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Disrupting a Foundation to Put Communities First in Colorado Philanthropy

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Keywords: Resident grantmaking, community-led grantmaking, power and privilege in foundations, risk-taking in philanthropy

REFLECTIVE PRACTICE

Introduction

For over 30 years, The Colorado Trust has been committed to making grants to improve the health and well-being of the people of Colorado. As one of the first health conversion foundations in the country, The Trust has employed numerous grantmaking strategies while attempting to achieve its goal. From its early years of responsive grantmaking, to over a decade of initiative-based funding via a request-for-proposals process and several years of strategic grantmaking, more than $300 million has been granted by The Trust to Colorado nonprofits.

In late 2010, The Trust's fourth chief executive officer began his tenure. As with most new CEOs, he spent time learning about the foundation's organizational structure and grantmaking practices, the role of evaluation, and, particularly, about the impact of the previous decades of funding. Coming from a background in public health and community-based participatory research, he looked at the foundation's work through this lens, often asking about the community's role in the grantmaking. While community input had been solicited via various scans over the decades and helped inform funding priority areas, nonprofit organizations or residents had not been involved in actual grantmaking.

Our new CEO envisioned three "buckets" of funding — community/resident-led grantmaking, advocacy/policy, and data/information. His public health background, particularly in health disparities, drew him toward funding evidence-based practices. At the same time, we sponsored a lecture series and engaged a number

Key Points

- This article explores how The Colorado Trust confronted the fact that the lives of many Coloradans remained fundamentally unchanged after years of nonprofit-led grantmaking and, in response, developed a community-led grantmaking process aimed at achieving a new vision of health equity.
- These shifts led to significant changes both within The Trust and in long-standing relationships with many nonprofits. The Trust dissolved its program department and replaced the program officer position with a team of "community partners" tasked with building relationships with residents in far-flung regions of the state. Resident groups were empowered to identify the needs in their own communities, and will receive funding to disperse as they saw fit to implement their plans to address those needs. These residents are also discussing what success will look like for them and how they will know when they achieve it — in evaluation, too, shifting power from the funder to the community.
- Putting Colorado residents in the driver's seat for part of its grantmaking altered the fulcrum of power at The Trust. This article also discusses how The Trust came to examine its own power and privilege and to explore diversity, equity, and inclusion — what it means to The Trust and how it can best be prepared for deeper community conversations.

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of experts to help educate us and the community about health disparities and health equity. Speakers included Manuel Pastor, Adewale Troutman, Brian Smedley, Anthony Iton, and Paula Braveman; they contributed to our discussions as we internally debated what our grantmaking platform was going to be.

It took a visit and talk from Braveman, and a careful reading of her work on health disparities and health equity, to appreciate the fact that if we were going to engage in a different process that included partnering with communities and residents, we needed to move past health disparities and become a health-equity foundation (Braveman, 2006). This meant focusing not on disparities measured by disease states and the differences in rates across populations, but instead on the social determinants of health and health equity. It also meant stepping out of the comfort zone of evidence-based programs, and becoming comfortable taking bigger risks and creating the evidence as we went along.

Colorado's first nonprofit organization was established in 1897. The list has grown to well over 30,000 nonprofits in the state today — about one for every 250 residents. Community-needs assessments are conducted annually by many of these nonprofits and the data are presented in funding proposals for programs that foundations like The Trust have been funding for decades. Yet the problems facing these communities persist. Despite the millions of Trust dollars and the many more millions from other funders in the state, the lives of many Coloradans remain unchanged. Why do these problems continue to exist despite the millions of dollars spent to alleviate them? Why would continuing to fund the same nonprofits, in the same way, result in anything different? As Einstein reminds us, we can't solve our problems with the same kind of thinking that created them. The Colorado Trust faced this challenge: How can we think differently, and what can we do differently, that might shift outcomes for the people of Colorado? This article describes the way we are attempting to answer these questions.

A Vision of Something Different

For decades, funders have held the power of the purse and nonprofits have written proposals to secure funding to improve the community. We continued to ask ourselves, Where are the voices of community residents? And when the community did have a voice, such as in needs assessments conducted with resident input, what, if anything, changed this balance of power? Funding still went from the foundation to the nonprofit.

Funders want to achieve real and measurable social change, yet social change ultimately must involve a consciousness of the power imbalances between funder and funded entity. Power (n.d.), defined in Merriam-Webster, is "the ability or right to control people or things." Recognizing the power we hold as funders, is there something we can do to shift this balance and allow for a community's residents to determine for themselves what they needed to achieve health equity? Could it be true that "for health equity efforts to yield true, lasting change, what the community change is may be less important than who drives the change agenda and in whose interest it is led" (Bell, 2014, p. 43)? These were among the many questions we, as staff, challenged ourselves to answer as we tried to imagine a different way.

