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editorial

Dear Readers,

In this issue, sponsored by The Colorado Trust, we focus on several major philanthropic initiatives from the state of Colorado. The purpose of this issue is not only to highlight the state's vibrant philanthropic sector, but to share what has been learned that may be applicable to others. Colorado's geographic and demographic diversity and the challenges faced in its communities are much the same as those in other states: racial and ethnic disparities in education and health outcomes, access to mental and behavioral health services, and inadequate public transportation. The articles in this issue highlight the ways in which foundations, government organizations, and community members have come together to address these issues, as well as describe the new and innovative approaches being brought to bear in this important work.

Connor, Church, and Yondorf examine the development of the Early Childhood Mental Health Funders Network, an organization of more than 12 community, private, and family foundations, to develop shared strategies for promoting the behavioral health of young children and families. The network evolved from a learning collaborative to an incubator for jointly funded initiatives. Among its collaborative funding efforts is LAUNCH Together, a five-year, \$11.4 million initiative to support the behavioral health of young children and their families. While the network is still new, there are early signs of progress and lessons learned.

Gagne analyzes the efforts of Mile High Connects, a collaborative working to ensure that the Denver region's \$7.8 billion transit project benefits low-income communities and communities of color by connecting them to affordable housing, healthy environments, quality education, and good-paying jobs. The collaborative includes local and national funders that have coalesced around the central issue of transit equity.

The Colorado Health Foundation implemented significant changes to how they invest and operate. **Fort and Price** assessed the uses of strategic communications as an integral tool in announcing and implementing these changes. The success of the foundation's "change" communications strategy was rooted in use of multiple communications and opportunities to engage with the Foundation about the changes. Preparing foundation staff to have front-line communications with primary audiences proved to be critical to conveying information appropriately.

Csuti and Barley explore how The Colorado Trust confronted the fact that the lives of many Coloradans remained fundamentally unchanged after years of nonprofit-led grantmaking. In response, The Trust 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

Teri Behrens

Ned Calonge

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 have received funding to disperse as they see fit to implement their plans to address those needs. 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.

Easterling and Main explore the tension between trusting the wisdom of communities versus trusting scientific evidence. This tension arises not only across the field of philanthropy, but also within individual foundations. This article considers how foundations should manage situations where the two competing philosophies are generating divergent and even inconsistent strategies. This article uses the Polarity Management model in a post-hoc explanatory description of The Trust’s process for adapting strategy, and considers the larger question of whether this model allows foundations to generate more effective strategies than occurs if they are strictly concerned with the principle of strategic alignment.

The final article in this issue is not specific to Colorado philanthropy, but addresses a sector-wide issue, the fit between foundations and how they conduct evaluation. **Coffman and Beer** point out that foundations have become more variable in how they address their missions. This variability means that there is no one right model for how a foundation’s evaluation function should be designed. It is imperative for a foundation to think carefully about how the structure, position, focus, resources, and practices of its evaluation function can best fit its own needs and aspirations. They identify common areas of misalignment between what foundations need and how they are spending their evaluation time and resources. For foundations that are new to evaluation, these are misalignments to avoid. For those experienced with evaluation, they are reminders of what to heed as practices are examined.

These articles highlight how Colorado funders have sought to creatively and collaboratively address community needs. New approaches to how foundations work internally, how they collaborate and communicate with partners, and deep reflection about creating structures that match purpose are desperately needed to tackle today’s challenges. Perhaps the examples we offer here can serve to inform such efforts across the country – and indeed, the world.

Teresa R. Behrens, Ph.D.
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Mission Shift: Using and Evaluating Strategic Communications to Implement Organizational Change

Taryn Fort, B.A., and Kelci Price, Ph.D., *The Colorado Health Foundation*

Keywords: Communications planning, communications strategy, theory of change

Introduction

Using strategic communications to advance a foundation's mission is an increasingly valued tool within the field of philanthropy. Well-established communication practices and an ever-changing marketing and communications landscape provide opportunities for businesses and institutions to reinforce mission-driven messaging and action. More and more, strategic communications is playing a transformative role in philanthropic efforts to drive social change that targets individual and system behaviors, builds public will, and creates community-based culture change (Easterling, Sampson, & Probst, 2010). In fact, the field of communications is experiencing a new era, with fast-paced and emergent practices and tools becoming available to ensure that ideas take hold and messages are delivered consistently for the most impact (Gibbons, 2016).

Within philanthropy, the momentum for using strategic communications to drive mission is building among foundations of all sizes (Easterling, et al., 2010). Maximum impact is achieved when the communications philosophy and strategies are rooted in guiding principles such as executive buy-in and end-user message testing, to achieve a broader understanding of how communications are being received and to avoid becoming insular (Canales & Lanfer, 2015).

Like many foundations across the United States, the Colorado Health Foundation, a state-based health foundation headquartered in Denver, has shifted over time toward more strategic philanthropy, using social and financial capital together to achieve impact. The foundation's grantmaking

Key Points

- Strategic communications can play a role in implementing organizational change by reinforcing understanding of and advancing audiences to accept the changes that impact them. The Colorado Health Foundation uses strategic communications as an integral tool in achieving its organizational mission to improve the health of all Coloradans. Evidence reveals that it was critical to successfully announcing and implementing significant changes to how the foundation operates and invests.
- This article profiles the strategic communications approach, from its inception through the application of learnings gathered from a subsequent evaluation. The success of the foundation's "change" communications strategy was rooted in use of multiple communications and opportunities to engage with the foundation about the changes. Preparing foundation staff to have front-line communications with primary audiences proved to be critical to conveying information appropriately.
- Applying an emergent-learning practice to this strategy and other ongoing communications work has resulted in grantees' continued awareness and understanding of the foundation's grantmaking opportunities.

methodology and staffing infrastructure have paved a path toward using strategies beyond grantmaking, such as actively influencing and advancing health policy and adopting learning and evaluation practices that inform staff and the field of philanthropy.

FIGURE 1 Developing a Communications Strategy

The foundation also uses strategic communications as an integral tool in achieving its organizational mission to improve the health of all Coloradans (Sherry, 2015). Communications target existing grantees and influential state-based leaders, as well as experts in health and health care. Until its conversion to a private foundation in 2016, the foundation actively lobbied; today, the foundation no longer lobbies, but still regularly engages in educational efforts to influence public policy.

The Colorado Health Foundation has a long history of investing in communications expertise within the organization, predominantly to ensure brand growth and provide technical assistance to grantees. More recently, an embedded staff model placed communications staff into cross-functional strategy development for grantmaking, with the goal of using communications strategically to achieve goals. Communications is also a critical partner with the foundation's evaluation and learning function, helping to illustrate the impact of its investments and to share learnings with grantees and the field of philanthropy. Through a variety of established traditional and digital channels, communications both inform and influence internal and external stakeholders involved in the foundation's work. The most common types of external communications outreach include:

- sharing information or education about the foundation's work and that of its grantees and partners,

- marketing funding opportunities to potential partners,
- convening thought leaders and influencers, and
- disseminating unique research and learnings.

This article profiles the development and implementation of a "change" communications strategy designed to manage communications throughout a period of significant organizational shifts at the foundation. Specifically, the strategy focused on communicating organizational changes to the foundation's three pillars of work, functional changes to grantmaking, and a new organizational approach to evaluation. Utilizing a traditional model for communicating change provided a logical sequence of activities and support to ensure clarity of these substantial changes throughout the effort. The model also focused on measurement and reflections, or how learning from the experience might be applied to future efforts.

This article is organized as a narrative of the experience. First, it discusses the degree of organizational change that resulted from confirmation of a new strategic direction. Next, it reviews the development and implementation of the communications strategy, including the communications plan, which featured audience identification, messaging, training, and rollout. (See Figure 1.) The article concludes with details of the evaluation approach and learning model designed for determining success and where improvements could be made.

Evaluating Communications for Success or Failure

The primary question addressed in this article is how an evaluation and learning model can help test the degree to which an integrated communications strategy was effective and enabled application of experiential learning to improve outreach. Before the new era of communications, marketing and communications were historically measured for success by the impact of a single medium (or channel, in modern terms). However, the ongoing evolution within the field of communications has provided increased opportunities to simultaneously use several channels for maximum impact and to reach more audiences for an integrated effect. An integrated marketing and communications model is cross-channel in nature and features four elements: a customer-centric approach, content, channels, and measurable results. Evaluation can take varying shapes, depending on intended outcomes (Reinold & Tropp, 2012).

The “change” communications strategy discussed in this article was integrated for maximum impact by using all foundation communication channels simultaneously to reinforce one another. The foundation’s traditional approach to external communications calls for program staff to be on the front line, communicating in a proactive or reactive one-on-one manner with grantees. Often, and in the case of this strategy, simultaneous and coordinated communications support one-on-one staff outreach. The evaluation model for this effort was designed at the outset of planning, with intent to rigorously understand how well communications were received and how to improve them. Measurement focused on determining the awareness and understanding of the communicated messages among target audiences, the messaging gaps, and the best channels for communicating the messages. Learning centered on foundation staff understanding the evaluation results, examining how their roles influenced the communications effort and outcomes, and identifying opportunities for improvement.

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Determining the Degree of Organizational Change

The Colorado Health Foundation is the largest health foundation in the state, with \$2.4 billion in assets and approximately \$100 million in grants and contributions invested annually in state-based organizations. Nationally, it ranks as one of the largest state-based health foundations in the U.S. (Colorado Health Foundation, 2016.) With a vision to make Colorado the healthiest state in the nation, the foundation organizes its work and goals within three primary community-outcome

FIGURE 2 Changes to How We Work

areas that were established in 2006: Healthy Living, Health Coverage, and Health Care.

The foundation originated in 1995 as the HealthONE Alliance, a nonprofit spinoff of a joint venture between the for-profit Hospital Corporation of America and the non-profit HealthONE hospital system. By 2006, HealthONE Alliance had changed its name to the Colorado Health Foundation and was awarding upwards of \$20.4 million in contributions to non-profits across the state. The foundation's board adopted the current vision, to make Colorado the healthiest state in the nation, and established the three community outcome areas to drive the grantmaking model. At that time, its grantmaking was largely responsive in nature, open to any 501(c)(3) organization working in Colorado.

The foundation experienced dramatic growth between 2006 and 2012, nearly doubling its staff and its community investment (from \$42.2 million to \$84.6 million). During this time, the foundation wanted a way of assessing its impact, and implemented a measurement practice it called Measurable Results. This consisted of a defined set of measures, which were tracked for each grant (excluding those which did not provide direct services or programming).

In 2012, the board asked staff to focus on childhood obesity as a battle that is “big enough to matter, and small enough to win.” This led staff to initiate a strategic planning effort in late 2012, internally referred to as Strategy Refresh, that aimed to develop a 10-year, goal-oriented investment strategy guided by the foundation's existing vision and mission. Although the initial charge from the board applied most clearly to the foundation's Healthy Living outcome area, staff decided to include the other two outcome areas — Health Care and Health Coverage — as well. Since all of the foundation's goals and strategies had been created in 2006, staff felt that the health landscape had changed enough to merit a full assessment of the foundation's work.

Strategy Refresh included three cornerstones of strategic analysis and development:

- Analyze the shifting health landscape, including the impact of policy interventions such as the Patient Protection and Affordable Care Act.
- Incorporate learnings from prior investments.
- Refine outcome-area goals and strategies by developing 10-year strategic targets.

FIGURE 3 Grantmaking Approach

In late 2013, after extensive assessments, conversations, and engagement with local, state, and national experts and stakeholders, staff finalized the Strategy Refresh by proposing three major sets of changes. (See Figure 2.) The board approved the changes and new direction, along with a projected external launch date of March 2014 to communicate the changes. The three major types of changes were:

1. *Strategy and goals.* The foundation affirmed its vision and mission as well as a commitment to the three outcome areas of Healthy Living, Health Coverage, and Health Care. However, the strategies to achieve results within those areas changed. Seven new strategies were defined across the three outcome areas, each guided by a theory of change and numeric targets to guide the foundation's work. Three new galvanizing community-outcome goals were also set for the foundation to achieve together with grantees and partners by 2023.
2. *Grantmaking model.* As a grantmaker, the foundation had been predominantly responsive, meaning that any nonprofit organization working in Colorado could apply for funding during any of the foundation's three open annual deadlines. Grant portfolios centered on the three outcome areas,

and grants were managed one by one. The foundation's vision for the future was a more targeted approach centered on creating strategic funding opportunities designed to accomplish specific outcomes, and which were aligned with a broader strategy. This resulted in a shift away from open, responsive grantmaking to an approach based on specific funding opportunities. (See Figure 3.) These funding opportunities tended to have specific criteria for applicants, and were open on more limited deadlines.

3. *Evaluation model.* Since 2008, grantees had reported progress to the foundation using the Measurable Results practice. Strategy Refresh brought an opportunity to reinforce the organization's commitment to evaluation and learning. As part of the foundation's strategic shift, a new evaluation model was designed and rolled out with the new grantmaking approach. The new model focused evaluation on portfolios of work within funding opportunities (including components beyond grantmaking, such as policy and communications), and the impact of the foundation's broader strategies. With the move away from grant-level measurement, Measurable Results became a small component of a much more comprehensive model. The new model was designed to provide

FIGURE 4 Commitment Curve

more actionable information for planning and improvement, a focus on intentional learning practices, and a more comprehensive focus on assessing impact even for difficult-to-measure activities, like advocacy and systems change.

Developing a “Change” Communications Strategy

Executive leadership¹ understood the importance of a well-devised communications strategy. They played active roles throughout design and implementation, but did not necessarily lead the effort. Instead, they provided input on design as requested and were deployed as key communications messengers, responsible for setting up critical staff and the board conversations and trainings. They played a similar role in external communications. An internal cross-functional

advisory team comprised of middle-management staff (who represented the majority of staff direct reports) was created for primary decision-making and content approvals related to the communications strategy. One executive sat on the team as a conduit between executive and middle-management levels. The advisory team was well positioned to disseminate aligned messaging across staff, drive accountability for their direct reports’ involvement in communicating, and develop support tools for a streamlined roll-out. Prior to implementation, for example, the advisory team developed a process to track when and how external conversations occurred and to identify messaging gaps or trends to inform rapid improvements to the outreach.

The changes brought by Strategy Refresh were substantial, and the foundation knew that they would have a significant impact on current relationships and grants as well as on internal staff. The communications strategy was designed

¹Note: executive leadership has since been replaced with a new CEO.

TABLE 1 Communications Strategy for Strategy Refresh

Communication Objectives	Guiding Principles
Provide awareness and understanding of the messaging.	Speak with one voice to drive aligned internal and external messaging.
Build and maintain comfort among staff and board to deliver messaging effectively and respectfully.	Develop clear messages.
Design all communications for consistency across all channels.	Be timely in sharing information and responding.
Actively manage communications to ensure aligned messaging and successful transition through the changes.	Prioritize face-to-face communications.
Apply learnings to improve communications through the transition.	Use existing communications channels and forums for subtle launch. Develop multiple opportunities for message delivery and reaction/response. Use a continuous and long-term feedback loop for responsive communications needs. Define measures to evaluate effectiveness.

with a broad lens to ensure strong support for all audiences. The strategy outlined the approach and guiding principles for planning outreach, defined objectives to be met through communications, identified risks and assumptions, proposed an approach to measurement, and incorporated a learning approach to help improve communications.

The strategy was rooted in a traditional change-communications model that requires all users — those delivering the message as well as those receiving it — to move through a commitment curve, from awareness to commitment and action. (See Figure 4.) For example, it was expected that internal staff responsible for externally communicating the strategic changes would need to move through the curve before they could most effectively act as communicators to grantees and other partners. Executive leadership played a key role in that progression, setting expectations for staff involvement before and during

rollout. Staff went through a training process that addressed acceptance of the changes before learning about how to effectively deliver messages.

Communications were designed to drive a successful transition through the change curve with both staff and external audiences. The objectives and guiding principles of the communications strategy were designed with an ultimate goal in mind: to inform, engage, and equip target audiences about and for a new foundation experience as grantees, staff, and board members. (See Table 1.) The guiding principles were co-developed with the program staff as part of planning the foundation’s transition strategy, and served as a framework to help guide decisions about the overall communications strategy.

Tone played a critical role in achieving staff conversations that struck an honest balance of empathy and respect for the relationships with the foundation’s valued grantees while conveying the

FIGURE 5 Communications Activities and Timeline

changes effectively. Underscoring all of this was a notion that being respectful included sharing honest information — news that can be hard to hear — with valued partners. Evaluation showed that grantees not only valued the individual conversations ahead of the external launch, but they also recognized the work and time that foundation staff put into that portion of the effort.

Developing a Communications Plan

The communications plan was the most frequently used by-product of the overarching strategy. It existed as a living document that guided daily work and activities. (See Figure 5.) The plan also functioned as the primary internal project-management tool, serving as a calendar and outlining the cascading approach to be used for communicating and reinforcing messaging to a diverse set of audiences, starting with internal staff. A cascading approach, which is typical in delivering messages via a change-communications model, allows for joint reinforcement of messaging, delivery through multiple aligned channels, and select delivery depending on audience (Lencioni, 2010).

The plan called for staff and board to first be prepared in February 2014 for the external communications launch. Simultaneously, other communications channels were outfitted to drive consistent messaging and integrated outreach.

Externally, a soft launch to the broader public was planned for late March 2014, followed by multiple opportunities to reinforce the upcoming changes. Shifts in the grantmaking model would take effect in June 2014, when the first funding opportunities would be open for applications. At this time, the foundation would fully shift from responsive applications to applications based on funding opportunities.

The primary communications channels were varied. Prelaunch, they included one-on-one conversations with every active grantee, a personal letter from the chief executive officer to each active grantee, and print collateral for internal use and for grantees. At the launch, the channels included the revised and restructured website; the *Achieving Our Vision: 2014 and Beyond* webinar series; email announcements; and additional one-on-one meetings with key partners and the local philanthropic community.

Implementation of the communications outreach was staggered over the course of a year. In addition to guiding and monitoring daily activities, the communications plan was used to identify audiences, develop key messages, prepare staff to communicate messages, and outfit channels to communicate the changes more broadly. Evaluation of the communications effort rolled out in January 2015, less than a year after launch.

TABLE 2 Communications Changes to Key Audiences

Type	Stakeholders	Impact	Communications Function	Owner
External	Active grantees	High	Inform and engage about the organizational changes, the independent impact to them, and future funding or activities.	Program officers, Foundation leadership, Foundation communications
	Key partners	High		
	Philanthropic community	Medium		
	Vendors	Medium		
Internal	All foundation staff	High	Inform staff about the organizational changes and provide varying levels of training to effectively communicate the changes; function as a feedback loop.	Foundation leadership, Foundation communications
	Graduate medical education staff	Medium		
Governance	Board	Medium	Inform governance about the organizational changes and provide training to effectively communicate the changes; function as a feedback loop.	Foundation leadership, Foundation communications
	Philanthropy committee	Medium		
Foundation Staff Groups	Internal cross-functional advisory team	High	Approve and implement communications planning.	Foundation leadership, Foundation communications
	Philanthropy team	High	Train program officers to have one-on-one conversations with affected organizations.	
	Leadership	High	Train leadership to have one-on-one and group conversations with affected organizations and partners.	

Identifying Target Audiences

The foundation’s communications philosophy is grantee-centric, with priority placed on both robust customer service and sharing or cross-promoting information related to grantee programming and efforts where the foundation invests. Because grantees and key partners were consulted for feedback in various ways throughout Strategy Refresh, there was awareness of potential foundation organizational shifts among the larger statewide nonprofit community. Key partners across the state, including the Colorado-based philanthropic community, were also aware of Strategy Refresh to some degree.

