identified several areas for improvement at the foundation. Risa Lavizzo-Mourey, foundation president and chief executive officer, sent an email to the field titled, “How’re We Doing? (We Can, and Will, Do Better).” The email highlighted relatively poor scores in grantee satisfaction, fair treatment of grantees, responsiveness of the staff, clarity of funding priorities, and grantee selection as well as the foundation’s commitment to making improvements. The comparative data and the subsequent process improvement work the foundation conducted exemplify how a scorecard can be used for organizational improvement.

The experience with the CEP data showed comparisons as a valuable feature of the Scorecard. Using comparative information in other surveys, particularly those of external stakeholders, has become a consistent approach. While earlier Scorecards occasionally included comparative data for this group, specific comparison information was only consistently reported in the Scorecard beginning in 2006. Finding the right comparisons among ever-changing organizations can be challenging; comparison groups are examined frequently to assess their usefulness. Most often, a comparison group for a survey of external stakeholders is made up of other large foundations. At times RWJF has expanded the comparison organizations beyond foundations to include national health care organizations, such as the Institute of Medicine, and think tanks, such as the American Enterprise Institute and the Brookings Institution. RWJF looks to compare itself with organizations that are national in scope, concerned with health and health care issues, provide information or grants, and strive to influence social change.

Setting “Scorecard” Targets
Setting targets for selected measures became an important aspect of the Scorecard in 2001. Originally, perfection as represented by the highest possible score was by default set as the target. Since achieving perfection may be difficult and costly, senior management decided to adopt targets that were short of perfection. For several years, research and evaluation staff members, in consultation with the president, chose the targets. In 2009 senior management initiated a review of targets.

In setting new targets in 2009, senior management selected 24 measures that would be highlighted with targets. Senior management used different target setting methods for each type of data (grantee, external stakeholder, and staff surveys). For example, the targets for grantee-survey results were set using a statistical method; this works particularly well for these data because of the large number of foundations participating in the CEP survey.

Although for many years RWJF did not set targets, setting targets is an important feature of the Scorecard. It forces staff members to identify areas of improvement, to set goals to achieve, and to identify ways to make changes to achieve those goals. In 2007, after some staff survey scores dropped significantly, senior management identified new targets for that part of the Scorecard and, over a two-year period, developed improvements to address problem areas.

The percentages of the target achieved are displayed in a spider diagram, allowing the reader to see quickly how the foundation is doing. (See Figure 1.) Each side of the spider diagram represents an element of the balanced Scorecard. For example, the foundation’s efforts on program impact are on the lower left of the diagram. The closer a dot is to the outside edge of the diamond, the closer the percentage is to 100 and the closer the foundation is to meeting its target. In Program Impact, the foundation did not reach any of its targets, but came relatively close on some (e.g., percent of current objectives completed).

Sharing Results
The Scorecard was originally intended as a document for internal use to be presented to the board and staff. Findings from the Scorecard were included in the president’s message and, as mentioned earlier, foundation President and CEO Risa Lavizzo-Mourey in 2004 included results of
the CEP survey in an email to grantees discussing process improvement efforts inspired by that grantee survey. In 2005 there was a discussion about sharing the report with the public. This was implemented in 2007, when the foundation made available a modified version of the Scorecard called the Assessment Report on www.rwjf.org. In this modified report the financial and staff data have been removed, and data about comparison organizations are aggregated.

Although the Scorecard evolved significantly over its 17-year history, its role as a continuous quality-improvement tool endures. Strategic indi-
cators, comparison groups, targets, and making the report public are features of the Scorecard, improving its usefulness. At times the scores reported and the perceptions shared through the Scorecard indicated the foundation has fallen short of its goals. Sometimes further exploration of the problem was needed before improvements could be implemented, but most of the time problems identified in the Scorecard become top priorities for the foundation. Responses to problems identified in the Scorecard have often resulted in significant improvement in the foundation’s philanthropic practice.

Current Scorecard

The Robert Wood Johnson Foundation’s Scorecard takes its cues from the original balanced scorecard for business created by Robert S. Kaplan and David P. Norton. Today, the Scorecard looks at four distinct areas to assess overall foundation performance: Program Development, Program Impact, Grantee Relations, and Financial and Human Capital. These four areas are of equal weight, informing one another and contributing to the overall assessment of the foundation’s performance.

The Program Development section examines the foundation’s ability to create programs that support its guiding principles and help fulfill its mission. Input from the public, health care industry leaders, health policy experts, and grantees help the foundation evaluate the strength of its strategies and the degree to which its programs are timely and relevant.

Next, the Program Impact section assesses the foundation’s ability to achieve its goals. Through the tracking of indicators, this section reports progress on internally managed benchmarks that are established by the strategic teams through which the foundation does its grantmaking. Additionally, this section includes input from grantees and external stakeholders, providing an outside perception of both the foundation’s impact and the degree to which it is achieving its mission of improving the health and health care of all Americans. Finally, this section reports on the impact of the foundation’s effort to communicate to its audiences, featuring general data on the performance of its website and statistics about how visitors use the site.

The following section, Grantee Relations, explores the effectiveness of the foundation’s service to grantees, illuminating its strengths and weaknesses in helping them carry out their work. As noted above, the CEP Grantee Perception Report has enabled the foundation to better understand how its service is perceived by some of its constituents – the grantees. In the Grantee Relations section, internal efficiency measures are also reported, including the median days from receiving proposal to sending check and the timing of communications with applicants during the funding process.

The Financial and Human Capital section examines the health of its assets – both financial and personnel. This section features a look at the investment portfolio and its performance compared to endowments of peer organizations.
A comparison of administrative and program spending ratios of the foundation and several other foundations, as computed from public tax information, is also reported. A survey of the entire staff, administered every other year, gathers information about the work environment at the foundation.