Drawing from models and lessons of community-based participatory research gleaned from writings of experts such as Meredith Minkler (Minkler & Wallerstein 2008), we imagined a grantmaking model that would be at least as participatory, if not more so, than community-based participatory research. Initially naming our process "community-based participatory grantmaking," we envisioned a resident-driven process. Over the course of a year we met with individuals who were knowledgeable about and had experience with some aspect of community-based initiatives. We examined the process and results of The Trust's first funding strategy, from 30 years ago — the Colorado Healthy Communities Initiative — and recognized the groundwork that strategy laid for The Trust's involvement with communities (Connor & Easterling, 2009). We attended conferences and meetings led by such groups as Grassroots Grantmakers and Community-Campus Partnerships for Health, drawing from the experiences of others who were involved in community-based work. We continued to bring in local and national experts to help us — and all Colorado residents — think differently about health equity and the social determinants of health. We learned lessons about what had been done and began to clarify how we wanted to be different. We liked the "place based" idea, as in a specific geographic area, but we wanted to expand on the concept of community engagement to create something actually led by the residents of entire communities, as defined by those residents.

This model of resident-led grantmaking is one of The Trust's three funding "buckets," and we continue to support our other areas — policy/advocacy and data/information — via grants to nonprofits. Our assumption is that if community-grantmaking decisions shift from foundation staff directly to residents whose lived experience has been one of powerlessness and marginalization, change might be possible in ways it hadn't been when nonprofits were directing these decisions. Guided by the belief that true change will occur when everyone in a community can harness the power of their voice and vision, we decided to alter the power structure of a component of our grantmaking, evaluate it, and see what resulted. We anticipated some resistance to change in the nonprofit community, especially among groups we had funded for many years. Little did we expect the disruption that would result within The Trust.

Implications for Grantmaking

Although a significant component of grantmaking to nonprofits continued, the program department was most immediately affected by the change. For long-term program officers, skilled in writing RFPs and reviewing, selecting, and monitoring grants and grantees, the changes were unsettling. The shift to resident-led grantmaking was asking program staff to do unfamiliar work. They were asked to spend considerable time outside the office, driving the far reaches of large, often sparsely populated rural counties to learn about the difficulties residents faced in meeting their most basic needs. They were asked to meet and talk with residents, and start building relationships that we believed would establish the trust necessary to convene large groups of residents to speak honestly about the challenges in their lives and how they might confront them. The task was now to behave more like anthropologists and community organizers and less like the program officers they were.

Uncertain of how to make this significant shift in their approach, they often went where they felt most comfortable — to the leaders of nonprofits in those communities, people with whom they had prior relationships. They began by looking at these communities not through the eyes of residents who live its problems on a daily basis, but instead through the eyes of the nonprofits — in many cases, the same organizations that foundations have been funding for years. It was soon evident that significant change was needed within the foundation. Following months of experimentation to understand what "resident-led" meant in practice, the program department was dissolved and the job of program officer eliminated.

After this change, which had ripples both publicly and within The Trust, the Community Partnerships and Grants department was created and the program officer post was replaced with

[T]he Community Partnerships and Grants department was created and the program officer post was replaced with a new position — that of community partner. The position description was written to seek out applicants with a set of skills new to The Trust — individuals comfortable spending long hours understanding the geography of Colorado, able to go into unfamiliar communities and do what was needed to build trust with residents, and who shared a vision of what was possible when these residents had a voice and when power was shifted to them. And, in what was perhaps the most visible change, we wanted individuals who lived in these regions and appreciated, as residents themselves, the challenges and lived experiences of their neighbors.

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Now, almost two years since the elimination of the program department, we have a high-functioning team of seven community partners. They live throughout Colorado and, with those skills in community organizing, spend their time building relationships and convening residents to determine where to focus community change efforts. These community partners, with the help of local organizers, are building resident teams to facilitate community meetings and help provide inroads into the most disenfranchised and neglected areas. Ultimately, funding will go to these resident groups to implement their plans, and they will determine how the funding is disbursed. If residents say a particular nonprofit is critical to their success, they can fund that nonprofit to do what is necessary. The nonprofits will report to the community, not to the foundation.

Diversity and Inclusion

Putting Colorado residents in the driver's seat for part of its grantmaking altered the fulcrum of power at The Trust. Communities with long histories of working with Colorado foundations were skeptical that such a power shift was possible. Some still are. Communities have experienced too often those new and shiny ways of grantmaking that left them in the same position: the funder leaves and everything goes back to the way it was.

What could we at The Trust do to better understand this lack of trust? What could we do to better understand our individual and very personal roles in these shifting power dynamics? Even when residents drive grantmaking, foundation staffs still hold power. How could we come to some understanding of the implications of this, for ourselves and for communities? The Trust needed a way to deeply examine our power and privilege, leading us to be in a better position to let go when necessary.