Building on external awareness and interest in the shift, the foundation realized the importance of sharing timely information about the upcoming changes to address concerns or anxiety. Sharing the appropriate information with key audiences at the right time was key to effectively carrying out a coordinated announcement and transitioning through the changes. (See Table 2.)

The decision to focus on grantees and key partners as two primary external audiences emerged naturally. Internally, the primary audience was staff; governance bodies, including the board, were prepared similarly.

TABLE 3 Internal Staff Change Impact Survey Results

Survey Topic	Staff Responses
Degree of change	61% medium, 39% high
Most significant changes to address	Changes to funding, new evaluation expectations, clearer understanding of application fit earlier in the process, increased requests to other funders
Staff concerns	How to maintain and preserve relationships, how to communicate effectively
Keywords identified by staff to describe the future state	Intentional, targeted, strategic, thoughtful, precise, concentrated, fine-tuning

Developing Key Change Messages

Messaging for this effort was designed to help messengers create authentic conversations that conveyed consistent information. Staff and board needed a strong, yet easy-to-recall narrative about the changes. Creating staff buy-in of messaging started with their feedback. The advisory team developed an internal survey that identified how staff viewed the changes thus far. The survey results informed development of appropriate messaging tools. The findings revealed how staff viewed target audiences and which changes would have the most impact on those audiences, and assessed current perceptions about the foundation's anticipated future approaches.

When the survey revealed that staff considered the degree of change to be significant, staff focus groups were organized to dive deeper into the results and better understand staff concerns about how to effectively communicate. (See Table 3.) The survey identified key trends that were eventually translated into primary response messaging, while executive leadership identified change management as a key area for support internally. It is important to note that no messaging was tested externally prior to launch. While that would have been ideal, timing did not allow for it. There was also real concern about ensuring consistent communications once we began talking about the organizational changes, which led to some caution about using a testing approach at this point in the strategy. Messaging was tested for

feedback post-launch, however, and foundation staff now test communications more regularly.

The strategy's cascading approach prioritized staff readiness for verbal and written communications. While a message platform informed content updates across communications channels, the three core sets of change (strategy, grant-making approach, evaluation) proved somewhat challenging for staff to recall and effectively convey. To address this challenge, multiple memory devices and conversation tools were developed into a messaging toolkit:

- A story mnemonic device helped staff members memorize a string of words and frame a conversation. It also drove understanding of and consistency in messaging. The tool model focused on boiling down a story to basic points. The resulting mnemonic told a story of change in four words: review, recommit, refine, and results. (See Figure 6 and Figure 7.) For staff, achieving a comfort level with the messaging was critical. As they became more comfortable with the messaging, they were advised to personalize the individual conversations in a way that felt authentic to them. This proved to be an important tool for staff and leadership who were having regular conversations about the changes. Evaluation later showed that grantees achieved a

FIGURE 6 Message Tool: Boiling Down Your Story

FIGURE 7 Resulting Mnemonic Message Tool

Message Points	Keywords	Key Phrases	Facts & Examples
REVIEW (Why)	<ul style="list-style-type: none">• Reflect• Rethink• Examine• Change• Reposition	<ul style="list-style-type: none">• Meet changing needs; react to shifting landscape• Learn from findings; incorporate learning	<ul style="list-style-type: none">• React to shifting health care landscape (Affordable Care Act)• Build on past success• Engage with partners, grantees in long-term planning
RECOMMIT (What)	<ul style="list-style-type: none">• Commitment• Vision• Aspiration	<ul style="list-style-type: none">• Update our approach• Recommit to our community outcomes• Remain true to our values	<ul style="list-style-type: none">• Invest in three outcome areas• Expand ways to engage
REFINE (How)	<ul style="list-style-type: none">• Target• Focus• Revise• Tailor• Proactive	<ul style="list-style-type: none">• Narrow and sharpen focus• Tailor funding approach• Target investment against goals	<ul style="list-style-type: none">• Clear goals allow for more precise strategies and measurement• Focus on children, geography, and other refinements creates more impact
RESULTS (Future)	<ul style="list-style-type: none">• Impact• Future• Successful• Healthier	<ul style="list-style-type: none">• Show greater impact• Move the needle• Meet our goals• Make an even bigger difference• Create new partnerships	<ul style="list-style-type: none">• Continue responding to community needs• Engage across sectors

FIGURE 8 Comparative Content Tool: What's Changing in Healthy Living

pretty clear understanding of what they were attempting to convey.

- A conversation flow tool helped staff structure anticipated conversations, from introduction to questions and closing. The tool provided a simple path for staff to follow no matter what shape the conversation took. Following the path, and simplistic recall-driven pivots and bridges to drive the conversation, enabled the staff member to remain in control of the conversation and deliver the information while remaining open to answering the grantee's questions. This tool also proved useful to staff, particularly in setting the tone for early conversations.
- An impact conversation map across the primary audiences was a key tool in managing challenging conversations and ensuring that personal conversations took place with every grantee. With hundreds of grantees across the state, an equal and higher number of conversations would be necessary to convey the changes. Potential funding impacts and changes to evaluation reporting requirements were identified as the biggest concerns to address. In some cases, multiple conversations were expected. A funding impact messaging map was developed to guide staff through conversations that varied by degree of impact. The map outlined for the user how to define the

anticipated impact level for that particular grantee, goals of what to communicate in the conversation, tone expectations (such as being firm or compassionate), and explanations of what the grantee could expect moving forward, and next steps.

- Comparative content tools helped showcase the degree of shifts resulting from Strategy Refresh (e.g., with the Measurable Results). (See Figure 8.) Presenting content comparatively by time frame proved to be useful in helping grantees understand the breadth of change, particularly among longtime grantees and partners. During webinars, for example, comparative content was noted by attendees as being visually appealing and clear in terms of showcasing the before and after states.
- Conversation-planning worksheets guided program staff and others as they planned for one-on-one conversations. The worksheets were used during peer-coaching sessions among program officers and trainers. Some staff used the worksheets to map the conversations they viewed as most challenging. Later, staff shared that they gained confidence but, more importantly, that they found comfort through the peer coaching, inadvertently addressing some of the emotional challenges of understanding the breadth of the changes.

FIGURE 9 Staff Training Design

Training Stakeholders

Preparing the staff and the board for external communications was a critical stage in planning. During this period of time, the foundation employed 61 full-time staff and 56 employed staff of a primary-care residency-training program, achieving a controlled and consistent change message was both a risk and tremendous challenge. Approximately 35 foundation staff members would be serving as the most prioritized communications messengers for this outreach effort.

Staff training objectives mirrored the commitment curve. They focused on moving staff from a strategic idea to a narrative, and then helped align around how the narrative is shared. (See Figure 9.) The first step in training was to ensure staff understood the changes themselves. Leadership led this portion of the training using the messaging tools developed for staff to use when training for consistent delivery. Staff then underwent a delivery training exercise that prepared them to move primary audiences through the commitment curve. The third step focused on peer and personal coaching to assist staff in practicing for anticipated conversations and instill emotional support among staff members.

In this rollout, board members were considered brand ambassadors who both communicated externally and served as a feedback loop to staff. Board-member training was similar to staff training, but focused on understanding the changes and receiving concise messaging support; for example, an “elevator speech” that articulated a concise, clear message was provided for the board to use in its external communications.

Carrying Out the Change Communications

External outreach began in late February 2014. The foundation provided numerous and varied opportunities to communicate with grantees personally and online, which evaluation results later confirmed as an effective approach. These reinforcing communications activities were designed knowing that grantees, nonprofit staff, and board members would benefit from hearing messages repeated through multiple channels.

During a two-week period, program officers communicated the changes to more than 300 active grantees through individual conversations, either by phone or at in-person meetings. Before the launch, the foundation had organized active grantees by the duration of expected continued funding. “Transition” grantees were told that funding opportunities could open in the

near future and they could likely apply for a new grant. Some grantees were considered for “exit” funding and notified that they would have some period of continued funding, but that after that they would be eligible to apply through new funding opportunities. Renewal funding in many cases was awarded for more than a year. While funding opportunities were beginning to roll out in June 2014, the foundation had not yet settled on what types of funding opportunities would be available at what times. The communications plan called for parallel and ongoing opportunities for grantees and interested applicants to continue talking directly with staff to understand the new funding options.

One-on-one discussions were tracked to ensure all grantees were contacted and to identify follow-up requirements. During these discussions, communications staff advertised an upcoming series of live webinars that would provide an overview of the core program changes and allow time for participants to ask questions. In late March, the foundation’s president and CEO followed up with a letter to grantees, outlining and reinforcing the conversations from earlier in the month.

While grantee conversations were underway, the foundation’s primary communications channels were outfitted for the external launch. The foundation’s website² was (and is) its most centralized communications tool. Given that the website’s primary traffic source is people interested in funding, the content had to reflect the new messaging for a streamlined user experience. To meet this objective, the site content and structure were redeveloped and launched on March 28, with the most up-to-date content and news related to the changes.

The *Achieving Our Vision: 2014 and Beyond* live webinar series reviewed the changes and gave viewers an opportunity to ask questions of staff members. The first webinar was on March 27 — the day before the new website launched — exclusively for existing grantees who had already been engaged directly by program staff. That webinar was a reinforcement mechanism

to underscore messaging. Four more live webinars were hosted through early May. More than 200 individuals participated the series and dozens more watched archived events. Webinar participants were surveyed to gauge how well the changes were being understood. Participants consistently shared that the presentation was well done and easy to understand, was responsive to questions, and offered “good anticipated follow up.”

Email marketing is an important channel for reaching large foundation audiences with important funding information and organizational updates. On March 28, the foundation announced the changes via email and shared links to the new website and the recently archived webinar from the day before. Subsequently, email has proven to be the most effective vehicle for sharing information about funding opportunities, leading to a more than 150 percent uptick in email marketing. Social media also served as a channel to advertise opportunities to learn more about the foundation’s changes.

A series of in-person meetings were held between among foundation leadership and key partners and the philanthropic community. On April 28, the first two funding opportunities were launched on the website for applications due June 15. Additional opportunities opened in June and in October.

Throughout the remainder of 2014, multiple needs for rapid-response communications emerged. Program staff soon learned that visual aids were key to follow-up conversations. Wall posters were developed for staff to easily access key information related to the changes. As funding opportunities took shape, advertising needs increased and program staff reached interested applicants directly via webinars. Staff also received additional messaging support prior to major foundation events during the remainder of the year. Messaging was tweaked when some points required clarification, but the original messaging tools remained intact. By December 2014, the primary advisory team was ready to begin an evaluation process.

²See www.ColoradoHealth.org.

TABLE 4 Summary of Grantee Surveys

Survey Finding	Emergent-Learning Application	Updates Since 2015
Overall, the foundation achieved awareness and clarity. Grantees confirmed that the change communications made them aware of the foundation's changes to strategy and grantmaking. In general, they said communications were clear.	This finding emphasized the importance of the multipronged communication strategy. The objectives related to clarity and aligned messaging were clearly met to some extent.	Communications continue to be tailored to grantee input on a regular basis, including the webinars and website in some fairly substantial ways. A 2015 Center for Effective Philanthropy grantee survey reinforced that grantees continue to have a fairly clear understanding of the foundation's work.
The foundation could be clearer about long-term plans for grantmaking. Grantees said that a longer-term view of upcoming funding opportunities would benefit their planning and decision-making (e.g., what funding opportunity to apply for and when).	An external funding opportunity calendar was developed to provide a longer-term view. A testing feature was built into the calendar's development, focusing on format, utility, and content. Anyone who opted in to testing via the survey was included. Other communications vehicles, such as applicant information and grantee-orientation webinars, were revised to clarify current and future funding opportunities.	Changes to funding, new evaluation expectations, clearer understanding of application fit earlier in the process, increased requests to other funders
The foundation's vision for community engagement could be clearer. Grantees said they would like to understand how the foundation engages the community. They also want to feel engaged as active partners to inform decisions.	The foundation recognized the importance of sharing more clearly how grantees are being engaged, and to understand more about how they want to be engaged. Intentional feedback opportunities are increasingly being offered, particularly through events that grantees attend.	The foundation has recently engaged in a statewide listening tour to understand further how communities view assets and barriers to health in the areas in which they live, work, and play.

Evaluation and Learning

Evaluating the effectiveness of the change-communications strategy through direct feedback from the target audiences was critical to assessing how well the changes were understood and where gaps existed. The foundation's evaluation team designed an evaluation approach that involved a post-outreach survey and an emergent-learning process to critically assess and apply the survey findings.

In January 2015 the foundation conducted a survey of grantees, including all active grantees who had been contacted in the previous year and anyone who had applied for a funding opportunity the prior June or October. (See Table 4.) The survey also provided an opportunity for people to opt in for future focus groups and message testing to help the foundation further improve communications. In February 2015, the survey results served as the basis of

an emergent-learning session that was designed to help staff debrief what had happened, test their assumptions, and agree on specific ways to improve communications.

Emergent learning is a practice developed by Fourth Quadrant Partners³ and designed to help reality-test assumptions, adapt practices mid-course, and accelerate results (Signet Research & Consulting & Fourth Quadrant Partners, n.d.). The foundation had adopted emergent learning as a core practice of its evaluation approach in 2014, but this was the first time it had been used with a group of all-staff at the foundation. The session was designed to help staff address the question: What do we now know about communicating effectively with grantees? The evaluation team led the session, which asked staff to think through four quadrants: data (what actually happened); insights (what does this mean to you?); hypotheses (if, then); and opportunities. The data quadrant contained information from the survey, and during the session staff contributed their stories about internal and external Strategy Refresh communication. During the session, staff tested their insights and developed hypotheses about what actions would advance results. They came away from the session having identified immediate opportunities to put their learning into practice in order to improve communication. The following details emerged from the survey and emergent-learning practice:

- The communications tended to result in grantees being aware of the changes and finding the communications to be clear. Overall, 90 percent of grantees were aware of the strategy changes and 86 percent were aware of changes to the grantmaking model. Eight percent said they did not know about either change. A key learning was that the use of multiple communications channels and repeated communications, including personal outreach, were effective in getting the word out.
- Generally, grantees rated communications fairly highly, but grantees whose work did

not have clear alignment with the new strategies — referred to as “bridge” grantees — appeared to have less clarity compared to other grantees. The bridge grantees said they felt heard and respected, but across channels were less likely to report that communications were “very clear.” Staff also reported that discussions with bridge grantees were very challenging because specifics were not known about the availability of a particular funding opportunity that would be a good fit with the grantee. A key learning was that a longer-term view (e.g., three years) of strategies and funding opportunities could help staff more effectively communicate this with grantees.

- Generally, grantees who were told that they were no longer a fit or that they might fit with a future funding opportunity said they were appreciative of the personal outreach, felt heard during the process, and felt respected. There was also some confusion, however, about why grantees were no longer aligned. A key learning was that the foundation’s decision to personally reach out to all grantees was important. It resonated with grantees and demonstrated a commitment to them that was reflected in the fairly positive data. On the flip side, the foundation recognized that there could have been more clarity internally about how alignment was determined. This lack of clarity created confusion both internally and externally because it made it difficult to communicate with grantees about the future.
- Grantees reported varying levels of clarity about the foundation’s future. Almost a quarter of those surveyed said that the foundation’s strategies and grantmaking approach were less clear now than previously. A key learning was that the foundation could have acknowledged more intentionally that not all of the answers were known, and that more time was needed to figure out some details.
- Some grantees perceive the foundation’s changes as lacking in community

³See www.4qpartners.com.

engagement. Staff shared concerns that grantees felt the foundation's focus was geographically lacking, and more recent analysis of funding opportunities shows that the foundation could do a better job of engaging rural and nontraditional grantees. A key learning focused on the notion of having a clear community engagement strategy. Close to press time for this article, the foundation completed a statewide listening tour to hear how communities view health barriers and assets. Also, new staff was hired to focus on community engagement.

Lessons for Communicating Change

Communicating effectively about the foundation's organizational changes represented an important shift in the organization's evolution and proved to be a significant learning opportunity. There is evidence that the changes are taking hold and that grantees generally have a clear understanding of how to receive funding from the foundation. A Center for Effective Philanthropy (2016) grantee-perception study conducted in 2015 revealed that the foundation has effectively communicated goals and strategy to grantees, and provided consistent information across different personal and written resources. In addition to assessing the effects of the Strategy Refresh change-communications strategy, the evaluation identified general lessons to be used when communicating organizational shifts that have significant external impact:

- Use communications strategy as a key component in organizational change. Having an established set of communications channels, along with staff and executive leadership buy-in to use communications strategically, were critical assets to the change strategy. Perhaps equally important was the communications strategy itself, to guide the cascading approach required for consistent and timely communication of complicated information. The strategy prepared front-line staff to effectively communicate change that had varying levels of impact on the statewide non-profit community. For organizations with less executive buy-in or fewer established
- communications channels, it would be important to address those gaps from the outset and focus on a strategy that works for the situation. Effective communications can still be achieved and measured with few channels, because the strategy can account for that by preparing the few channels that are the most important. Executive buy-in is critical to success for the organization, not necessarily just the communications strategy. It could be important to emphasize the mission link more heavily to drive executives to support and participate in the strategy. While communications can solve for ambiguity in how change is described, it does not take the place of actually making strategic decisions for an organization. A real challenge in all change communications is getting comfortable with not having all the details figured out. In this example, there were details not yet determined about the organizational strategy that proved challenging for staff to talk through. This issue was addressed somewhat through communications, but has remained a separate and important body of work for staff in holistic change management.
- Employ multiple communications channels and repeated communications to reach grantees and partners. Repeated use of integrated communications to share messages is a proven practice, but it can be challenging if an organization does not have experience in or established multiple communications channels. Most grantees reported knowing about the variety of communications channels they could use to get information about the foundation's changes. Exit grantees in particular were heavy users of these channels. Identifying and adopting key channels for external use and long-term engagement strategies are important to enhance the likelihood of success. For organizations without dedicated communications staff or multiple established channels, one option is to hire a communications firm to analyze where and how communications can have the most impact. Investing in some type of

In general, an organization preparing to announce substantial changes should identify early in the process any points where it is still determining a direction. This will both prepare as much as possible the staff and others responsible for communication, and get them comfortable with sharing information that may be somewhat ambiguous. The point of communicating is less to have complete clarity at every moment than it is to make an audience as satisfied as possible so they can use that information effectively.

infrastructure for mass communication is critical to ensuring key audiences understand change.

- Be upfront about what isn't known and provide a clear timeline for when it might be known. A key issue in communicating was that the foundation had a view of its 10-year goals and the funding opportunities for 2014, but did not have a view of what funding opportunities would be available in the more intermediate term (2015–2016). Both staff and grantees said that a longer-term view of what funding opportunities would be opening in the future was needed to effectively communicate information to grantees. In general, an organization preparing to announce substantial changes

should identify early in the process any points where it is still determining a direction. This will both prepare as much as possible the staff and others responsible for communication, and get them comfortable with sharing information that may be somewhat ambiguous. The point of communicating is less to have complete clarity at every moment than it is to make an audience as satisfied as possible so they can use that information effectively. Messaging can be developed to address ambiguity, but it does take planning and enforcement.