**Using the Scorecard as an internal quality improvement tool alone is beneficial. But sharing the Scorecard with the field has additional benefits. Our experience shows that public explanations of a foundation’s work and objective measures of its organizational impact further establish its credibility.**

The last section of the Scorecard serves as an appendix featuring the basic anatomy of grant activity over the past years. This section provides an opportunity to explore trends and changes in grantmaking and to see how the foundation’s strategy affects the nature of its grants and grantees.

**Conclusions: Lessons Learned**
While over 30 foundations make some, or all, of their CEP Grantee Perception Report results public (CEP, 2010), few develop a scorecard on all dimensions of their work and make them public. The Commonwealth Fund released one scorecard in 2006 (Commonwealth Fund, 2006), but has not repeated it; the James Irvine Foundation publically released its performance report since 2006 (Irvine Foundation, 2006-2009). The Robert Wood Johnson Foundation developed its Scorecard for internal use only for 14 years before producing its public version, Assessment Report, for the past three years. The purpose of this article is to share the experience of one foundation, to provide valuable lessons for other foundations, and, hopefully, to demystify the foundation’s effort to produce an organizational-level Scorecard.

*It’s the culture.* A foundation that asks, “How are we doing?” and expects independent, objective analysis to inform the answer has taken the crucial first step toward accountability. In some situations, the culture is dependent upon a leader. For example, the Ford Foundation’s hiring of Luis Ubiñas, a former director at McKinsey, as president seems to bode a cultural change at an organization that did not previously emphasize measurement and accountability. In other situations, the culture is a result of historical circumstances as it was at this foundation. Nevertheless, even when one has the luck of the latter situation, leaders need to reinforce the culture.

*It’s a journey.* When the culture supports accountability efforts, it is important to develop something – almost anything – to respond to the cultural needs. The first Scorecard at the foundation was a very qualitative document that did not address directly the impact of the foundation as an organization. In incremental fashion over 17 years, RWJF introduced quantitative elements, adopted the balanced scorecard framework, provided comparative data, and made the report public. Through all the Scorecard’s iterations, the foundation’s core values are reflected by focusing on the question, “How are we doing?” and providing objective answers.

*It can be done on the cheap.* Foundations can tailor their scorecard to include what best serves their needs. Using internal metrics every year and the CEP Grantee Perception Report every other year would provide robust information, but would be inexpensive. Although this foundation’s Scorecard has more elements and is more expensive than the one suggested above, it is a very small part of total administrative costs. In its early years, Scorecard costs were mainly associated with staff time. Today the Scorecard is still a relatively inexpensive mechanism to hold ourselves accountable. The costs of the surveys and production of both the Scorecard and the Assessment Report run about $270,000 per year. The vast majority of the cost is for surveys (95
percent) and, of the survey costs, the national public opinion survey accounts for 84 percent. Additional cost is in staff time, which is less than one full-time person.

**Comparative, quantitative measures are powerful.** Early qualitative and quantitative measures were informative, but they were never powerful enough to drive change at the foundation. Receiving the results of the CEP survey of the foundation’s grantees along with the comparisons from other, similar foundations provided a strong wake-up call, driving internal quality improvement, especially around the grant process and our communications.

**Setting targets provides motivating goals.** Without explicit targets, there was little motivation to make the changes necessary to improve based on the Scorecard. Having senior managers choose the areas that they wanted to emphasize and pick targets for those areas fixed ownership and provided a strong basis for quality improvement efforts. To paraphrase Samuel Johnson, nothing focuses the mind like a measurable target.

**Let the sunshine in.** For some organizations, transparency is difficult; for others it is very natural. Since the beginning, foundation program evaluations were made public. That was part of a strategy to sustain and spread innovations by presenting evidence of their effectiveness. Moreover, there was a major spillover effect from the public nature of evaluations – often the credibility of the foundation was strengthened because it was willing to have evaluations published that showed program failures.

Using the Scorecard as an internal quality improvement tool alone is beneficial. But sharing the Scorecard with the field has additional benefits. Our experience shows that public explanations of a foundation’s work and objective measures of its organizational impact further establish its credibility.

In conclusion, the time when a leader of a major foundation could say, “We’re not telling anybody anything” has long past. Being an effective foundation requires asking the question, “How are we doing?” and answering it objectively. As institutions that play major roles in our society, foundations, we would argue, have a responsibility to be public about the answer. A commitment to having glass pockets is good for society, the philanthropic field, and the individual foundation. It’s time for more glass pockets.

**References**


David C. Colby, Ph.D., is vice president for research and evaluation at the Robert Wood Johnson Foundation. He leads a team dedicated to improving the nation’s ability to understand key health and health care issues through research, evaluations, performance measures, and scorecards. He received his doctorate in political science from the University of Illinois, a master of arts from Ohio University, and a B.A. from Ohio Wesleyan University. Correspondence concerning this article should be addressed to David C. Colby, Robert Wood Johnson Foundation, Route 1 and College Board East, Princeton, NJ 08543-2316 (email: dcolby@rwjf.org).

Nancy W. Fishman, M.P.H., is a senior program officer at the Robert Wood Johnson Foundation. She works in the areas of health care workforce and program evaluation. Fishman also produces the RWJF Scorecard, an annual report on organizational performance. Fishman holds an M.P.H. in epidemiology from the University of Massachusetts at Amherst, and a B.S. in nursing from the University of Connecticut.

Sarah G. Pickell, B.A., is a research assistant for research and evaluation at the Robert Wood Johnson Foundation. At the Foundation, her work focuses on measuring organizational effectiveness and disseminating findings from research and evaluation grantees. She received a B.A. in history from the College of William & Mary.