We knew diversity mattered. Much has been written about the relationship between workplace diversity and improved profits (Hunt, Layton, & Prince, 2015). Yet we were interested in something more than staff diversity. We wanted to understand the historical role of power and privilege — in both our personal and professional lives — and the impact it has on who we are. To help with this, we hired a consulting firm to guide us in an exploration of diversity, equity, and inclusion — what it means to us and how we can best be prepared for deeper community conversations.[1] Over the past year and continuing to at least the end of this year, board and staff have been going through intensive self-examination around issues of race, ethnicity, gender, and other "differences." It has been a difficult yet powerful journey for all of us. We are uncovering long-held stereotypical beliefs about ourselves and others, and learning to recognize how these beliefs have shaped and, at times, hindered us.

We are not implying that through this diversity and inclusion work, better health equity outcomes will emerge. Rather, this work has forced us, board and staff, to look at racism in our society, our communities, and within ourselves, and to begin to understand its role in health equity. Coinciding with this internal work, we brought in john a. powell, head of the Haas Institute for a Fair and Inclusive Society at the University of California-Berkeley, to speak to Coloradans about the role of racism in health equity. His words deeply touched our communities and our staff. The timing of his powerful words and our own internal diversity and inclusion work encouraged us to continue down this path as we follow communities toward our health equity vision.

[1]To facilitate this process, we used Visions Inc. www.visions-inc.org.

An important part of our story is the journey of the board of trustees to understand the work — the resident-driven focus of this grantmaking component could very well change their own relationships with nonprofits and community members. Our board members, like those of most foundations, have long-standing relationships with nonprofit organizations. Would our board support this shift from solely funding nonprofits to funding resident-led ideas in communities?

The Board Joins the Journey

Any change in grantmaking practice potentially has an impact on results and outcomes. An important part of our story is the journey of the board of trustees to understand the work — the resident-driven focus of this grantmaking component could very well change their own relationships with nonprofits and community members. Our board members, like those of most foundations, have long-standing relationships with nonprofit organizations. Would our board support this shift from solely funding nonprofits to funding resident-led ideas in communities? Discussions between board and staff happened over many months and were

supported by several place-based and evaluation colleagues who helped facilitate these conversations. The Trust was undergoing two significant shifts simultaneously — to a vision of health equity and to including resident-driven grantmaking in its portfolio. Both shifts had challenges. Shifting to funding health equity could mean some of the effective nonprofits that had been funded by The Trust for many years would no longer receive funding. The resident-driven focus would not only diminish the decision-making power of the foundation staff, but potentially that of the board.

An early conversation with the board included former staff member Doug Easterling, now at Wake Forest University. His story of Colorado Healthy Communities Initiative laid the groundwork for board and staff to better understand The Trust's historical role in community-based work (Connor & Easterling, 2009; Connor, 2005; Easterling, Connor, & Larson, 2012). Another conversation with the board focused on understanding what other funders faced in their attempts at a more community-driven approach. During this discussion our speaker, Ken Hubbell, warned us,

> If you are not in this all the way, not serious about turning over control to community residents, don't even start. The distrust that could result in these communities could impact grantmaking for many years to come. (personal communication, June 9, 2015)

Just like community residents, the board and staff needed to be absolutely certain we understood the risks we were beginning to take.

After more conversations, board members and senior staff had a daylong visit from Henry Timms, executive director of New York's 92nd Street Y. Timms and his colleague Jeremy Heimans wrote about "new power" — power that is "open, participatory, and peer-driven" (Heimans & Timms, 2014, "Introduction," para.5). He talked about power models enabled by "the agency of the crowd." (Heimans & Timms, 2014, "New Power Models," para.1). These models of power mirrored our own assumptions about the potential of resident-led change.

Our board continues to have multiple opportunities to explore this new way of working. Now, two years into the work, it clearly recognizes that this shift to "new power" is happening, and is fully supportive. It is discussed at every board meeting, along with progress to date. Such a dramatic shift in grantmaking would not be possible without the board's support, yet ongoing, open, and honest conversations with board and staff, including the community partners, is critical. Reminding ourselves to keep an open mind while remaining a bit uncomfortable at all times continues to be important. The more certain we are of ourselves and our experiences, the more we must struggle to avoid the arrogance of believing we know what is right for communities. It's a lesson of which we will surely keep reminding ourselves as the years pass.

Implications for Evaluation

Evaluation has been a critical function at The Colorado Trust since its inception. The role of evaluation in grantmaking has undergone numerous shifts over the decades. While there has always been a commitment at The Trust to learning from evaluation, the issue of outcomes is always present. Emphasis on learning from evaluation has been perceived, at times, to be in conflict with achieving measurable outcomes. When discussing our new way of grantmaking, we realized we'd need not only a new way of evaluating, but a new purpose to evaluation as well.