- Determine alignment for impacted audiences and their work before communicating. The evaluation data clearly indicated that the foundation's decision to have program staff personally contact all grantees was important and demonstrated a commitment to grantees. Internally, however, staff recognized that more clarity between grantees considered "exits" and "transitions" would have been very helpful. Given that staff did not know what funding opportunities were going to be available, it may have been more helpful to encourage all existing grantees to look for other funding sources, rather than trying to predict which organizations were likely to be a future fit. Testing messaging is one solution to this issue. Had the foundation tested alignment messaging, it likely would have determined earlier that a more global message was the better solution. Message testing can be conducted in a fairly simplistic fashion. For organizations without dedicated staff, this could be a good opportunity to invest in a communications professional or firm. Organizations with communications staff can position their messaging for regular testing by allowing key audiences to opt in to focus group or other testing opportunities. The foundation allowed grantees to opt in to test messaging and products during a regular survey. The opt-in grantees are regularly tapped with simple testing exercises that require, for example, their perspectives on comparative statements or questions about how they react to certain words and terms being

used in messaging that may be important to them as an audience.

- Be clear about the community engagement approach used in the strategy that is being communicated. During Strategy Refresh, foundation staff made an effort to engage grantees in a variety of ways, such as focus groups and advocate engagement. However, staff recognized post-survey that a clear strategy is important for understanding what community engagement means and looks like for the effort (i.e., purpose of engagement, who is involved, when change will occur) so that they can clearly communicate. In particular, engaged parties should always be given feedback about how their involvement impacted a particular process or product. Organizations of all sizes should consider how and why they engage externally for input in developing strategy. Documentation of the approach can be useful, especially because input may take place throughout strategy development. When and if a communications strategy is incepted, it is critical to integrate community engagement as much as possible. This can take the form of, again, message testing. When any audience is tapped for input, it is important to regularly communicate with that group, and to be consistent across the group. Finally, staff responsible for community engagement will likely be very important stakeholders in development and implementation of a communications strategy. Consider working with those staff early as key advisors.
- Evaluate and learn to assess how well communications are understood. In this effort, establishing an ongoing feedback loop through the evaluation and learning model was important to understand the degree to which the strategy was effective, and to help apply learning to improve future outreach. The foundation has used the emergent-learning process repeatedly since the communications strategy launched to learn and improve communications of all types. Equally important, however, was the commitment early on to evaluate and learn about how well it communicated. There is a vast array of tools available to apply measurement and learning, ranging from free online templates to hired services or in-house evaluation staff. Committing to evaluation early in the design of any change-management process can keep staff focused on what success could look like, and show clearly where benchmarks were not met. Whether an organization is open to “learning” or not should not overshadow its ability to understand how well its changes are received or perceived. In this case, a commitment to evaluation and learning from the outset was critical to normalizing some of the change with staff who were unsure about how this might impact external audiences. It did not solve for strategic decisions, but it helped audiences understand that the foundation was making a clear effort to communicate well, not perfectly. Sometimes, saying that directly is the best choice an organization can make with regard to its tone and overall appeal to audiences in understanding complicated information.

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How Do You Measure Up? Finding Fit Between Foundations and Their Evaluation Functions

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Keywords: Evaluation, philanthropy, foundations, evaluation in philanthropy, evaluation in foundations, benchmarking research, Evaluation Roundtable, foundation evaluation directors, learning, Center for Evaluation Innovation

Introduction

Foundations are ever-changing places. Some shifts are internally driven: A new president gets hired and takes the organization in new strategic directions. Founders choose to spend down all their assets in their lifetimes. Board members move in and out, bringing fresh questions about accountability and performance. Other shifts link to variations in broader social, political, or economic conditions: Endowments suddenly expand or contract in response to market fluctuations; new crises arise that require quick attention. And still others are triggered by developments across the broader philanthropic sector: Emergent strategy and complexity principles start trending (Kania, Kramer, & Russell, 2014). Equity and fighting inequality emerge as sector-level priorities (see, e.g., Walker, 2015).

Analyses of the history of evaluation in philanthropy show that the evaluation function in foundations also frequently evolves in response to individual foundation or sector-level shifts (Coffman, 2016; Coffman, Beer, Patrizi, & Thompson, 2013; Hall, 2004).¹ For example, when strategic philanthropy took hold in the 1990s and 2000s, increased interest in identifying clear theories of change and being accountable for outcomes came along with it (Patrizi & McMullan, 1999). As a result, more foundations hired

Key Points

- As the number of foundations has grown, the philosophies and ways of working across the sector have diversified. This variance means that there is no one right model for how a foundation's evaluation function should be designed. It is imperative for a foundation to think carefully about how the structure, position, focus, resources, and practices of its evaluation function can best fit its own needs and aspirations.
- This article focuses on questions foundations can ask to assess that fit, and the specific considerations that can inform these decisions. It draws on 2015 benchmarking research conducted by the Center for Evaluation Innovation and Center for Effective Philanthropy to demonstrate how foundations across the sector are approaching these issues.
- This article also identifies common areas of misalignment between what foundations need and how they are spending their evaluation time and resources. For foundations that are new to evaluation, these are misalignments to avoid. For those experienced with evaluation, they are reminders of what to heed as practices are examined.

evaluation staff to support and assess their strategy work. Since then, and as foundations and the sector have continued to evolve, evaluation unit responsibilities have expanded substantially and many evaluation staff now lead a wide range of evaluation and learning practices inside the foundation as well as with grantees and partners

¹Evaluation is defined throughout this article as activities undertaken to systematically assess and learn about the foundation's work that go above and beyond final grant or finance reporting, monitoring, and standard due diligence practices. For shorthand, the term evaluation is used here to represent a suite of evaluation-related activities that may also include, for example, learning, performance management, and knowledge management.

Rather than rethink the evaluation function as a whole, many simply add new areas of focus and activities without eliminating things that are no longer needed or valued. As a result, evaluation functions become repositories of past “eras,” with old practices that act as a drag on their usefulness. Assessments of fit can help evaluation leaders to avoid this trap of ever-escalating responsibilities and adapt their approach to match, and, ideally, to help drive, a foundation’s organizational evolution.

(Coffman, et al., 2013). The evaluation function in philanthropy is in a regular state of flux both within individual foundations and across them.

The Importance of Assessing Fit

Often when a foundation decides to create a new evaluation function or re-think its existing one, the person in charge contacts other foundation leaders to learn how their functions are designed, or to identify state-of-the-art thinking and pitfalls to avoid. As leaders of the Evaluation Roundtable, an informal network of evaluation leaders in philanthropy across the U.S. and in Canada, it is the question that new network participants most often pose: “Which foundations have the best evaluation units on which to model our approach?”

While gathering information on other foundations’ evaluation practices makes good sense and can offer strong guiding principles, replicating what other foundations have done does not. As the number of foundations has grown and philanthropy has become more professionalized, the philosophies and ways of working across foundations have diversified. Foundations of all sizes and orientations are institutionalizing evaluative practices and creating evaluation staff roles. This variance in the sector means that there is no one right model for how a foundation’s evaluation function should be designed.

It is imperative for a foundation to think carefully about how the structure, position, focus, resources, and practices of its evaluation function can best fit its own needs and aspirations. This article focuses on questions foundations can ask to assess that fit, and the specific considerations that can inform these decisions.

Assessments of fit are important for both foundations that are new to evaluation and those that already have an approach. As foundations evolve in response to the variety of drivers described above, staff often experience “pinch points” where the current approach to evaluation no longer serves the foundation’s needs and aspirations and fails to add real value to social change efforts. Rather than rethink the evaluation function as a whole, many simply add new areas of focus and activities without eliminating things that are no longer needed or valued. As a result, evaluation functions become repositories of past “eras,” with old practices that act as a drag on their usefulness. Assessments of fit can help evaluation leaders to avoid this trap of ever-escalating responsibilities and adapt their approach to match, and, ideally, to help drive, a foundation’s organizational evolution.

Building on the experiences of Evaluation Roundtable participants and benchmarking research conducted to support both the network and the general practice of evaluation in philanthropy, this article also identifies common areas of misalignment between what foundations need and how they are spending their evaluation time and resources. For foundations that are new to

FIGURE 1 Three Questions for Assessing Fit Between Foundations and Evaluation Function

1. What Does the Foundation Need from Evaluation?	2. How Should the Evaluation Function Be Structured and Scoped?	3. What Should the Evaluation Culture Be?
<div>Niche and Approach</div> <div>Principles and Values</div> <div>Strategy</div> <div>Leadership Roles</div> <div>Staff Roles</div> <div>Arenas of Action</div>	<div>Positioning</div> <div>Reporting</div> <div>Staffing</div> <div>Spending</div> <div>Scope of Responsibilities</div>	<div>Espoused Principles</div> <div>Artifacts</div> <div>Rituals/Processes</div>

SECTOR

evaluation, these are misalignments to avoid. For foundations already experienced with evaluation, they are reminders of what to pay attention to as existing practices are examined.

Three Questions For Assessing Fit

Three questions can guide an assessment of fit or alignment between how a foundation approaches its work and what that demands of its evaluation function: (1) What does the foundation need from evaluation given “who” it is, what it does, and how it works? (2) In response to those needs, how should the evaluation function be structured and scoped? (3) What should the evaluation culture be? (See Figure 1.)

What Does the Foundation Need From Evaluation?

The simplicity of this initial question can be deceptive, but it requires careful analysis. The recently introduced “theory of philanthropy” concept is useful here:

A theory of philanthropy articulates how and why a foundation will use its resources to achieve its mission and vision. The theory-of-philanthropy approach is designed to help foundations align their strategies, governance, operating and

accountability procedures, and grantmaking profile and policies with their resources and mission. (Patton, et al., 2015, p.7)

The process of making the theory explicit surfaces alignment problems and arguably helps a foundation become more effective by integrating its internal and external systems.

The authors articulate more than 30 elements for a foundation to consider when identifying its theory of philanthropy. Particular elements that are important for identifying the foundation’s evaluation needs include:

- *Philanthropic niche and approach.* The foundation’s overall approach to funding signals what kind of evaluative support will be needed and at what level. (See Table 1.) Responsive grantmakers, for example, may want robust grant-level monitoring and evaluation practices that program staff can implement on their own, while strategic philanthropists may want in-house evaluation staff to support program staff with learning and sense-making over the full strategy life cycle. Limited-life foundations, on the other hand, may be concerned with

TABLE 1 Examples of How a Foundation’s Niche and Approach Affect Evaluation Needs

	Responsive Grantmaking	Strategic Philanthropy
Description	Foundations make grants in response to requests from nonprofits that fall within the foundation’s broad mission and guidelines. Individual nonprofits set their own specific goals and strategies to achieve them.	Foundations seek to achieve their own clearly defined goals, pursue those goals in collaboration with grantees, and then track their success in achieving them.
Primary Unit of Analysis	Individual grantees	Foundation strategy
Common Questions	<ul style="list-style-type: none">• Are grantees producing their intended results?• What are ways to support individual grantees to be more effective?	<ul style="list-style-type: none">• Is the strategy producing its intended results?• What strategy activities need to be adapted based on observed results?
Common Evaluation Approaches	<ul style="list-style-type: none">• Program/project evaluation• Grantee-reported outputs and outcomes monitoring	<ul style="list-style-type: none">• Strategy evaluation
Evaluation Staff Roles	<p>Typically, no internal staff are dedicated exclusively to evaluation functions. Foundations may engage external consultants periodically for:</p> <ul style="list-style-type: none">• development of internal evaluation systems,• grantee capacity building on evaluation, and• aggregate evaluations at goal level.	<ul style="list-style-type: none">• Support development of strategy.• Support development of evaluation plans.• Help to identify external evaluators.• Facilitate strategic learning within and across teams.• Manage internal and external communications about results.

commissioning external evaluations to generate evidence and lessons that have lasting value for the fields in which they focus.

- *Overarching principles and values.* Articulated standards of behavior and judgments about what is important to the foundation provide critical guideposts for evaluative practice. A value commitment to openness and transparency, for example, has direct implications for what information gets shared both internally and externally, as well as for the amount of evaluation staff time and resources that are allocated to

externally communicating evaluation findings. A commitment to creativity and experimentation requires a strong focus on rapid learning and continuous improvement. A commitment to results accountability requires attention to process and outcomes at multiple levels (e.g., individual grant, strategy, program, and overall foundation).

- *Strategy.* Foundations use different approaches for promoting social change, including prescriptive strategies that provide replicable or semistandardized models or solutions, and adaptive strategies that

are more dynamic and require unique, context-based solutions. While many foundations fund both types, they require foundations to embrace different evaluation questions and approaches, which can have different time and resource implications (Britt & Coffman, 2012). Models are best suited to formative and summative evaluation, for example, while emergent strategies are better suited to approaches like developmental evaluation that require more staff time and engagement (Patton, 2011).

- *Leadership roles.* The orientation of a foundation's leaders to evaluative issues like tolerance for risk, valuing of evidence, and openness to failure are critically important for how evaluation is positioned and incentivized. Leaders who are open to risk taking and potential failure, for example, will have different expectations about results and ask different questions of program staff (e.g., "What you have learned?" and "How did you adapt?" instead of "Did you hit your target?"). An evaluation function that focuses on establishing clear accountability and compliance mechanisms can be a good fit for leaders with lower risk tolerance.
- *Staff roles.* The roles of program staff across foundations depend on many things, including the number of dollars that have to go out the door to meet the required annual payout, program officers' substantive knowledge of the field, how big their portfolios are, and whether they play active roles in their strategies. Program staff may be conceived of as network builders, facilitators of learning, content experts, thought leaders, institution builders, nonprofit capacity builders, or financiers. How evaluation staff interact with and support program staff should look different for differing program roles. Program staff with deep topical expertise, for example, may get the most value from evaluation that helps them to understand the realities of on-the-ground implementation. Those whose role is focused on selecting and supporting high-quality individual grantees may benefit most from

[E]ven the foundation's roots or origin story can be important for evaluation. David and Enright (2015) refer to these as a foundation's "source codes," and identify three that impact philanthropy: banks, universities, and for-profit corporations.

an evaluation function that concentrates at that level. Program officers who take a field-building role in a region or issue area may want help assessing field capacity or the network of relationships among actors in a system.

- *Arenas of action.* This element refers to the areas in which foundations aim to make a difference. Foundations that emphasize general operating support for anchor institutions in a field, for example, may take a more flexible or hands-off approach to evaluation or place power over resources for evaluation in the hands of grantees themselves. Foundations investing in new issues or emerging areas may find that it is beneficial to take on more of an evaluation capacity-building role in the field. Foundations that work in areas where there are many other experienced funders may find that they are able to coordinate with or piggy-back on what others are doing.

This list of elements is not exhaustive, and many others related to the theory of philanthropy may be important to consider. For example, even the foundation's roots or origin story can be important for evaluation. David and Enright (2015) refer to these as a foundation's "source codes," and identify three that impact philanthropy: banks, universities, and for-profit corporations. The Annie E. Casey Foundation, for example, was

TABLE 2 Evaluation Median Staffing and Spending in Foundations, 2015

	Overall Median (n = 127)	< \$20M in giving	\$20M–\$49M in giving	\$50M–\$200M in giving	> \$200M in giving
How many full-time equivalent (FTE) staff are regularly dedicated to evaluation work?	1.5	1.0	1.0	2.0	4.0
In the most recent fiscal year, how much did your foundation spend on evaluation?	\$200,000	\$100,000	\$80,000	\$500,000	\$5.5M

SECTOR

started by the founder of UPS Inc., and a large percentage of board members are former UPS executives. The UPS corporate culture of performance and results tracking around parcel delivery has influenced the foundation’s orientation toward evaluation, including its adoption of a results-based accountability approach across its programmatic work (see, e.g., Manno, 2006).

As these examples illustrate, a foundation’s evaluation needs are driven by much more than just its strategies and grantmaking. Many variables combine to drive answers to the next two questions.

How Should the Evaluation Function Be Structured and Scoped?

This question considers evaluation’s positioning in the organization (separate unit or embedded in program), staffing, spending, and the purpose or scope of responsibilities.²

To understand how foundations across the sector are approaching these structural issues, in 2015 the Center for Evaluation Innovation partnered with the Center for Effective Philanthropy (CEP) to conduct an evaluation benchmarking

survey of foundations that either provide \$10 million or more in annual giving or are members of the Evaluation Roundtable network (Center for Effective Philanthropy and Center for Evaluation Innovation, 2016). The survey sample consisted of 254 U.S. and Canadian independent and community foundations. The most senior evaluation staff person at each foundation was surveyed, or, if foundations did not have evaluation staff, the most senior program staff. Fifty percent, or 127 foundations, responded.

Benchmarking survey findings revealed the following about how foundations are structuring their evaluation functions.

- *Positioning in the organization.* About one-third of foundation respondents (34 percent) said the evaluation function operates as its own department. If evaluation was not its own department, it most often was embedded in program departments.
- *Reporting structure.* Almost two-thirds (62 percent) of respondents said they reported to the chief executive officer. Another 23 percent reported to another senior or executive-level staff.

²Patton, et al., (2015) also identify “evaluation approach” as one of the elements in a theory of philanthropy. This section separates out this element to explore more deeply.

FIGURE 2 The Percentage of Evaluation Staff with Evaluation-Related Responsibilities, 2015 (n=127)

- *Staffing.* The median number of staff dedicated to evaluation-related responsibilities was 1.5 full-time equivalents (FTEs). Even for the largest foundations (annual giving over \$200 million), the median went up to only 2.0 FTEs. This translates into about one evaluation staff person for every 10 program staff.
- *Spending.* Respondents said that the median amount spent on evaluation in the most recent fiscal year was \$200,000; this number naturally goes up for foundations with higher annual giving. (See Table 2.) But overall these figures mean that for every 100 program dollars, foundations spend about one dollar on evaluation. Evaluation spending is notoriously difficult for foundations to estimate, however, and only 35 percent of respondents were quite or extremely confident in the accuracy of their estimates.

- *Scope of responsibilities.* On average, respondents reported having eight different areas of evaluation-related responsibilities. They are distinct activities that range from supporting the development of grantmaking strategy to designing and facilitating learning processes or events and disseminating findings externally. (See Figure 2.)

Again, foundation needs should drive decisions about evaluation structure and scope. For example, foundations that do more proactive than responsive grantmaking are significantly more likely to have separate evaluation departments. Evaluation staff serve as internal supports for program staff who are responsible for developing and implementing strategies. They do things like conduct research to inform strategy, help to develop theories of change, guide external evaluator selection, facilitate learning processes, and support strategy reviews or

refreshes. (See Table 1.) Foundations that value sharing what they are learning may give the evaluation unit a budget to support their participation in the broader philanthropic field; of benchmarking survey respondents with a separate evaluation unit, 79 percent had their own budget.

Again, there is no one right way to approach structure and scope so that it guarantees all intended users find the process engaging and useful. But Evaluation Roundtable participants have suggested one thing that matters a great deal in making these choices — the evaluation function and staff must have sufficient authority within the organization. Ensuring that authority may mean positioning the director position at the executive staff level and as a direct report to the CEO; giving the evaluation unit its own budget or control over evaluation-related resources; or balancing the supply side of data production with learning activities to underscore the evaluation function's value to programmatic work.

What Should the Evaluation Culture Be?

The topic of culture is trending in philanthropy. The conversation primarily has been about a foundation's overall organizational culture, which David and Enright (2015) define as its “personality, behaviors, and underlying assumptions” (p. 2) and as highly influential to its ability to fulfill its mission and effectiveness. Patton, et al. (2015) would agree, listing organizational culture as one of the elements in a theory of philanthropy.

The concept of culture also can apply to the evaluation function itself and how both foundation staff and grantees experience evaluation in their day-to-day work. At least three elements related to evaluation culture are important to align with foundation needs.

1. *Espoused evaluation principles.* Informed by foundation values, evaluation principles help to guide how the foundation thinks about and approaches data gathering and use. Principles set expectations about where evaluation fits into the grantmaking process and define what activities should be prioritized. They signal staff, grantees, and other partners about expectations regarding measurement and how it will be used. They can help to define what “counts” as evidence (see, e.g., Schorr, 2016). (See Table 3.)
2. *Artifacts.* Foundations typically have many concrete tools and templates related to their evaluation practice. For example, artifacts may come in the form of grantee proposal requirements, reporting forms, strategy templates, evaluation and learning plans, and board books. They send important signals about the foundation's evaluative standards and expected consistency or degrees of flexibility.
3. *Rituals and processes.* This is the practice element of evaluation culture, or the activities that are institutionalized or expected in the foundation and from grantees. They might include things like the evaluation contracting process, the strategy review or refresh process, or how foundations approach evaluation presentations at board meetings.

Aligning culture with foundation needs is, again, critical. Foundations that value transparency, for example, should incentivize sharing with grantees and partners what is learned from evaluation, and have practices in place to support that sharing. Foundation boards that play a strong accountability role will want board books with clear indicators of progress. Foundations that support inclusion, diversity, or equity will want to align multiple practices with those goals, including evaluation contracting, the development of evaluation questions (e.g., answering critical questions about the effect of a strategy on different populations and on the structural drivers of inequity), and ensuring that evaluation practices are culturally competent and oriented toward participant ownership and empowerment.

Common Misalignments Between Foundations and Their Evaluation Functions

In addition to the benchmarking survey conducted in collaboration with the CEP, in 2015 the Center for Evaluation Innovation (CEI) conducted confidential interviews with senior

TABLE 3 Examples of Guiding Principles for Evaluation

William and Flora Hewlett Foundation	Walton Family Foundation	David and Lucile Packard Foundation
<p>1. We lead with purpose. We design evaluation with actions and decisions in mind. We ask, "How and when will we use the information that comes from this evaluation."</p> <p>2. Evaluation is fundamentally a learning process. As we engage in evaluation planning, implementation, and use of results, we actively learn and adapt.</p> <p>3. We treat evaluation as an explicit and key part of strategy development.</p> <p>4. We cannot evaluate everything, so we choose strategically.</p> <p>5. We choose methods of measurement that allow us to maximize rigor without compromising relevance.</p> <p>6. We share our intentions to evaluate, and our findings, with appropriate audiences.</p> <p>7. We use the data!</p> <p>Source: William and Flora Hewlett Foundation (2012)</p>	<p>1. <i>Actionable</i>: Evaluations are designed to generate meaningful, interpretable results that are useful for informing decisions by the board and staff.</p> <p>2. <i>Objective</i>: Evaluations are conducted or informed by the foundation's evaluation unit, which has been established as a separate entity that works in parallel with, but outside of, the focus areas.</p> <p>3. <i>Collaborative</i>: Evaluation unit staff work closely with program staff on all evaluations, ensuring incorporation of the program staff's deep subject-matter expertise and experience with projects and grantees.</p> <p>4. <i>Rigorous and cost-effective</i>: Achieving the balance between rigor and cost starts with ensuring that evaluations focus on the most useful information that can feasibly be obtained and not on trying to measure everything.</p> <p>Source: Holley, Recchia, Carr, & Minkel (2014)</p>	<p>We are guided by a set of five core values: integrity, respect for all people, belief in individual leadership, capacity to think big, and commitment to effectiveness. These values — in particular, our commitment to effectiveness — have led us to a monitoring, evaluation and learning approach that emphasizes learning and continuous improvement, with the end goal of making the greatest difference possible in our areas of focus.</p> <p>In this spirit, we have developed a set of five guiding principles for our monitoring, evaluation, and learning efforts:</p> <p>1. Continuously learn and adapt.</p> <p>2. Learn in partnership.</p> <p>3. Inform our decisions with multiple inputs.</p> <p>4. Cultivate curiosity.</p> <p>5. Share learning to amplify impact.</p> <p>Source: David and Lucile Packard Foundation (2015)</p>

evaluation staff from 41 Evaluation Roundtable participants. The purpose was to go deeper on questions about evaluation work and how and why foundations have made certain choices about how their work is structured and positioned.

This qualitative research, combined with the benchmarking survey data, revealed some common tensions and challenges that can arise when foundation needs and evaluation structures and cultures are not aligned.

Role Expectations That Cannot Be Met With Existing Resources

As revealed above, 2015 benchmarking research showed that the median number of staff dedicated to evaluation-related responsibilities in foundations was 1.5 FTEs. Evaluation staffing generally is low and always has been.

At the same time, the scope of responsibilities is large, particularly when evaluation staff guide performance tracking at multiple levels (grant,

The most promising approach to realignment, however, is to right-size the scope of responsibilities for evaluation staff capacity, prioritizing evaluation work where it matters the most. For example, when setting up its new evaluation function, the Kresge Foundation made it an explicit principle to prioritize: “We can’t evaluate every grant, so we set priorities that include initiatives, strategy areas, and higher-risk grants” (Reid, 2016, p. 4).

strategy, portfolio, foundation), and support the evaluative thinking and practice of many strategies and stakeholders at once.

It is unlikely that the number of evaluation FTEs in foundations will rise to meet the scope of responsibilities that evaluation staff have assumed, although some foundations have begun hiring different staff to lead distinct but related functions (e.g., a director of evaluation and a director of learning). In fact, the evaluation staffing numbers from 2015 are consistent with numbers from 2009 (Patrizi Associates, 2010), even though the scope of responsibilities has increased in that same time frame.

As a result, evaluation staff must struggle to manage their many responsibilities. To do this, many have adopted a demand-driven approach that focuses their time where the most energy and momentum exists within the foundation for

evaluation and learning. The result can be an uneven distribution across the foundation regarding the extent to which program staff (and their grantees) engage in quality evaluative practice. Others have tackled the mismatch between evaluation resources and demands by creating highly structured processes and templates for application by all program staff without support from evaluation staff. Still other leanly staffed evaluation departments simply do their best to meet wide-ranging demands, creating the uneasy sensation that they are unable to do any one task well.

Fixing this means realigning the foundation’s needs with the evaluation structure and culture. This may be a budget matter, for example, solved by hiring more in-house evaluation staff or supplying more resources for evaluation consultants. It also could be a role realignment issue between program and evaluation staff. When program staff lack bandwidth in their busy roles, they often ask evaluators to take on responsibilities that they would normally lead, like developing a theory of change or taking responsibility for strategic learning (Coffman, 2016). Building these capacities among program staff could free up evaluation staff to focus on other things.

The most promising approach to realignment, however, is to right-size the scope of responsibilities for evaluation staff capacity, prioritizing evaluation work where it matters the most. For example, when setting up its new evaluation function, the Kresge Foundation made it an explicit principle to prioritize: “We can’t evaluate every grant, so we set priorities that include initiatives, strategy areas, and higher-risk grants” (Reid, 2016, p. 4). In fact, all foundations that are new to evaluation should choose a few things to do that best fit the foundation’s needs, and do them long enough to master them and get them embedded in the organization’s way of working before adding new evaluative activities or areas of focus. Scoping down the evaluation function can be difficult, as it means accepting that some work will go unevaluated or some evaluation desires unfulfilled. But it is better to do some things well that add clear value to the work than it is to underperform on many things because resources do not match demands.

Unfulfilled Commitments to Foundation Values

While most foundations have a set of espoused values, at times evaluation practice is not aligned to the standards of behavior those values promote.

For example, many foundations value openness and transparency, or the sharing of information publicly beyond what the government requires in order to help others understand who foundations are, what they do, and how they are performing. However, as Buteau, Glickman, Leiwan, and Loh (2016) found in a survey of 145 independent and community foundation CEOs and a review of more than 70 foundation websites, foundations are not very transparent:

when it comes to sharing how they assess their performance or the lessons learned, despite their beliefs that it would be beneficial to do so. (p. 5)

Specifically, they are least transparent when it comes to failure. Less than one-third said their foundations are very or extremely transparent regarding what does not work. Evaluation benchmarking results in 2015 corroborate these findings. When asked about the appropriateness of their foundations' investment levels, 71 percent said that their foundation invests too little in disseminating evaluation findings externally.

Chief executive officers say that the most common factor limiting transparency is lack of staff time (Buteau, et al., 2016). This is a clear alignment issue between foundation values and staff roles.

Like evaluation staff, program staff have many responsibilities, including developing strategy, making and monitoring grants, convening and network building, staying immersed in the field, and coordinating with other funders. Leaders may want to examine where and how staff spend their time and reengineer foundation practices to ensure that staff roles are more in line with the organization's values. The large amount of time that both program and evaluation staff typically spend on strategy development, for example, may represent one opportunity for adjustment. Benchmarking survey results revealed that a higher percentage of evaluation staff said it was a priority for them to spend time on developing

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grantmaking strategy (34 percent) than on disseminating findings externally (9 percent).

Another common value relates to mutual respect, or seeking out and listening to the ideas and advice of others. For foundations that practice more proactive grantmaking, often the "locus of control" for strategic decision-making is internal to the foundation. Despite good intentions, evaluation and learning approaches often keep the foundation at the center of learning, answering evaluation questions that program staff want to know without considering other critical users and what they want or need to know. Evaluation benchmarking survey findings support this assertion. Fifty-eight percent of respondents said their foundations invest too little in designing or facilitating learning processes or events with grantees or other external stakeholders.

Aligning the value of mutual respect or partnership with evaluation rituals and processes would require rethinking who needs to learn, as well as on what evaluation should focus. It would require designing evaluation and learning approaches that support collective learning and make collective action smarter and more aligned. Such practices would help the foundation to align its strategic choices and actions with the interests of grantees, nongrantees, and other funders all working in similar systems or on similar problems.

"Over-Templatizing" for Diverse Types of Strategies

Many foundations engage in a diverse array of strategies. At the William and Flora Hewlett Foundation (2016), for example,

Different types of strategies require foundations to have different expectations about what accountability means for each strategy type, and the practices and tools that go along with holding those strategies accountable.

The foundation's work encompasses a variety of approaches: some aim for policy or regulatory reform, while others focus on field-building or research, and still others are built around providing direct services. Some are local, with modest budgets, while others are national or global campaigns much larger in scope and scale. Most recently, we have launched several "emergent strategies" focused on exploring a field before settling in on a specific set of outcomes. (p. 12)

Different types of strategies require foundations to have different expectations about what accountability means for each strategy type, and the practices and tools that go along with holding those strategies accountable.

Historically, the concept of accountability has focused on the achievement of intended results. Being accountable has meant a commitment to tracking those results, along with asking what is getting in the way of them and designing the work to guard against it. Two main types of failures can get in the way: theory failure — no real causal relationship between strategies used and desired outcomes, or implementation failure — the theory might be right, but sufficient resources and capacities do not exist to implement it and produce results (Suchman, 1967).

Foundations interested in guarding against these failures have aimed for both smarter planning and better implementation across all of their grantmaking. They have adopted public- and private-sector approaches and tools to improve

the rigor of their strategy designs, such as strategic planning and mapping (e.g., logic models, theories of change). In addition, they have aimed for better use of data, research, and evaluation during strategy development, reducing the likelihood of repeating past mistakes and wasting money (addressing theory failure). Ongoing monitoring practices via progress reports and site visits have become mechanisms for ensuring fidelity to smart planning (addressing implementation failure). And summative evaluation and results tracking (e.g., indicators, dashboards) have become mechanisms for ensuring ultimate accountability for results (addressing both theory failure and implementation failure).

To ensure consistency in strategy quality and accountability across the foundation, many foundations require all program staff to use a select set of the same accountability-related templates and tools. These may include theory-of-change templates, specific strategy formats, dashboards, or even return-on-investment estimates (see, e.g., Parker, 2016).

These accountability mechanisms have worked well for well-researched, straightforward, or direct-service strategies where confidence is high that an intervention will produce a particular effect. But they do not seem to improve the likelihood of success for complex and emergent strategies where it is not possible to plan everything in advance and then stick to the plan (Patrizi, Thompson, Coffman, & Beer, 2013). Accountability mechanisms that overly focus on the upfront quality of the plan and faithful implementation of it are not actually addressing the kinds of failures that get in the way of results for complex change initiatives. In fact, they might actually reduce chances for success because they incentivize the wrong kind of thinking and action: sticking to the plan instead of adapting. Nonetheless, many foundations are applying traditional accountability processes and tools to complex change efforts because they have not adopted an alternative or flexible way of thinking about it.

While traditional approaches and tools for accountability work well for some strategies,

for others these approaches and tools may need some realignment. For emergent strategies, it is data and documentation about what has been learned and how the foundation and its grantees have adapted in response to that learning that demonstrates foundations are being accountable.

Foundationwide templates to support strategy planning, evaluation, and learning are designed to solve a variety of problems. They simplify the process of compiling and aggregating information for senior management and board members; they improve the consistency of foundation processes and products; and they facilitate a shared understanding of performance and quality expectations by prompting program staff to answer the same questions in their planning and reporting. However, taken too far, standardized templates and processes can cover over significant variations in the work, lose their facilitative power among program staff, and quickly become a bureaucratic exercise to be completed rather than a tool for improving thinking and professional judgment.

Lack of Attention to Grantees, Where Most of the Work Takes Place

A recent CEP report on performance assessment led with the following: “Foundations achieve little alone — they pursue many of their goals through the work of their grantees. As a result, foundations are reliant on the performance of the nonprofits they fund” (Buteau, Gopal, & Glickman, 2015, p. 5). This is true for all foundations, regardless of their theory of philanthropy. The CEP’s report went on to say, however, that its research with nonprofit leaders found that only one-third said their foundation funders supported them on performance assessment through either financial or nonmonetary assistance.

Evaluation benchmarking survey results corroborate the assertion that support for high-quality grantee-level evaluation and assessment is not always a demonstrated priority for foundations. Almost two-thirds of respondents said they funded evaluation for less than 10 percent of their individual grants. In addition, pulled by numerous competing demands, many

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evaluation staff focus their time at other levels of assessment rather than on grantees. Half of evaluation leaders (51 percent) said evaluating foundation strategies and initiatives was a priority for them, while only a third (34 percent) said evaluating individual grants was.

The lion’s share of evaluation-related attention at the grant level involves program staff monitoring of data and information that grantees submit via progress reports. Commenting on the CEP’s report, Kelly Hunt (2015), former chief program learning officer at the New York State Health Foundation, said,

The trouble is, most nonprofits struggle to collect the right information and use it effectively. In addition, these organizations cannot afford to build internal capacity or hire outside experts to conduct strong evaluations. This is where foundations can and should be helpful. (para. 1)

This is an alignment issue for many foundations. While giving out grants is the main thing that foundations do, and both foundations and

Foundations that fund strategies and initiatives increasingly are recognizing that learning is real work and part of a strategy rather than an optional add-on. They see its value for their own work and decision-making. But this realization has not yet translated into investments in and attention toward supporting grantees to answer their own evaluation questions so that data can inform their own decision making, in spite of the fact that the performance of foundation strategies is dependent on the performance of grantees.

grantees care about assessment, the level of attention and resources given to supporting high-quality grantee-level evaluation and assessment is not aligned with the expressed desire to get good evaluative information. Fixing this does not necessarily require cost- and labor-intensive evaluation efforts. It can, for example, mean supporting program staff in helping grantee applicants to ask better evaluative questions about their work or focus assessment efforts where they have the most learning value. Freeing up evaluation staff to do that, however, would require many foundations to change the scope of evaluation function responsibilities, as discussed earlier.

Awareness about a lack of alignment in this area is not new. Grantees have long expressed frustration with proposal and progress-report templates that require them to submit data in formats that do not always fit with the nature of their work, or that require data collection that does not help them to answer their own questions about performance or understand why certain outcomes have or have not been achieved so they can adapt. A common refrain at grantee meetings is, “If foundations want good evaluation data, then they need to pay for it.” Some foundations, like the New York State Health Foundation, are trying to tackle this by developing and testing evaluation technical-assistance models rather than providing one-off trainings or written resources. But at the sector level, philanthropy has not yet addressed the lack of grantee-level evaluation investment, in terms of either actual dollars or other meaningful supports to build grantee capacity and focus efforts where they can be most useful to both grantees and funders.

The field should be long past the debate that putting dollars toward evaluation takes dollars away from programs. Foundations that fund strategies and initiatives increasingly are recognizing that learning is real work and part of a strategy rather than an optional add-on. They see its value for their own work and decision-making. But this realization has not yet translated into investments in and attention toward supporting grantees to answer their own evaluation questions so that data can inform their own decision making, in spite of the fact that the performance of foundation strategies is dependent on the performance of grantees. This is an important area for further examination and innovation.

Leadership Engagement That Does Not Match Broader Practice

Leadership support for evaluation matters a great deal. Evaluation benchmarking survey results found that foundations are significantly more likely to experience a long list of evaluation challenges — ranging from having trouble securing sufficient evaluation funds, to incentivizing use of evaluation data for decision-making and sharing learning externally — if the board is less

supportive of evaluation or the senior management engages too little with it.

But best practices for engaging leaders on evaluation in authentic ways and in ways that help them to fulfill their stewardship roles remain in short supply across the sector. In fact, many foundations engage in routines with their boards that are out of alignment with the foundation's espoused evaluation culture. The field is full of stories in which evaluation questions are selected and designs implemented with high program-staff satisfaction, but when it comes time to share evaluation findings with the board, members suddenly pose new or different questions (typically about impact and often too early) that were not part of the evaluation's original scope or intent.

Instead of aligning boards and program staff on evaluation culture, board books are carefully curated and include metrics, executive dashboards, logic models, or other types of simplified information for often-complex strategies. Negative results get downplayed. Intricate preparation and dress rehearsals for evaluation presentations ensure that hard questions either do not get asked or have carefully scripted answers.

Ten years ago, Patti Patrizi (2006) urged foundations "to launch an evaluation conversation in which CEOs and board members, assisted by evaluators, engage in an ongoing, collaborative inquiry that explores the key questions that underlie a foundation's investments" (p. 3). She went on to encourage foundation leaders to take on the role of "evaluative inquiry" in collaboration with program staff. Evaluative inquiry, she wrote,

works by engaging foundation leaders in conversations that critically explore the tensions and test the assumptions behind program strategy. It moves beyond strategy papers and periodic reports to a more active, iterative, and timely struggle with uncertainty, values, and risk. (p. 12)

While some foundations clearly practice this form of authentic inquiry with their boards and CEOs, this kind of engagement does not yet

appear to be occurring across much of the sector. Even when program staff have embraced an evaluation culture focused on learning, this spirit of inquiry has not extended upward into the boardroom.

For many foundations, this remains a ripe opportunity for realignment. This might mean, for example, engaging in deeper and more meaningful conversations with smaller committees of board members; cycling strategies through the board docket at key decision points in their development (when critical decisions need to be made, not just at the halfway mark); providing board members with different kinds of reports for different kinds of strategies; giving emergent strategies several years of implementation before reporting to the board on results; or engaging the board in scenario and risk planning as strategies are being developed, rather than just reporting in when they are fully baked.

Conclusion

At best, frequent changes in how foundations approach evaluation are a sign that they are in a regular cycle of continuous improvement as needs change. At worst, they are a sign that foundations and evaluation staff are struggling to find approaches that add real value to foundation efforts and that fit the wide and growing demands, audiences, and purposes for evaluative work.