Achieving health equity in Colorado is The Trust's vision. One way we are addressing this vision is through a resident-led process. Communities, responding to their lived experience, naturally focus on social determinants of health rather than specifically on health narrowly defined. When asked about the health of their communities, residents immediately recognize the roles of education, economic development, and a supportive, toxin-free environment, among other real issues and concerns. The case for tackling health equity via social determinants of health is not a hard one to make.

The role of residents in the evaluation is the significant difference between evaluating a resident-driven process and one that engages community members but is ultimately driven by a funder. Not only are residents meeting throughout the state to identify problems, root causes, and solutions, but they are also discussing what success will look like for them and how they will know when they achieve it. Putting into the hands of residents the decisions about what outcomes to measure and what indicators to track shifts the locus of control, once again, away from the funder. It's impossible to have an authentic resident-led process if the end goal, and how it is measured, are predetermined by the funder.

The Colorado Trust's vision is health equity for all Coloradans. Some could argue that this is, in effect, setting the end goal for the residents — exactly what we are saying we are not doing. However, viewing health equity through the lens of the social determinants of health opens up the field of possible outcomes.

Residents will define success for their community, determine what data need to be collected, and decide to measure their progress. They may choose to collect data that would not be what a seasoned evaluator would consider the "best" indicator. However, just as putting grantmaking decisions in the residents' hands, putting decisions about what and how to evaluate success into their hands will hopefully result in a more authentic learning-from-evaluation process. Residents know their communities — they can see things that outside evaluators and foundation staff might overlook. It is this power — to see what is invisible to outsiders — that can enable community members to achieve more than others believe is possible.

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Given the many assumptions we have made about how our work will unfold, we are planning for multiple levels of evaluation efforts. In addition to the resident-led evaluations that will be designed and implemented at the community level, we have a responsibility to track our own progress as a foundation doing work differently. Will our assumptions play out? Will shifting decision-making to community members result in different and more lasting outcomes? Will reconfiguring our program department make a difference in the long run? Will it be possible to identify predictors of a "successful" community partner? Does our intense work in diversity and inclusion matter? Evaluating our work on these levels is critical, not only for us as funder but also so other foundations may learn from us. For this component of grantmaking, it is essential that the evaluation efforts have several focuses — the focus on The Colorado Trust is as important as the focus on the resident-led work.

One of the tasks of the evaluation department is to track health equity data and look for shifts in indicators of the social determinants of health. We are just starting to imagine how this might look. However, this effort will not be used to link back to the work at the community level nor will we look for changes we can attribute to our new grantmaking. The larger health equity data effort could change the way Colorado addresses health disparities, which would be a significant contribution. But allowing residents to own their evaluations, just as they own the rest of this work, is an important change and one we'll be studying.

Evaluation continues to be an important investment for The Trust, and even more so with the changes in our work. We continue to emphasize ongoing learning, but now feel an even greater responsibility to link our processes to outcomes — at the community, state, and foundation levels.

Conclusion

Building trusting relationships in communities takes a long time. We originally assumed we'd have grants in communities within six months; we've learned a lot since those early days. Eighteen months after the community partners were hired, community planning grants have been made. Implementation plans, we hope, will be ready by the end of 2016. But we have learned to be patient. The road we have followed these past two years has been at times rocky, at other times smooth, but never boring. Somewhere along the way we lost our fear of being wrong, and have grown stronger as we move forward.

As Steve Jobs once said, the greatest pleasure in life is doing what people say can't be done. Many of our colleagues say our efforts to shift power authentically to communities can't be done. They tell us the history of funders directing change is too long and deeply engrained for this shift to happen. They ask to see our clearly articulated theory-of-change model, wanting to see how we have considered every possible angle. Using phrases like "building the plane while you're flying it," our colleagues express skepticism and take a wait-and-see stance, withholding judgment until some measurable outcomes emerge.

At The Colorado Trust we think of what Henry Timms told us: There is a growing group of individuals who believe they have an "inalienable right to participate" (Heimans & Timms, 2014, "New Power Values," para. 3). This is not only participation in the form of voting, but in actively shaping their lives and taking part in creating something different for themselves and their communities. Many assumptions guide our efforts, not the least of which is the belief that our emerging work is supporting this inalienable right of the people of Colorado to determine at least a small part of their future. It's not easy for us. It's not easy for residents. It's certainly not keeping us in our comfort zone. Witnessing Colorado communities willing to take huge risks gives us the strength and determination to see this through. Small changes are happening in communities and within The Colorado Trust every day. The large changes we want to see may take generations. The risks for all of us are enormous. Other funders continue to ask us, What if it doesn't work? Just imagine, though; what if it does?

REFLECTIVE PRACTICE

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