Evaluation functions, like program strategies, require intentional and regular assessment and adaptation. In other words, foundations should be thinking more evaluatively about their evaluation work. To support that assessment, foundations should identify signals of success that indicate the evaluation function is adding value to the foundation's work, as well as signals that its fit might be fractured. (See Table 4.)

One signal of a possible lack of alignment is evaluation staff turnover. Benchmarking survey data showed that in 2015, over one-third of survey respondents had been in their positions just two years or less. In part, this is because a number of functions had been newly created. But this percentage also represents the fact

TABLE 4 Examples of Signals of Success and Misalignment for Evaluation Functions

Signals of Success	Signals That the Function May Be Misaligned
<ul style="list-style-type: none"> • Program staff demand for evaluation — across the foundation and not just in particular areas • Use of data for decision-making and clear examples of adaptation, both in program and at the executive level • Program staff satisfaction with external evaluators • Grantee satisfaction with the foundation's approach (e.g., as measured through grantee perception reports) • Leadership support and satisfaction — CEO and board 	<ul style="list-style-type: none"> • Regular lack of compliance with evaluation processes • Unused or ignored evaluation data and findings • Constantly overwhelmed evaluation staff • Frequent evaluation function redesign, with little prioritization among areas of focus or tasks • Board members asking, "But what didn't work?" • Disproportionate amounts of time spent on some activities compared to others

that many evaluation staff do not stay in their positions long. If this is happening, it is worth exploring why.

Foundations overall will continue to evolve. Key transition points in this process will offer natural opportunities for pausing and assessing the evaluation function's fit. But rather than wait for these opportunities to occur, foundations should think about doing this more systematically. Evaluation functions, just like program strategies, should be on regular cycles of review and refresh.

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Tackling Big Issues Together: The Story of One Funders Network Promoting the Mental Health of Young Children

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Keywords: Early childhood, early-childhood mental health, mental health, social-emotional, funder collaboration, systems change, collective effort

Key Points

- In 2012, Rose Community Foundation and the Caring for Colorado Foundation supported an environmental scan on children's behavioral health to better understand challenges and opportunities for philanthropic investment. In the wake of the report's release they established the Funders Learning Network on Early Childhood Mental Health, an organization of more than 10 community, private, and family foundations, to develop shared strategies for promoting the behavioral health of young children and families.
- This article examines the evolution of the network from a learning collaborative to an incubator for jointly funded initiatives. Among its collaborative funding efforts is LAUNCH Together, a five-year, \$11.4 million initiative to support the behavioral health of young children and their families.
- While the network is still new, there are early signs of progress and lessons learned. Measures reflecting changes in grantmaking among network members, increased availability of behavioral health services for children and families, and progress by network members in their own collaborative practices all point to promising results.

Introduction

This article describes how a number of Colorado foundations came together in 2013 to form the Funders Learning Network on Early Childhood Mental Health. (See Figure 1.) It documents the network's evolution from a forum for knowledge exchange to a funders network that also serves as an incubator for jointly funded initiatives in early-childhood mental health. The article looks at the network's history, current initiatives, and early results, and outlines some of the challenges and lessons learned.

The framework for this article comes from a typology of collaborative foundation models and functions developed by The Bridgespan Group (Huang & Seldon, 2014). (See Figure 2.) The models, ranging from lower to higher levels of integration, focus on knowledge exchange, coordinated funding, co-investment in an existing entity or initiative, creation of a new entity or initiative, and fund the funder. All but the last one describe the network's current functions.

Colorado Collaboratives

Funder collaboratives have been a part of the foundation landscape for years. Foundations have recognized the potential to have an impact on the social sector that goes well beyond the sum of each partner's contributions. Colorado has a history of successful funder collaboratives that have taken on issues such as policy advocacy, oral health, and mental health. Many of them formed to address health and wellness issues facing children and families.

FIGURE 1 The 10 foundations who are currently members of the Early Childhood Mental Health Funders Network

Aloha Foundation	Ben and Lucy Ana Walton Fund at Walton Family Foundation
Caring for Colorado Foundation	Colorado Health Foundation
Community First Foundation	Early Childhood Philanthropist Group
Kaiser Permanente	Piton Foundation at Gary Community Investments
Rose Community Foundation	Temple Hoyne Buell Foundation

In 2000, recognizing financial, operational, and staffing challenges facing a statewide children's advocacy organization, 11 foundations joined to build the capacity of the Colorado Children's Campaign. Over five years of collective and aligned engagement, the funders collaborated to ensure that it matured into a vibrant research, policy, and advocacy organization. Today the campaign is a vital nonprofit focused on the development and implementation of data-driven public policies that improve child well-being in health, education, and early childhood.

In 2003, the Mental Health Funders Collaborative, a group of eight Colorado grant-making foundations, conducted an assessment and critical analysis of Colorado's public and private mental health systems, uncovering alarming data about the lack of mental health care funding and access to care for people across the state. In turn, this became a funding collaborative to advance Colorado's mental health that continued its work until 2011.

In 2007, six health foundations collaborated to fund Cavity Free at Three. The program teaches health providers how to improve their outreach, education, and service delivery to families, with the goal of preventing dental disease early in life. As a result, more children in low-income families now receive preventive dental care, and the model is showing promising outcomes for oral

health. The multiyear funding collaboration and engagement of foundation partners helped elevate awareness of oral health issues in Colorado, led to Medicaid reimbursement for the Cavity Free at Three protocols, and precipitated a new initiative expanding the reach of the oral health workforce. Members of a panel of technical advisors that was convened to create Cavity Free at Three remain influential in the continuing evolution of oral health in Colorado.

The Issue: Early-Childhood Mental Health

Early-childhood mental health establishes the foundation of future health, well-being, and academic success. The term is often used interchangeably with "early social-emotional development" to describe the developing "capacity of children from birth to 5 years to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn" (Hoover & Kubicek, 2013, p. 2).

The emotional quality of the parent-child relationship, in particular, has a profound effect on young children's mental health. Sensitive, responsive, and dependable relationships are key to providing the support and encouragement all children need for positive growth and development. Unfortunately, a variety of

FIGURE 2 The Bridgespan Group has identified five main models of philanthropic collaborations that range in type of structure and level of integration.

environmental and behavioral risk factors can negatively impact the quality of these relationships and, in turn, compromise children's mental health. Environmental factors include exposure to violence; chronic fear and stress; abuse and neglect; poverty; maternal depression; parental substance abuse; teenage parents; and foster care. Behavioral factors include genetic prematurity and low birth weight. These risk factors lead to childhood depression, attachment disorders, and traumatic stress disorders that require intervention (Hoover & Kubicek, 2013).

Research has long demonstrated the importance of early-childhood mental health and social-emotional development. The original Adverse Childhood Experiences study, conducted by the federal Centers for Disease Control and Prevention and Kaiser Permanente from 1995 to 1997, is perhaps the most well-known and is one of the largest assessments of the association

between childhood trauma (e.g., physical, sexual, or psychological/emotional abuse or neglect) and later-life health and well-being. Its findings suggest that certain experiences such as familial economic hardship, substance abuse, and mental illness are major risk factors for the leading causes of illness, death, and poor quality of life in the U.S. (Felitti & Anda, 2009).

In more recent years, scientific advances in our understanding of brain development and champions of children's health have worked to raise greater public awareness and urgency on the issue. Jack Shonkoff and his team at the Harvard Center for the Developing Child have been national leaders in this effort, coining the term "toxic stress" and demonstrating that healthy development can be derailed by excessive or prolonged activation of stress-response systems (Shonkoff & Garner, 2012).

Impetus for Collaboration on Early-Childhood Mental Health

The impetus for the creation of an early-childhood mental health funders network was the increasing recognition of the importance of the healthy social-emotional development of young children. Frederick Douglass is credited with the observation that “it is easier to build strong children than to repair broken men.” The Funders Learning Network on Early Childhood Mental Health grew out of several funders’ shared commitment to, and history of grantmaking in, the field of child and family well-being. Those organizations with expertise in these areas had already established some relationships: staff from Rose Community Foundation and Caring for Colorado Foundation met in late 2011 to collaborate on early-childhood mental health and engage other foundations.

Rose Community Foundation has funded early-childhood and health programs and initiatives since its inception in 1995. Early grantmaking in early-childhood mental health focused on an alarming increase in preschool expulsions and their impact on children and their families. More recently, the foundation has provided grants to nonprofits working on children’s health and well-being in a variety of community settings, including elementary and high schools, pediatric offices, and the home, as well as in early-childhood education centers.

In 2011, the two senior program officers overseeing these grants at Rose Community Foundation saw an opportunity to work together to increase the organization’s impact on the issue of young children’s mental health. The idea was introduced to the foundation’s health and early-childhood grantmaking committees at a joint meeting, where committee members learned more from local subject-area experts. Colleagues from other foundations, including the Caring for Colorado Foundation, were invited to attend. Because of what was learned at this meeting, the committees recommended that Rose Community Foundation move forward on early-childhood mental health. Caring for Colorado staff also expressed

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interest, and the two foundations began their partnership on the issue.

Since its formation in 2000, Caring for Colorado has invested in organizations and efforts to improve the health and well-being of children and adults across the state. It has made grants to support comprehensive pediatric medical homes, health insurance coverage, dental care access, maternal and child health through home visitation, and an array of community-based organizations. Mental health has been one of the foundation’s grantmaking priorities, especially efforts to increase access to community-based mental health services, integrated physical and behavioral health care, and stigma reduction. Recognizing the changes in health care delivery over the past 10 years, emerging science on early childhood and mental health, and the importance of two-generation approaches, Caring for Colorado eagerly partnered with Rose Community Foundation to dive deeper into the topic of young children’s mental health.

Environmental Scan

Rose Community Foundation and Caring for Colorado Foundation recognized that while much work had been done in Colorado to support the fields of early childhood and mental

One way to engage other local foundations early on was to include them in the environmental scan. The consultants conducting the scan interviewed staff from a diverse group of foundations and invited them to participate in focus groups. With their extensive knowledge and expertise, these funders were a critical source of information for fully understanding the environment and its opportunities and challenges.

health separately, there was a lack of focus on early-childhood mental health specifically and an absence of a coordinated system to address it effectively. The foundations contracted with a local consulting firm, JFK Partners, to understand the landscape, identify opportunities, and develop recommendations for funders to address the unmet mental health needs of Colorado's young children and their families. The environmental scan included information from an extensive review of relevant literature and documents, an analysis of key informant interviews and focus groups, and a summary of early-childhood mental health services data. The final report discussed objectives, progress, challenges and opportunities, and current directions (Hoover & Kubicek, 2013). It presented recommendations in seven goal areas: child and family well-being, integrated system of care, quality program availability, school readiness, adequate funding, professional/workforce development, and public engagement. The report's main finding was that,

Despite a growing awareness of the importance of mental health to future wellness and recent progress to address gaps in its current system, Colorado's early-childhood mental health system remains inadequate to promote the healthy development of its young children, prevent problems for those at risk, and treat the symptoms of children with diagnosed mental health disturbances. (p. 3)

The Funders Learning Network on Early Childhood Mental Health, Rose Community Foundation, and Caring for Colorado recognized that addressing early-childhood mental health was a project big and complex enough to require additional partners. One way to engage other local foundations early on was to include them in the environmental scan. The consultants conducting the scan interviewed staff from a diverse group of foundations and invited them to participate in focus groups. With their extensive knowledge and expertise, these funders were a critical source of information for fully understanding the environment and its opportunities and challenges. When the scan was released in May 2013 at a meeting with community partners and foundations, many of the foundation staff members who had been included in the scan voiced support for a collaborative effort.

With the confirmed interest of other funders, Rose Community Foundation and Caring for Colorado hired a facilitator and hosted the first meeting of the Funders Learning Network on Early Childhood Mental Health in July 2013. Staff from the two foundations laid out the reasons for forming the network: to learn together about early-childhood mental health and to build relationships among interested funders. Attendees represented foundations with a focus on early childhood, health, mental health, and maternal mental health. Their geographic areas ranged from a single county to the to the entire state. Organizational structures included private, community, and family foundations, and the community benefits division of a nonprofit health insurer.

Phase 1: Exchange Knowledge

The diversity of membership and a deliberate focus on collective learning put the network squarely in The Bridgespan Group's "knowledge

exchange” collaborative model in its first year. Monthly meetings alternated between learning from one another and learning from grantees and other community partners. Members of the network shared information about their own grantmaking in early-childhood mental health; data relevant to the issue they had collected and analyzed; and efforts to understand and map systems, gaps, and opportunities. Nonprofit and government-agency representatives made presentations about early-childhood development, determinants of health, gaps and opportunities in the system, and caregiver and other stakeholder engagement. Network members were kept abreast of new systems-level activities across the state. Among the most significant were a statewide initiative to integrate physical and behavioral health services in primary care settings, the recent launch of the state’s first Office of Early Childhood, a federal Race to the Top grant, and the Colorado Help Me Grow initiative.¹ Knowledge exchange was foundational for the network. As one member observed at the time, “We want shared action, but it needs to be thoughtful and informed.”

During this period, funders in the network continued to make grants related to early-childhood mental health consistent with their individual foundation’s priorities and strategies. Examples include grants to integrate behavioral health services into private and community-based pediatric clinics from foundations focused on health care delivery and practice transformation. Some grants were also consistent with recommendations from the environmental scan. Support for the new position of director of early childhood mental health and the development of a statewide strategic plan at the Office of Early Childhood by a foundation focused on policy are examples of these grants.

In addition to engaging in shared learning, in its first year the network adopted a shared vision: All children are physically and emotionally

healthy and safe, ready for school and life, and able to reach their full potential. It also agreed on six areas of focus: children ages 0 to 3 and their families; systems-level rather than programmatic approaches; prevention, promotion, and early intervention; multigenerational approaches; involvement and support for families; and community-based strategies. The vision, six areas of focus, and seven goal areas of the environmental scan were used to focus group discussions and learning sessions.

Phase 2: Coordinate Funding

By early 2014, the Funders Learning Network on Early Childhood Mental Health comprised 10 core foundations that began to explore the possibility of coordinating funding to support a collective effort. The group’s discussions built on the groundwork laid the year before: the seven goal areas of the environmental scan, concentrated areas of focus, surveys of foundation interest, and a catalog of members’ past and current relevant grants. The network developed a bull’s-eye graphic showing the goal areas and areas of focus for use as a tool to help the group assess opportunities for coordinated funding and co-investment and their alignment with the network’s priorities. (See Figure 3.) Opportunities at the center of the bull’s-eye are ones that meet the criteria in the outer circles. Much of 2014 was devoted to learning more about opportunities that fit in the center of the bull’s-eye.

One of the first opportunities for coordinated funding came in the form of a federal State Innovation Model (SIM) grant for \$65 million over four years, which Colorado received in early 2015 (State of Colorado, n.d.). The overarching goal is to improve the health of Coloradans by providing access to integrated primary care and behavioral health services in coordinated community systems for 80 percent of state residents by 2019. The SIM’s priority on system integration and its alignment with the network’s goals and areas of focus created the opportunity for members to coordinate funding. Four network members made coordinated grants to ensure the inclusion of children’s mental health services in this initiative that, as originally conceived, excluded children altogether.

¹Race to the Top is a \$4.35 billion U.S. Department of Education contest created to spur innovation and reforms in state and local K-12 education. Help Me Grow is a national model — a system that connects at-risk children with the services they need.

FIGURE 3 The network developed a bull's-eye graphic showing the goal areas and areas of focus for use as a tool to help the group assess opportunities for coordinated funding and co-investment and their alignment with the network's priorities. Opportunities at the center of the bull's-eye are ones that meet the criteria in the outer circles.

Early Childhood Mental Health

As interest in investing cooperatively grew, members decided that a work-group format would best accommodate work on joint projects and initiatives. While the network continues to serve its original purpose as a learning collaborative, the creation of ad hoc work groups gives those interested in taking action the opportunity to work together to explore ideas for coordinated funding for projects. Any network member can suggest a strategy or initiative aimed at improving the early-childhood mental health system, and form a work group. The groups do not have to follow a set format; they can include some or all network members, depending on interest, and may invite community partners to join to help inform and guide the work. The groups do not have to get approval from the network in order to work

together on a strategy or initiative of interest; the role of the network is to provide constructive feedback to the work group. The network itself does not sponsor initiatives developed by work groups; the funders are responsible for deciding who should assume the lead in launching the project and identifying cooperating funders. With the adoption of this operational format, the network solidified its identity as a learning community and incubator for ideas for jointly funded initiatives on early-childhood mental health.

In late 2014, the network held a half-day retreat to take stock of its progress and plan for the future. Members drafted a formal description of the network for distribution to community stakeholders and funders who might be

FIGURE 4 The graphic — produced by Project LAUNCH and used by LAUNCH Together — demonstrates both projects’ multi-faceted approach. They increase access to and bolster evidence-based prevention and promotion practices while supporting systems-level integration, workforce training, evaluation, and public awareness. The projects’ five core strategies are represented in the inner circle.

interested in joining. The network’s operating principles were reaffirmed: shared vision, openness, persistence, a focus on systems, and partnership, and members made a commitment to measure the progress of the network to hold itself accountable and move forward. These measures include increasing the network’s collective knowledge and deepening relationships between funders; staying engaged with early-childhood mental health and with each other; increasing foundation interest and funding for early-childhood mental health; remaining opportunistic and nimble; and creating partnerships to impact early-childhood mental health systems and supports for children, families, and communities. An internal assessment done in 2016 documented progress on all measures.

Phase 3: Create and Co-Invest in an Initiative

Eight network members came together in late 2015 to provide \$11.5 million in pooled funding for a bold five-year initiative called LAUNCH Together, moving the network into the next phase of creating and co-investing in an initiative.² The initiative arose from the network’s first work group and was inspired and informed by Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health),³ a national program funded by the federal Substance Abuse

²The funders are the Ben and Lucy Ana Walton Fund at the Walton Family Foundation, Caring for Colorado Foundation, Colorado Health Foundation, Community First Foundation, Kaiser Permanente, Piton Foundation at Gary Community Investments, Rose Community Foundation, and Temple Hoyne Buell Foundation.

³See <http://www.healthysafechildren.org/grantee/project-launch>

Coordinated funding, co-investments, and even creation of a new initiative are underway, but most outcomes and assessments of success or failure will come in future years. There have been some early signs, however, that the network is making progress and the benefits are beginning to reach Colorado's young children and families. Measures reflecting changes in grantmaking among network members, increased availability of behavioral health services for children and families, and progress by network members in their own collaborative practices all point to promising results.

and Mental Health Services Administration. The goal is to support Colorado communities in expanding evidence-based prevention and promotion strategies and building coordinated systems to support the wellness of children, prenatal through age 8, and their families, with a focus on behavioral health and social-emotional development. It is designed to encourage communities to embed early-childhood health promotion and mental health into coordinated state and local systems that serve children and families. Early Milestones, the lead agency for LAUNCH Together, developed a theory-of-change model and graphic for the initiative.

(See Figure 4.) The graphic shows inputs, strategies for change, and intermediate and long-term outcomes, and incorporates a bull's-eye graphic from Project LAUNCH that is similar to the network's bull's-eye.

In November 2015, LAUNCH Together awarded grants to seven communities to fund a seven-month strategic-planning process in each community. Four of the seven communities will receive four-year implementation grants through a competitive process. The work group of funders that conceived the initiative evolved into an advisory board for LAUNCH Together. According to Lisa Jansen Thompson, director of the Early Childhood Partnership of Adams County,

LAUNCH Together not only provides our state with additional investments in early childhood wellness, prevention, and promotion around social-emotional and mental health, but also allows for greater opportunities to implement strategies to meet the unique needs of communities and expand our learning of what works.

Early Results

The Funders Learning Network on Early Childhood Mental Health is still very new, with much of its early work focused on building relationships among network members and developing a shared understanding of the issue of early-childhood mental health. Coordinated funding, co-investments, and even creation of a new initiative are underway, but most outcomes and assessments of success or failure will come in future years. There have been some early signs, however, that the network is making progress and the benefits are beginning to reach Colorado's young children and families. Measures reflecting changes in grantmaking among network members, increased availability of behavioral health services for children and families, and progress by network members in their own collaborative practices all point to promising results.

- *Changes in grantmaking.* Perhaps the easiest change to measure is in the grantmaking practices among network members. Data collected for the network's first three years

show significant increases in early childhood mental health investments by number of grants and by dollar amounts. Between 2013 and 2015 the number of grants made by network members to support early-childhood mental health increased by 63 percent, and the total dollars granted increased by 62 percent. These changes reflect network members' commitment to the issue and their success in educating and building commitment among the committees and boards at their foundations. It also means communities are receiving more funds to promote early-childhood mental health.

- *Services to children and families.* A few of the grants reflect coordinated funding that allowed grantees to scale their work. Project CLIMB (Consultation & Liaison in Mental Health and Behavior) is one example. Based in the Child Health Clinic of Children's Hospital Colorado, Project CLIMB provides integrated mental health services to the clinic's patients and their families and increases the capacity of primary care health professionals to meet the complex mental health needs of the children and families they serve. The work of Project CLIMB was shared among network members and funding was coordinated to support replication of the model to four additional pediatric primary care practices. Early results of that expansion show children and families are receiving necessary services that were previously unavailable from their primary care provider. In the past two years, 1,235 behavioral health consultations were delivered, 800 unique patients were served, 600 hours of consultation were provided, and 16 providers were trained. This early success led to a new initiative by one network member that builds on the CLIMB model at an additional nine primary care practices. It is expected to reach 45,000 children, families, and pregnant women.
- *Leveraging other statewide efforts.* Some of the network members lend their voices as well as their grantmaking dollars in support of the SIM grant promoting integrated

mental health services among Colorado's primary care practices. They wrote letters supporting Colorado's application for the grant, encouraged and participated in discussions about children's mental health measures to include in the grant application, and co-invested in a grant to support SIM's work in children's mental health once the \$65 million grant was awarded. The result: Of the recently selected first 100 SIM practices, 21 are strictly pediatric practices and nine additional practices employ a pediatrician. The SIM guide to core competencies for licensed behavioral health providers working in primary care also includes issues specific to children and families, such as the influence of family systems, trauma, or adverse childhood experiences on care and health. Dr. Steven Poole, director of the Colorado Children's Healthcare Access Program at Children's Hospital Colorado, said:

Frankly, the funders group provided the greatest influence on SIM that led to more attention to the needs of young children, their families, and providers of primary and behavioral health for them.

- *Coordination among network members.* Just as members worked with grantees on measures of efficacy and success, the network asked how it could hold itself accountable and measure its own progress. A number of measures were decided upon by the group at its 2014 retreat and reported on in early 2016. That report revealed a clear picture of commitment to the network and increased knowledge and coordination among its members. Monthly network meetings regularly included nine to 12 foundation staff. Seven learning sessions covered such topics as public engagement and messaging, SIM, Help Me Grow, and data and evaluation. Coordinated and co-invested funding that arose from these sessions included support for SIM and a recently launched evaluation of early-childhood mental health data. Discussions with the state's public health department about coordinated support for Help Me Grow are also in progress.

Seldon, Tierney, and Fernando (2013) discuss the importance of “productive personal relationships” in successful collaborations (p. 7). Nurturing these relationships among individuals within the network was critical to moving through the formative stages. The network brought together funders who looked at the issue of children’s mental health through different lenses — as early-childhood grantmakers and as health care grantmakers.

Challenges and Lessons Learned

The Colorado Funders Learning Network on Early Childhood Mental Health emerged from a desire to support children and caregivers, enhance communities’ capacity to promote young children’s social-emotional development, and catalyze stronger systems to ensure all children and families have a foundation for lifelong mental wellness. Pursuit of these goals requires a concerted, uniform effort that is multipronged and involves an understanding of the wealth of potential variables that affect outcomes. The network is establishing itself as a key element driving this work for the benefit of Colorado’s children. Along the way, the network has learned some key lessons about collaboration.

Nurture Funder Relationships

Seldon, Tierney, and Fernando (2013) discuss the importance of “productive personal relationships” in successful collaborations (p. 7). Nurturing these relationships among individuals

within the network was critical to moving through the formative stages. The network brought together funders who looked at the issue of children’s mental health through different lenses — as early-childhood grantmakers and as health care grantmakers.

The different perspectives were reflected in early discussions about such things as whether the group should use the term “early childhood mental health” or “early childhood social-emotional development.” Hiring a well-respected facilitator with extensive knowledge of the issue and the Colorado grantmaking field was an especially effective way to bridge various perspectives. With the help of facilitated discussions, people came to know one another better and learn together, and the differences became less important. Today, members are comfortable using either term or combining them, as in “mental, social, and emotional health.” Similarly, the group spent some time discussing whether to call itself a collaborative or a network, and the latter ultimately was chosen in part to reflect the focus on learning and relationship building. Taking the time to resolve these types of issues up front fosters productive personal relationships that are key to mounting successful joint ventures. Building partnerships takes trust, patience, and the space to learn and stretch. Falling back on relationships and common knowledge gained through learning together enables the group to move through difficult conversations and find breakthrough opportunities.

Don’t Rush

Taking time at the outset to bring all partners along and find common ground for collaboration is critical. While network members felt a sense of urgency to address poor child health and developmental outcomes, they also recognized that influence and impact can grow with time spent finding opportunities for collective action.

These opportunities did not emerge in the first few months, but the network built a strong foundation for collaboration through the care and feeding of its members. That foundation includes learning sessions to ensure everyone has the same level of knowledge and understanding of

the issue and an appreciation for each funder's requirements for participation in a jointly funded project (e.g., the project needs to involve grantees in a specific geographic area, focus on prevention, or serve underserved populations). Taking the time to bring all partners along results in a greater readiness to act in concert.

Manage Community Expectations

Community and grantee partners, experts in the field, and others who shared their time and expertise with the network naturally anticipated action and developed expectations for funding. They wanted to know whether the network itself would make grants and, if so, if it would consider unsolicited proposals. In response, the network developed a succinct statement of purpose that made clear that the network itself does not make grants. The statement notes that the network was formed to bring funders together to learn about the strengths and weaknesses of the systems that support early-childhood mental, social-emotional health and share ideas that Colorado funders can use in deciding where to make investments that will have the greatest impact. The group changed its name from a funders collaborative to a funders network at the time it developed its statement of purpose, aiming to clarify that it would not be a source of funding as well as underscoring its focus on learning and relationship building.

When funders come together to learn about an issue and possibly take joint action, it does not happen in a vacuum. People outside the group may develop expectations that must be acknowledged, managed, and incorporated into funders' discussions and approaches. Transparent, ongoing communication to the field on the purpose, path, and likelihood of individual or collective action is vital to avoiding misalignment with partners.

Maintain Focus

Network members agreed early on that they wanted to focus on systems change, not on programs. As one funder noted,

When funders come together to learn about an issue and possibly take joint action, it does not happen in a vacuum. People outside the group may develop expectations that must be acknowledged, managed, and incorporated into funders' discussions and approaches. Transparent, ongoing communication to the field on the purpose, path, and likelihood of individual or collective action is vital to avoiding misalignment with partners.

There's not enough money across all of our foundations to fund every evidence-based program in every Colorado community. We need to find ways to leverage, coordinate, and strengthen systems that promote young children's mental health and social-emotional development.

Yet discussions about early-childhood mental health, presentations to the network, and the environmental scan itself tended to gravitate to a focus on programs. To address this, at each of its meetings the network made available the bull's-eye graphic and a chart showing the network's vision, goals, challenges, and areas of focus. (See Figure 3.) This helped keep the group's focus on systems change. Maintaining focus is essential for a collaborative to be successful.

Use an Array of Tools to Organize and Present Information

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Next Steps

As the network moves into 2016 and beyond, there is much to be proud of and still much to do. A second retreat is planned to examine progress, learn from and build on existing work, and consider new opportunities to promote early-childhood mental health. Discussions are underway about a number of projects, including development of an aligned theory of change reflective of Colorado's statewide early-childhood strategic plan; ways to support communications to parents, providers, and other stakeholders; and ways to build a robust workforce that can provide the

necessary services to support the mental health of children and their families.

Conclusion

Between 2013 and 2015, the Funders Learning Network on Early Childhood Mental Health expanded its role as a learning collaborative to include an incubator for jointly funded initiatives. The network moved organically through The Bridgespan Group's continuum of collaboration models. Today the network provides the space for funders to develop and identify possible co-investors for early-childhood mental health projects and initiatives.

It has had several major successes. As a result of aligned funding and grant requirements by four network funders, a statewide program designed to integrate physical and behavioral health broadened its focus to include children's mental health. Eight network partners committed \$11.5 million over five years in pooled funding for community planning and implementation grants under LAUNCH Together, an early-childhood mental health initiative that arose out of a network work group. Keys to the success of the network in its formative stages include shared learning opportunities and agreement on a shared vision, guiding principles, areas of focus, goals, and network processes and procedures.

Lessons from the network's experience include the importance of nurturing professional personal relationships, taking the time necessary to bring all partners along and find common ground for collaboration, managing community expectations, maintaining focus, and using an array of tools to organize and present information to expedite learning and opportunities for shared engagement.

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Integrating Funders Into a Multisector Transit-Equity Collaborative: Lessons From the Field

Davian Gagne, M.S.W., Mile High Connects

Keywords: Collective impact, equity, data, research, community engagement

Key Points

- This article examines the efforts of Mile High Connects, a collaborative working to ensure that the Denver region's \$7.8 billion transit project benefits low-income communities and communities of color by connecting them to affordable housing, healthy environments, quality education, and good-paying jobs.
- The collaborative, which includes local and national funders that have coalesced around the central issue of transit equity, has adopted a collective-impact model that has at its core two tools to measure and track its work and to show the social-impact outcomes achieved through its initiatives.
- This article describes the collaborative's approach to evaluation, reflects on its initial impacts, offers an assessment of its overall success, and shares with the philanthropic sector lessons learned in working effectively in a cross-sector collaborative.

The Making of a Transit Equity Collaborative

The Denver region's massive public investment in transit is leveraging an even more massive private investment in the areas around the new stations. No one organization has the capacity or breadth of focus to think about how this development can be done in a sustainable and equitable fashion. If ever an opportunity called for a collaborative cross-sector response, this was it.

— Thomas A. Gougeon, president, Gates Family Foundation

With the implementation of its \$7.8 billion FasTracks light- and commuter-rail project, the Denver region has the potential to be a national model for equitable transit and community development. The development has also brought displacement and gentrification pressures to the low-income communities and communities of color through which many of the new lines run. It has raised numerous questions about equitable community development when public investment suddenly makes the real estate of entire neighborhoods more valuable, and about equitable transit access as rail development drives changes in bus service in low-income communities, and as fare increases place additional burdens on low-income households.

To keep these concerns in the forefront of public and private decision-making throughout the decades-long development process, a collaborative of private, public, and nonprofit organizations came together in 2010–11 to form Mile High Connects (MHC). MHC's mission is ensure that Denver's transit buildout benefits low-income communities and communities of color by connecting them to affordable housing, healthy environments, quality education, and good-paying jobs.

MHC's collaborative table includes local and national funders that have coalesced around the central issue of transit equity. Early in its development, the collaborative adopted a collective-impact approach to its work (Kania & Kramer, 2011). Central to collective impact is data-driven evaluation, including outcome tracking to determine the social impact achieved through the collective approach. For MHC, these

FIGURE 1 Illustration of MHC’s Collective Impact Model

data tools include a formal process for collecting and analyzing data on indicators of broad, community-level change, and a data dashboard focused on its internal work. In 2014, MHC established its indicators through a lengthy, community-driven process and collected baseline data. The indicators measure progress made on issues such as preserving and creating affordable housing near transit, and increasing the number of jobs available within a half-mile of transit. MHC’s data partners will track changes in these indicators against the baseline every three years. MHC has also developed an online dashboard that tracks outputs and outcomes of activities tied to its partners’ annual work plans. This dashboard provides an internal feedback loop for partners and helps MHC to make adjustments in its strategy and programming.

This article will outline the history, context, and structure of MHC’s work as a cross-sector collective-impact collaborative, describe the

collaborative’s approach to evaluation, reflect on its initial impacts, and offer an assessment of MHC’s overall success.

As the backbone organization working on transit-equity issues in the Denver region, MHC serves as a convener and connector of grassroots groups, which are most directly affected by the transit buildout, and the “grasstops” groups, which typically make most major decisions about land use, community development, service routes, and transit fares, often without the involvement of those most directly affected. (See Figure 1.) MHC’s role is to bring considerations of equity to the grasstops by bringing the voice, perspective, and power of the grassroots into the spaces where decisions are made. The collective-impact approach enables MHC to engage expertise and networks from multiple sectors by bringing interdisciplinary partners to its collaborative table, and to move considerations of equity to the forefront through the

engagement of grassroots groups in decisions about the deployment of capital and human resources that have the capacity to bring broad social change to low-income communities and communities of color.

History of Mile High Connects

New transit development puts tremendous pressure on affordable housing near transit sites, but it also presents many other opportunities and challenges. I brought my affordable housing focus to Mile High Connects, but through the collaborative I also learned to recognize transit's impact on jobs, access to education, and the creation of healthy communities.

— Melinda Pollack, vice president for transit-oriented development and Denver market leader, Enterprise Community Partners

Many cities across the U.S. are seeing urban cores come back to life and a re-energized interest in living, working, and playing in these communities. This movement also includes large-scale expansions and investments in new and existing transit systems. These trends are introducing a host of new opportunities in these regions, such as transit-oriented development, connectivity to jobs, and reduced reliance on cars. At the same time, investments are creating displacement and gentrification pressures for low-income communities and communities of color, causing individuals and families to move out of the urban core, spurring the deterioration of rich cultural communities and pushing residents farther from jobs and community networks, and severing access to essential support services.

The Denver region's recent development fits squarely within this pattern. In 2004, Denver's voters approved FasTracks, a \$7.8 billion transit expansion that is adding 122 miles of rail, 18 miles of bus rapid transit, and enhanced regional bus service. The near-maniac development of denser "new urbanist" communities near transit further heightened Denver's status as a high-demand destination for millennials. As a result, an increasing number of communities are burdened with extremely high costs of living, and

FIGURE 2 Amplification of Funding

long-established as well as immigrant residents must navigate quickly shifting neighborhood landscapes as they struggle to overcome systemic poverty driven by the accelerating cost of housing and transportation in an environment of low-wage service jobs and stagnant pay. This mix of sharply increasing costs of housing and transportation, low-wage jobs, displacement pressure, lack of access to quality education, and unhealthy physical environments has contributed to significant inequities in communities across the region.

As the FasTracks buildout began to hit its stride as the region emerged from the Great Recession in 2008 and 2009, and the pressure of inequitable development that it spurred grew, four Denver-area nonprofits working on affordable housing, transit-oriented development, and urban land use began to focus on the looming challenges. Neither they nor their funders, however, were working together in any sustained way. It took an invitation from the Ford Foundation, which had independent funding relationships with the four nonprofits, to bring the funders and nonprofits together in the summer of 2010. Ford suggested that local funders get together with

the nonprofits to discuss what a collaborative focused on regional equity might be able to accomplish. Ford indicated that if the group decided to move forward, it would be willing to provide seed funding in 2011 for planning and organizing such a collaborative. A group of funders and the four nonprofits met throughout the fall and winter of 2010–11 to sketch out the structure and governance of a collective project focused on transit equity, create case-making materials, and develop a planning-grant proposal. Ford provided a \$500,000 seed grant in mid-2011 to support the nonprofits working in the collaborative and to enable the group to hire the Funders Network for Smart Growth and Livable Communities, which had helped to launch similar transit-equity collaboratives in the Bay Area and the Twin Cities. The network then staffed the planning process that led to the creation of the collaborative's governance structure at the end of 2011.

It was at the end of this planning process that the collaborative's members adopted a formal collective-impact approach, with an independent backbone organization now known as Mile High Connects; a cross-sector membership with defined roles; a formal governance structure; and a focus on data-driven decision-making. The group chose the collective-impact approach because of its recognition during its planning phase that a shared agenda, alignment of efforts and decision-making, and a focus on common outcomes were essential to meet the enormous challenges and opportunities presented to the Denver region by this unprecedented public investment in transit. (See Figure 2.)

With Ford's guidance and funding and an established governance structure, local funders quickly added their financial support to form a collaborative budget that provided funding to hire a dedicated MHC staff. (See Figure 2.) Just as importantly, as new funders brought their perspectives on the impacts of the transit buildout on the region, the collaborative's focus expanded from affordable housing and transit to include access to middle-skill jobs, quality education, and healthy communities. This broader focus

FIGURE 3 Developmental Timeline of Mile High Connects

is reflected in MHC's current goal of ensuring that Denver's transit buildout benefits low-income communities and communities of color by connecting them to affordable housing, healthy environments, quality education, and good-paying jobs. In collective-impact terms, MHC serves as the backbone organization: influencing local and regional policies, leveraging and deploying resources, collecting and analyzing data to inform decision-making, and helping residents of low-income communities and communities of color to engage directly in making the decisions that affect their lives. (See Figure 3.)

The cross-sector partners that comprise MHC's membership are a unique assembly of local and national leaders from philanthropy, affordable-housing finance and policy advocacy, transit advocacy, community development, community engagement and organizing, workforce development, and economic opportunity. It is the first collaborative in Colorado to bring funders, nonprofits, and private-sector actors into a collective-impact project with shared decision-making and pooled funding. (See Figure 4.)

FIGURE 4 MHC Steering Committee Members

Buck Foundation	FRESC: Good Jobs, Strong Communities	9to5 Colorado
Colorado Health Foundation	Gates Family Foundation	Gary Communit Investments/the Piton Foundation
The Colorado Trust	Kaiser Permanente	Rose Community Foundation
Denver Foundation	Natural Resources Defense Council	Urban Land Conservancy
Enterprise Community Partners	New Belgium Family Foundation	U.S. Bank
FirstBank		Wells Fargo
Ford Foundation		

Role of Funders Within the Collaborative

Mile High Connects’ shared governance structure is unique to my experience in philanthropy. Funders and community partners learn from one another and make decisions together about every important element of our work.

— Patrick Horvath, deputy vice president of programs and director of economic opportunity, The Denver Foundation

Mile High Connects makes decisions about collaborative business through its steering committee, which includes democratic representation from both funders and nonprofits. All of the members share authority for strategic planning, advancing racial equity both within the collaborative and through its work, work planning, and strategic planning; and share accountability for advancing collaborative outcomes. Foundation partners contribute their resources, time, and expertise at the steering committee level, and also work directly on MHC’s strategic activities. Almost all of MHC’s current foundation partners helped to develop the collaborative’s governance structure, and all current funders continue to help refine the its strategies, programs, and operational systems. All 17 MHC partners sit on the steering committee, which serves as the leadership and decision-making body for the collaborative, and each organization has one vote. Among the steering committee’s responsibilities are:

- setting MHC’s vision, mission, and strategic plan;
- crafting and approving annual work plans and ensuring accountability for accomplishing approved goals;
- ensuring practices and structures that support equity and inclusiveness within the collaborative and in the collaborative’s strategies and programs; and
- serving as ambassadors and positioning MHC in the community.

One nonprofit partner and one funder partner serve as co-chairs of the steering committee on a rotating basis, which has helped since its founding to model and advance MHC’s shared power and decision-making structure. The co-chairs also supervise MHC’s executive director and provide overall guidance to the steering committee.

Funding partners such as foundations and corporate funders are required to contribute at least \$5,000 annually to MHC to be members of the steering committee, while nonprofit partners must devote at least half a full-time equivalent (.5FTE) to directly furthering MHC’s goals. Outside of the significant financial investments they make in the collaborative, funders also contribute human and in-kind capital to MHC. Foundation partners connect MHC to their

networks, co-invest in grantees, engage in joint community outreach and leadership training of community residents, work with MHC on the grant-review team, and co-lead the internal equity and inclusiveness task force.

Funders are deeply integrated across and within the strategies of MHC. Funders have participated directly in its campaign to improve the affordability of the transit system. At board meetings of the Regional Transportation District (RTD), which builds and operates the Denver region's transit system, funders testified on the critical role affordable transit plays in the lives of low-income people and communities of color, and called on the board to join with MHC in developing an income-based transit pass. When MHC flexed its collective muscle to interrupt bus service cuts to a low-income community of color in West Denver, funders stepped into an activist role and leaned into their grass-tops networks to influence the RTD's decision. Ultimately the RTD restored bus service to the community, connecting residents to jobs, food, and other essential services. These tangible successes illustrate MHC's power and influence and demonstrate that community-led strategies, especially when amplified by funders who are willing to step into advocacy roles, can and do lead to incremental and systemic change.

Funders also play a leadership role in MHC's internal equity and inclusiveness committee, which works to broaden the steering committee's understanding of racism, systemic racism, white privilege, and power. A number of foundation partners are part of this committee, and help with planning steering-committee training opportunities; digging into important, risky, and difficult conversations; and leading the steering committee through its capacity-building process on equity. MHC's equity work also includes a layer that examines the collaborative's organizational practices through an equity lens, including hiring, strategic planning, and organizational and administrative policies. Ultimately this internal focus on equity will help MHC to fortify its external strategies to achieve authentic community engagement, including the incorporation of low-income communities and communities of color in MHC's

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decision-making structures, and will help the collaborative to achieve its systemic-change goals.

Grant Development and Grantmaking: Leveraging and Investing Resources

The Mile High Connects grant fund has been a critical resource to help the collaborative expand its network and to take action on important issues of equity in the neighborhoods that are being so deeply affected by the transit buildout.

— Monica Lyle, program officer, The Colorado Health Foundation

MHC uses its grantmaking as a tool to leverage resources and support transit-equity initiatives across the Denver region. MHC grantmaking takes two forms: directed grants that support MHC's core nonprofit partners who are charged with carrying out the collaborative's substantive work, and responsive grants made pursuant to an open and competitive application process that is meant to engage a much broader group of nonprofits from throughout the Denver region.

The grant committee includes both steering committee members and community residents from several of the low-income neighborhoods most directly affected by the transit buildout. Community members have built their own capacity to participate in the grantmaking process, and have provided valuable insights that have improved the accessibility of the grant-application process, sharpened the grant committee's equity focus, and brought community perspective into grant decisions.

Directed Grants

From the time it received its first grant from the Ford Foundation in 2011, MHC has passed on the majority of the funds it has raised to its core nonprofit partners. Initially all four of the partners received equal grants, but over time it became clear that while certain partners had the capacity to undertake significant portions of the MHC work plan, others, due to staffing constraints or other commitments, could only lead smaller activities.

All of the MHC partners, including the executive director, funders, and nonprofits, worked together to create a more equitable resource-allocation process that aligned resources with work-plan deliverables. Currently, core nonprofit partners determine which activities within the

overall MHC annual work plan they can undertake, and submit a budget to reflect the resources required to carry out this work. Nonprofit partners are then funded based on these annual budgets, which are reviewed and approved by the funder partners. MHC distributes about \$600,000 annually to its core nonprofit partners through its directed-grant process.

Responsive Grants

MHC distributes resources through an annual competitive process to groups and nonprofits across the Denver region that are working on transit-equity projects. MHC's grant fund committee oversees the responsive-grantmaking process, which involves reviewing grant applications, conducting site visits, revising grant guidelines, and assembling a grant docket that is subject to final approval by the steering committee. The grant committee is chaired by an experienced program officer from one of the funder partners as well as supported by MHC staff. The responsive-grant fund was initially capitalized by a three-year, \$190,000 grant from the Convergence Innovation Fund; it expired in 2015. Responsive grants are currently funded out of MHC's general fundraising.

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The grant fund deepens MHC's community network, enabling the collaborative to discover and partner with nonprofits and groups that are working directly in and with the communities where MHC seeks to have impact. Emerging community groups "discovered" through the grant fund have gone on to receive further funding from other foundation partners. MHC

awards about \$160,000 annually through its responsive-grant process.

This combination of directed and responsive grants has enabled MHC to dive deeply into its core work by making sustained and significant investments in several high-capacity nonprofits, while also engaging a large number of small, nimble, grassroots organizations that are taking action on critical issues of transit equity and community development right in their own neighborhoods.

Current Work Plan Priorities

MHC's core work plan for the last two years has focused on two broad transit-equity issues and four main topical areas within these issues.

Transit-Oriented Development: Affordable Housing and Community Facilities

Gentrification and displacement issues, coupled with the affordable-housing crisis, continue to affect low-income communities in metro Denver. MHC is developing an anti-gentrification and anti-displacement platform that includes creating and preserving affordable housing and community facilities, and developing a renters' rights platform focused particularly on areas surrounding transit. MHC is also researching a strategy to preserve manufactured-housing communities that are at risk of displacement. MHC and its partners are working to increase and align financial resources for affordable housing and community facilities. By interrupting the gentrification and displacement pressures on low-income communities gaining access to new transit lines, and by preserving and developing affordable housing near transit, MHC seeks to support equitable community development and foster healthy, vibrant communities that have room for everyone.

Transit-Oriented Development: Business, Local Workforce, and Middle-Skill Jobs

Low-income individuals and families need access to good-paying jobs and job supports such as child care if they are to have economic security and mobility. MHC works to link residents to

MHC works to link residents to good-paying jobs at anchor institutions and in the construction industry. Collaborative partners are deeply engaged in identifying alternate economic-opportunity and community wealth-building strategies such as worker ownership (e.g., partners are in the process of developing an employee-owned child care cooperative in West Denver). On the business side, MHC implements strategies to support and incentivize businesses providing good jobs, as well as community-serving organizations, to locate near transit.

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Accessible Transit: Affordable Fares and Meaningful Service Routes

Affordable transit and meaningful service routes are two critical elements of a transit system that works for low-income families and transit-reliant individuals. Through its Affordable Fares Task Force, MHC successfully implemented an affordable-fares campaign that has engaged the Regional Transit District in a research effort to create a fare structure offering a 50 percent reduced fare for those living at or below 150 percent of the poverty level. MHC also supports resident-led efforts to preserve or reinstate service routes in low-income communities and communities of color. MHC works with the RTD to improve the district's stakeholder-input process on service routes, and advocates for the organization to strengthen its overall service route-change process. Increasing transit access for the low-income individuals and families who need it the most will create real pathways to opportunity and open up doors to good-paying jobs and education.

Accessible Transit: First- and Last-Mile Connections

Even the least expensive and most efficient public transit is useless if people cannot easily reach it from their homes or workplaces. The connections between initial and final destinations, known as first- and last-mile connections (FLMC), are critical elements of transit equity. Unfortunately, jurisdictions across the Denver region have varying definitions of FLMC, lack sustainable funding streams for the infrastructure needed to better connect residents to transit, and lack appropriate tools to track funding that is allocated to these projects. This can often lead to incomplete or deteriorating sidewalks and other safety issues, particularly for low-income communities. MHC has researched and shared recommendations with elected officials in identified geographies to initiate a regional discussion on FLMC. By using a racial and economic lens, MHC assesses how equitable the funding and support is for FLMC projects. By the end of 2016, MHC will produce a white paper that will provide a model describing the return on investment on FLMC. MHC is also helping residents

engage in leadership training to advocate for FLMC solutions at the local level.

Advancing Systemic Change

Mile High Connects was founded on data and relies on data to guide its decision-making. We need to be able to demonstrate clearly to community members and policymakers how transit decisions affect access to opportunity for the Denver region's low-income communities and communities of color.

— Matt Barry, vice president for strategic assessment, Gary Community Investments/The Piton Foundation

Evaluation and Research

MHC's foundation partners are thought leaders on data and evaluation and have contributed their data-analysis skills to further the collaborative's learning and evaluation. Gary Community Investments/The Piton Foundation (GCI) is the foremost data expert in the Denver philanthropic community. GCI seeks to create a culture in which data are used to solve pressing social issues, and is an integral partner with MHC in its data and evaluation work.

To start building the case for the importance of equitable development, MHC initiated deep research on the relationship between transit and accessing education, middle-skill jobs, health institutions, housing, and education, as well as on the role safe and effective first/last mile connections play in transit accessibility, especially in low-income neighborhoods. The outcomes and recommendations of this research have determined the strategic direction of the collaborative, and have supported MHC in experimenting with and building knowledge about promising practices in this emerging field at the local and national levels.

With GCI's creative thinking and expertise, MHC created the Denver Regional Equity Atlas (2012), a data tool that uses the transit system as a base from which to tell the stories of the stark disparities in access to opportunity throughout the Denver region. The atlas links data on such areas as chronic disease, income level, educational attainment, location of affordable

housing, high- and low-performing schools, and the location of health care institutions. The atlas is an online, interactive tool used by planners, public health officials, nonprofits, and elected officials for case-making on an array of social issues and policies.

By working with research experts in the field, MHC has produced a number of papers, reports, and tools anchored in its transit-equity priority areas. MHC uses both qualitative and quantitative data to inform its case-making, further its policy-advocacy efforts, and lift up the experiences of low-income communities and communities of color. Community residents' experiences are incorporated through qualitative data-collection methods. This approach is critical for MHC to understand and convey to others the experiences of those most affected by the transit build-out in low-income communities.

MHC's research reports have informed and supported its key strategies, built the field, and advanced equity in critical settings related to MHC's priority areas. *Connecting Housing, Transportation + Education to Expand Opportunity*, its 2013 report with the Center for Cities and Schools (2013), was the anchor for a national convening on the importance of transportation to educational opportunity and success. MHC, Enterprise Community Partners, the Center for Cities and Schools, the Natural Resources Defense Council, and National Housing Conference hosted a gathering with national and local stakeholders to talk about the nexus of housing, transportation, and education. *Left at the Station*, a report released by MHC's organizing partner 9to5 Colorado (2014), raised up resident concerns about the lack of transit accessibility in several low-income communities as a result of the opening of a light-rail line on Denver's west side. Residents identified the cost of transit, station safety, and service cuts as key barriers to transit access. The report was the foundation for MHC's Affordable Fares campaign, which now includes over 100 organizations from throughout the Denver region that have joined MHC's Affordable Fares Task Force to advocate for an income-based pass.

To start building the case for the importance of equitable development, MHC initiated deep research on the relationship between transit and accessing education, middle-skill jobs, health institutions, housing, and education, as well as on the role safe and effective first/last mile connections play in transit accessibility, especially in low-income neighborhoods.

MHC and GCI recently released *2015 Community Facility Scan: Opportunities for Community-Benefit Commercial Development at Transit in Metro Denver* (Devenport, 2015). The scan looks at 12 station areas in MHC's prioritized geographies and the community benefits they may have to offer to the surrounding neighborhoods if commercial development around the stations is managed with a focus on community-serving facilities. The report outlines recommendations in the areas of health equity, employment, and education, and includes a story-mapping tool.

Long-Term Indicators

As a collective-impact collaborative, MHC saw as one of its most important data projects the creation of a set of indicators that would help it track its own progress in advancing its key outcomes. GCI contributed its data expertise to help MHC develop long-term indicators to measure community change related to transit-equity strategies. The process of identifying, sorting, prioritizing, and selecting the right data indicators was complex and required a significant investment of time from the members of the

Collaborative members struggled to distinguish between shorter-term outputs, which are easier to measure and to link to resource inputs, and longer-term outcomes, for which a causal link to MHC's activities could not be fairly drawn.

steering committee. Partners spent time talking through each potential indicator by answering questions such as: How would this particular indicator reveal information about the increase in affordable housing near transit? What types of data sources are available to measure and articulate the health impacts of equitable, transit-oriented development? What indicators can spur policy advocacy at the local and state levels?

Collaborative members struggled to distinguish between shorter-term outputs, which are easier to measure and to link to resource inputs, and longer-term outcomes, for which a causal link to MHC's activities could not be fairly drawn. Ultimately, because MHC's mission is focused on increasing equity and access to opportunity in communities affected by the transit build-out, the collaborative partners chose to hold themselves accountable to measuring MHC's effect on broad indicators of community-level change in MHC's core work areas. MHC chose indicators tied to reliable data sources to ensure dependability of the information. The baseline data set was collected for 2014, and MHC will update the data and report to the community every three years on how these data have changed. These indicators serve as a yardstick to measure the work of MHC. (See Figure 5.) The long-term indicators aim to measure how MHC has generated increases in:

- the number of people moving out of poverty,
- positive health outcomes for low-income communities and communities of color,
- quality educational opportunities, and
- opportunities for low-income people and people of color to live in economically vibrant, integrated communities.

Dashboard

To capture the developmental growth and learning of the collaborative, MHC uses an online dashboard to track strategies and activities. MHC captures tangible outputs of its partners' work, such as the number of doors knocked on and community meetings held, or movement toward establishing a permanent revenue source for affordable housing. The dashboard ties partner efforts to the long-term indicators and tracks the progress toward these indicators. For example, the dashboard documents the specific activities that MHC's core partners undertake to preserve affordable housing near transit, and these activities support and further MHC's progress toward one of its long-term indicators of success, which is the preservation of 90 percent of existing affordable housing near transit.

GCI also engineered MHC's internal dashboard for work-plan reporting. It helps MHC's executive director maintain accountability for the annual work plans developed and implemented by nonprofit partners. The dashboard is used in place of typical grant reports. Instead of composing long narratives describing what they accomplished, nonprofit partners enter real-time numbers on the outputs they achieved in a given time. The online dashboard tracks the outputs and outcomes of the activities described in the annual work plans on a regular basis, which informs the partners' work and provides feedback that can be used to adjust and strengthen partners' efforts. The dashboard allows MHC to gain understanding on issues such as where movement is being made toward a specific policy, what capital resources have been identified to invest in equitable community development, and what can be done differently on the community level to engage residents in decision-making.

FIGURE 5 Long-Term Indicators

The dashboard produces reports and illustrates the progress on each nonprofit partner's activities, and can provide comparisons across nonprofit partners. (See Figure 6.) Foundation partners find the tool useful in understanding how their investment is performing and if it is moving the needle on acute social issues. The dashboard was implemented in 2015, and nonprofit partners enter information each quarter on progress made on activities. Nonprofit partners have had mixed reactions to the tool. It can help them to be mindful about their progress toward meeting the goals in their annual work plan, see environmental opportunities and challenges for moving their work forward, and recalibrate their work to more closely match their activities to the pace of policy change in Colorado's "policy light" environment. The dashboard's stark "yes/no" entry format, however, does not allow partners to tell nuanced stories about efforts along a continuum that have not yet achieved their intended result. MHC continues to refine and improve the dashboard to ensure it accurately captures the learning and accomplishments of its partners.

Learning Community: Building the Field of Collective Impact Through Philanthropy

This work has brought us into new and deeply satisfying relationships with our fellow funders and our nonprofit partners. We have invested far more than grant dollars in Mile High Connects, and have advanced our own learning about the power and possibility of collaborative cross-sector work.

— Anne Garcia, chief financial and operating officer, Rose Community Foundation

Collective impact holds great promise for accelerating systems change for low-income communities and communities of color. Foundations are central actors in the collective space and leverage more than capital resources; they serve as thought leaders, lend their expertise, and remove barriers to create bridges to underresourced communities. Convening cross-sector leaders and maintaining sustainable partnerships takes time, and MHC has learned many lessons about

FIGURE 6 Dashboard Snapshots

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how to work effectively in a cross-sector collaborative. (See Table 1.)

Many of these promising practices can be applied by foundations participating in cross-sector relationships. These lessons offer insights on creative ways to assemble capital — both financial and human — to develop a long-term vision for systems-level change on social issues. The importance of patience, both with the process and in the provision of capital, cannot be stressed enough if foundations are to be successful partners in effecting long-term and sustainable change. MHC’s partners began to strategize about the collaborative almost seven years ago, and created its governing structure six years ago. Almost all of its original funding partners are still members, and many have increased their funding. Compared to the typical restlessness of funders, who are

prone to call it quits and move on if they do not see the results they anticipated in three years or less, cross-sector collective-impact collaboratives take sustained and patient investment. This is all the more true when those most directly affected by the issue the funders are seeking to resolve are invited to participate in decision-making. The process of leadership development, the need to adjust schedules and to work outside of typical relationships and settings, and the time it takes to break down barriers of mistrust all require a willingness to take the long view.

When viewing MHC through the human-development lens, the collaborative is entering into its adolescence. Leaders from around the region look to MHC for its knowledge on transit-equity issues and for its ability to assemble resources. Funders have learned firsthand the power of

TABLE 1 Lessons Learned & Promising Practices

Trust building	Trust is an anchor for collaborative relationships and takes time to build.
Power shifting	Partners need to be willing to give up some of their power so that decision-making on capital and human resource allocation can be shared.
Commitment to equity	Understanding equity (race, class, and other issues) is imperative for leading and supporting community-driven strategies and outcomes.
Resident engagement	Partners need to take the lead from community residents, as they are the experts on solutions for their communities.
Risk taking and flexibility	Partners need to be able to take risks and experiment. Collective impact projects may not always generate the results that were aimed at in the planning phase, requiring agility and nimbleness to recalibrate.
Patience	Funder partners should commit to providing patient capital to realize systems change.
Healthy tension	Partners should lean into a level of discomfort to spur their learning.
Leveraging grasstops and grassroots	Partners should leverage their networks and power at the grasstops to drive and deepen the work with and on behalf of low-income communities and communities of color, the grassroots.
Data and evaluation	Data and evaluation metrologies, qualitative and quantitative, should be implemented to measure internal progress and developmental evolution as well as external outputs and outcomes.

REFLECTIVE PRACTICE

community advocacy. Growing our collective muscle has taken time and been a part of building out the collective-impact model. Funders have played an integral role in this space and served as thought leaders on strategies to further the work. The diverse partners of MHC have deepened their relationships with one another and have effected demonstrable social change on transit-equity issues. Collaborative outcomes include the restoration and preservation of service routes in low-income communities; improved relationships with the RTD, which now serves as a partner on the creation of an income-based transit-pass program; and assembly of capital to acquire and preserve affordable housing near transit.

When we talk about homes, we are not just talking about shelter. Homes are foundations for families. It is where our dreams flourish.

— Yolanda Begay, 9to5 Colorado outreach worker

MHC is excited about the next five years. It has just embarked on a campaign to address the severe gentrification and displacement occurring across the Denver region, informed by surveys of low-income renters conducted by one of MHC’s organizing partners. The campaign has gained momentum as nonprofit leaders, low-income residents, and elected officials have grown increasingly concerned about the rising tide of inequity in Denver’s housing market. MHC will also forge ahead with its Affordable Fares campaign, with the aim of implementing an income-based pass within the next two years. Other efforts over the next year will lead the collaborative into its next strategic-planning process, which will include an increased integration of equity across the entire organization, from the inside out. The strategic-planning process in 2017 will result in the road map for the next several years of MHC’s collective work.

The momentum generated thus far with and on behalf of low-income communities and communities of color is promising, and MHC looks forward to contributing its learning to the philanthropic sector to showcase how collective impact, with its challenges and nuances, can lead to lasting systemic change.

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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

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.

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.

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 grant-making 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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— 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. In the first round of hiring, we learned about the importance of community-organizing experience. Four of the five new partners had that background and, although we were not particularly seeking it, community organizing was included in our revised job description as an essential skill when we went on to hire three more partners.

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

¹To 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?

internal diversity and inclusion work encouraged us to continue down this path as we follow communities toward our health equity vision.

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.

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

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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?

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Reconciling Community-Based Versus Evidence-Based Philanthropy: A Case Study of The Colorado Trust's Early Initiatives

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Keywords: Community-based grantmaking, evidence-based grantmaking, strategic alignment, Polarity Management, healthy communities, home visitation, school health education

Introduction

One of the fundamental philosophical tensions in philanthropy surrounds the question of whether local communities can be trusted to produce the right solutions to the problems they are addressing. Some foundations have a core belief that local residents are directly knowledgeable about the needs, assets, and values of their community and that community-based organizations understand what is required to do effective work within the local context. As such, community-level decisions should be respected and supported with grant funding. Other foundations have a less sanguine view of the capacity of communities to choose, design, and implement effective strategies. They point to the many poorly conceived grant proposals they receive from community-based organizations. Even if a proposed project reflects the wishes of community members, it doesn't necessarily warrant an investment of resources from either the funder or the community. These foundations are much more inclined to support programs that have empirical evidence of effectiveness.

For the sake of brevity, we refer to this contrast in philosophy as community-based philanthropy versus evidence-based philanthropy. (See Table 1.) The former seeks to engage community-based organizations and residents in problem solving, organizing, and advocacy work that will improve local conditions, with the proviso that the foundation is facilitating the change

Key Points

- One of the dominant tensions in philanthropy involves the question of whether foundations should focus their grantmaking on projects that come from the community versus projects that have a base of scientific evidence. How a foundation answers this question leads to different strategic orientations.
- This article describes how this tension was expressed and resolved during The Colorado Trust's early years of initiative-based grantmaking. The community-based philosophy is illustrated through the Colorado Healthy Communities Initiative, while Home Visitation 2000 serves as an exemplar of the evidence-based approach. The Colorado School Health Education Initiative purposefully integrated the two philosophies.
- The community-based and evidence-based philosophies each have inherent limitations which can be overcome by incorporating the opposing philosophy. This finding is consistent with Barry Johnson's (1992) Polarity Management model and potentially at odds with the principle of strategic alignment.

process, not directing the content or shape of the solutions. The contrasting perspective aims for the adoption and implementation of effective programs and relies heavily on science and evaluation to identify effective programs and to determine which programs are effective.

These contrasting perspectives point foundations in different directions when it comes to strategy. A community-based orientation has led foundations such as the Annie E. Casey Foundation, the Skillman Foundation, and The California Endowment to create initiatives that encourage neighborhood organizing, grassroots leadership development, coalition-based problem solving, agenda setting, and policy advocacy. In contrast, foundations with an evidence-based orientation use their resources to promote the dissemination and uptake of programs and services that have evidence of effectiveness. This can be done by structuring grants to incentivize the adoption of a particular program model or by supporting a national or state office that promotes and trains around a particular model. Some foundations with an evidence-based orientation move further upstream and fund the development and testing of new program models. In a similar vein, the William T. Grant Foundation has a grants program designed to increase the willingness and capacity of agencies and policymakers to incorporate research evidence into their decisions about policy and practice.

In terms of assumptions, the community-based approach to philanthropy assumes that the choice of strategy should be left in the hands of local actors (including community-based organizations and, in some cases, residents who take part in a planning process). The evidence-based approach offers local actors an opportunity to adopt specific program models that have been shown to be effective. In terms of theories of change, the community-based approach calls for the foundation to support an expansive, locally driven process of problem identification, planning, decision-making, and implementation. The evidence-based approach conceives of a more bounded process of problem definition, program selection, and implementation. Under each approach, the foundation provides grants and other resources to implement programs, build capacity, and change policy and funding streams. However, foundations with a community-based philosophy employ very different grantmaking guidelines and seek very different types of relationships than do evidence-based foundations.

This contrast in philosophy has appeared in stark terms within the field of place-based grantmaking. The proceedings report from the “Towards a Better Place” conference, held in Aspen, Colorado, in September 2014, included the following summary:

We heard a number of examples of funders following the lead of the community designing their own solutions or campaigns, where the funders saw their role as listening, resourcing, convening, and building capacity. Some national funders provided a contrast to this approach, arguing that under-resourced communities can benefit from technical expertise that they may not otherwise have access to, or that foundations can leverage their expertise to advance community agendas at the state or national levels. Some argued that communities may not always know the solutions, and that foundations are expected to add value. (Aspen Institute & Neighborhood Funders Group, 2014, pp. 11–12)

It is important to point out that foundations with contrasting philosophies often seek to accomplish the same overall goals, such as improving community health, enhancing childhood development, or increasing the percentage of people who graduate from high school and find gainful employment. The foundation’s philosophy comes into play when deciding how to achieve those goals. As noted above, foundations with a community-based lens tend to promote community development, while foundations with an evidence-based lens tend to promote the adoption of program models that have been shown to be effective. In either case, the strategy will have an underlying theory of change (either explicit or implicit), but those theories will focus on different pathways as a function of the foundation’s philosophical orientation.¹

¹A theory of change describes the conditions that need to be in place and the steps that need to be taken in order for a desired outcome to occur (Weiss, 1995). While known as a “theory of change,” it is actually a “theory of the change process” that the intervention will stimulate in order to generate the desired outcomes. The particular theory of change that undergirds a foundation initiative (or a foundation’s larger strategy) is an amalgamation and reflection of the foundation’s beliefs and assumptions about how change happens and how its own resources and activities will influence the change process (Patrizi & Heid Thompson, 2011; Patton, Foote, & Radner, 2015). By definition, theories of change involve some degree of speculation as to what will happen when a foundation introduces its strategy. One function of evaluation is to test empirically the accuracy of the theory on which a strategy is built.

TABLE 1 Contrasting Assumptions and Pathways for Community-Based Versus Evidence-Based Philanthropy

	Community-Based Philanthropy	Evidence-Based Philanthropy
ASSUMPTIONS		
Responsibility of local actors in selecting programs and setting strategy	"The community" (operationalized accordingly) is responsible for making its own decisions based on its own assessment of what is needed and what will work.	Local organizations are responsible for using their resources to carry out the programs and services that are most effective in achieving their mission.
Which programs are assumed to be most effective?	Programs that arise out of the collective wisdom of community-based organizations and residents who are focused on the issue and who have experience working within the local context	Programs that have been shown to produce outcomes within rigorous studies and that are appropriate to the local context
THEORY OF CHANGE PATHWAYS		
What are the key steps in achieving impact?	<ul style="list-style-type: none"> • Activate local actors to engage in new work to improve the community • Incorporate the wisdom of a broad range of stakeholders • Find innovative approaches to address critical underlying issues • Implement the strategies • Change policy and institutions to support the strategies • Evaluate and adapt the strategies on an ongoing basis to optimize impact and remain relevant 	<ul style="list-style-type: none"> • Identify the specific problem(s) to be solved • Select an evidence-based program that addresses that problem and is appropriate to the local context • Ensure that the program is implemented with fidelity • Change policy and institutions to support the program • Evaluate the program and assess if additional or different programs are needed
What is the role of the foundation in fostering positive impact?	<ul style="list-style-type: none"> • Respect the community's authority and wisdom • Provide forums and resources that help activate local actors and that support community-based analysis and planning • Provide implementation grants for community-defined strategies • Provide technical assistance and other support for evaluation, learning, and adaptation • Offer training and other resources to build individual and organizational capacity • Assist in changing policy and institutions to support community-driven strategies 	<ul style="list-style-type: none"> • Support research to develop and evaluate promising programs • Bring evidence-based models to the attention of organizations that could benefit from adopting them • Provide grant funding to implement evidence-based models • Help organizations build the capacity and infrastructure to implement evidence-based models (e.g., through staff training) • Provide support for implementation evaluation and learning • Assist in changing policy and funding streams to support the implementation of evidence-based models

This tension between trusting the wisdom of communities versus trusting scientific evidence arises not only across foundations, but also within foundations. In many foundations there will be substantial diversity of opinion, perspective, and background among the board and staff. ... One perspective may win out and rule the organization, but it is also possible that a foundation will allow both perspectives to operate simultaneously.

This tension between trusting the wisdom of communities versus trusting scientific evidence arises not only across foundations, but also within foundations. In many foundations there will be substantial diversity of opinion, perspective, and background among the board and staff. The principle of “trusting the community” appeals to some, while “moving evidence-based models into practice” appeals to others. One perspective may win out and rule the organization, but it is also possible that a foundation will allow both perspectives to operate simultaneously. This can happen more easily in foundations with multiple program directors, each of whom has autonomy over a particular grant portfolio or set of initiatives.

This article considers the question of how foundations should manage situations where two competing philosophies are generating divergent and even inconsistent strategies. We describe The Colorado Trust’s early phase of initiative-based grantmaking

to illustrate how a foundation can reconcile two competing philosophies, and in the process create a more complete theory of change and more effective strategy. The Trust is a Denver-based health foundation established in 1985 with the proceeds of the sale of Presbyterian/St. Luke’s Medical Center (PSL) to American Medical International Inc. (AMI). Because PSL was a nonprofit entity and AMI was a for-profit entity, the proceeds were channeled into a “health conversion” foundation.²

After five years as a responsive grantmaker, The Trust shifted to a proactive orientation. Foundation staff designed initiatives that provided organizations across the state with opportunities to engage in specific forms of work aimed at improving health through particular strategic pathways. Many of these initiatives were grounded in the philosophy of “trust the wisdom of the community,” but others explicitly sought to promote the adoption of evidence-based programs. We describe how The Trust came to adopt these different theories of change, what it learned with regard to the shortcomings of each theory, and how the different theories were blended in an initiative designed to engage a wide range of local stakeholders in a process of selecting evidence-based health education curricula. To motivate this case study, we present two alternative theories of how a foundation (or any organization) should reconcile inconsistencies in philosophy.

Competing Perspectives on How to Reconcile Philosophical Inconsistencies

How should a foundation respond when it finds that it is pursuing different strategies that are based on competing philosophies? The natural inclination among those who advise on organizational strategy is to resolve the inconsistency

²Health conversion foundations (sometimes referred to as “health legacy foundations”) are created with the proceeds that accrue when a for-profit firm acquires a nonprofit health organization (e.g., hospital system, physician practice, health insurance plan), or alternatively when a nonprofit health organization converts its status to for-profit (e.g., Standish, 1998; Frost, 2002; Niggel & Brandon, 2014). The Colorado Trust was formed during the initial wave of conversions in the 1980s, when 57 foundations were established. There are now more than 300 conversion foundations in the U.S., some with endowments in the billions of dollars (Niggel & Brandon, 2014).

by committing to a particular philosophy. If two competing philosophies are guiding different bodies of work, then the organization is arguably out of alignment, and possibly even trying to move in two opposing directions. If those two different strategic directions require contrasting competencies and processes, then the organization will inherently find itself building competing structures and hiring employees with different mindsets. In other words, competing philosophies make it difficult or even impossible to create a coherent organization with a clear sense of direction.

Holistic Alignment

Michael Quinn Patton, Nathaniel Foote, and James Radner (2015) adopt this logic in making the case that foundations should specify their “theory of philanthropy”:

A foundation’s theory of philanthropy articulates how and why the foundation will use its resources to achieve its mission and values. The theory-of-philanthropy approach is designed to help foundations align their strategies, governance, operating and accountability procedures, and grantmaking profile and policies with their resources and mission. (p. 10)

Patton, Foote, and Radner draw on the thinking of two highly regarded systems theorists, Jamshid Gharajedaghi and Russell Ackoff (1985), in arguing that organizationwide alignment (what they call “holistic alignment”) is essential for effectiveness:

[I]f the elements of a foundation are not integrated, the foundation’s overall effectiveness is potentially undermined and resources are potentially wasted. The stakes for effectiveness and efficiency, we want to suggest, can be quite high. If impact and accountability matter, then alignment matters. (Patton, et al., 2015, p. 9)

According to Patton, Foote, and Radner, one of the key steps in developing a theory of philanthropy is to critically examine whatever theories of change might be at work in the foundation’s grantmaking.³ If different strategies reflect

contradictory theories, then those strategies are trying to make incongruous things happen. Likewise, the program departments leading those competing strategies may be working at cross-purposes to one another. When this situation presents itself (or is uncovered through a theory-of-philanthropy process), remedial action is warranted to clarify which theories are consistent with the foundation’s overall assumptions, beliefs, and philosophy about how change should happen. Once that clarification has occurred, the foundation would be expected to abandon or modify those strategies that are out of alignment with the accepted theories of change.

Polarity Management

Barry Johnson (1992) presents an alternative view on how organizations should seek to resolve competing philosophies and contrasting theories of change. Johnson points out that many contrasts in perspective are opposite ends of a “polarity.” According to Johnson, a polarity is a “set of opposites which can’t function well independently. Because the two sides of a polarity are interdependent, you cannot choose one as a ‘solution’ and neglect the other” (p. xviii).

For example, the community-based and evidence-based philosophies of grantmaking both speak to the issue of “What form of decision-making leads to the greatest and most meaningful impact?” The two perspectives emphasize different elements and often lead to different strategic orientations, but each perspective has its merits and logic. Just as importantly from Johnson’s point of view, each perspective has its shortcomings and blind spots. (See Table 2.)

Rather than selecting one approach as “good” or “right,” Polarity Management presumes that it is neither possible nor desirable to select one end of the polarity and set aside the other. When developing a particular strategy, the organization considers the upsides and downsides of each perspective, taking into account the specific context and organizational objectives. As such, some of the organization’s strategies will be grounded in one perspective, some in the other, and some will reflect both perspectives. Polarity Management is designed to get “the best of both

³These theories of change might pertain either to the foundation’s own strategies or to the programming that grantees carry out with foundation funding.

TABLE 2 Arguments For and Against Community-Based and Evidence-Based Philanthropy

	Community-Based Philanthropy	Evidence-Based Philanthropy
Payoff (when successful)	<ul style="list-style-type: none">• Solutions and strategies are informed by local wisdom.• Programs and services fit the local context.• Local buy-in sustains whatever programs are developed.• Innovation thrives.• Local residents gain experience analyzing problems and developing solutions.• Community-based organizations and residents feel respected by the foundation.	<ul style="list-style-type: none">• Communities gain access to programs and services that have been shown to be effective.• Local organizations allocate their resources efficiently.• The foundation knows it is investing in effective programming.• The approach builds a greater appreciation for the value of evidence.
Downside Risks	<ul style="list-style-type: none">• Community-based decision-making can be driven by emotion and politics rather than data.• Community-based organizations and residents may choose ineffective or even counterproductive strategies.• The community might come up with strategies that the foundation believes to be ineffective or inappropriate, leading to “bad” implementation grants.• Community-based processes can generate conflict, confusion and frustration for the foundation and for local actors.	<ul style="list-style-type: none">• Local organizations may choose to adopt programs that have evidence but are inappropriate to the local context (e.g., required resources not available).• Foundations can incentivize adoption, but can’t control fidelity of implementation.• Because the program was developed elsewhere, local actors may not feel committed to implementing and sustaining it.• Community-based organizations may resent the foundation for not trusting the community, and for honoring research more than local wisdom.

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opposites while avoiding the limits of each” (Johnson, 1992, p. xviii). This philosophy is at odds with the idea of holistic alignment, which holds that strategies should be aligned around a coherent philosophy (and thus should be based on consistent theories of change).

Polarity Management also assumes that an organization’s strategies will (and should) evolve according to a dynamic flow from one pole to the other and back again. The process begins by developing a strategy based on one end of the polarity. When that strategy is actually put into practice, a set of shortcomings will inevitably arise,

implying that at least some expectations won’t be met. Rather than focusing on trying to improve the design and implementation of the strategy, Polarity Management calls for the organization to identify and understand the shortcomings that are inherent in the underlying philosophical foundation on which the strategy was built. The fundamental notion behind Polarity Management is that a strategy’s most important shortcomings can be remedied by paying attention to the truths associated with the opposite end of the polarity.

Polarity Management also has implications for evaluation. In addition to evaluating how fully

the strategy is implemented and achieves its objectives (which all evaluations do regardless of orientation), Polarity Management emphasizes the importance of identifying the strategy's shortcomings. Even more specifically, evaluation should identify shortcomings that arise specifically because the strategy is operating from a particular philosophical orientation. This will guide the organization in deciding which features of the competing perspective need to be incorporated to improve the strategy's effectiveness.

Accommodating Both Philosophies at The Colorado Trust

Polarity Management suggests that a foundation can simultaneously accommodate a community-based philosophy and an evidence-based philosophy, rather than selecting one over the other. This is accomplished by affording respect and discretion to community-based organizations and residents, while at the same time bringing new knowledge and evidence into community settings.

We illustrate this inclusive approach to managing competing perspectives within the context of The Colorado Trust's early years as an initiative-based grantmaker. The community-based and evidence-based perspectives were both active within the foundation. Different members of the board and staff placed greater stock in one point of view over the other, but they generally had at least some respect for the contrary perspective. In practice, this arrangement meant that The Trust alternated between community-driven initiatives and efforts to promote the adoption of evidence-based programs.

Our case study describes one initiative that was grounded in the community-based philosophy (the Colorado Healthy Communities Initiative) and one that sought to increase the adoption of an evidence-based program (Home Visitation 2000). In addition to describing how each perspective was translated into specific initiatives, we present some of the key evaluation findings, especially as they pertain to the shortcomings of the initiative's underlying theory and philosophy. We then describe how the two initiatives were

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revised or augmented to address those shortcomings — by specifically incorporating key features of the competing perspective. The final section of the case study covers a later initiative, the Colorado School Health Education Initiative (CSHEI), which intentionally incorporated features of both philosophies, taking into account lessons learned from earlier initiatives.

Our intent with the case study is to illustrate what the Polarity Management approach can look like within a foundation, especially with regard to strategy design, evaluation, learning, and organizational alignment. It is important to point out that The Trust did not explicitly utilize the Polarity Management model. Instead, we view Polarity Management as a framework that helps to clarify the way in which The Trust was designing, evaluating, and refining its initiatives from 1992 to 1999.

This analysis should be regarded as a collective reflection on the part of two researchers who were deeply engaged in The Trust's strategy

development and evaluation during period in question. The first author served as director of research and evaluation during that period; the other served as an external evaluator for two initiatives, including CSHEI, and engaged regularly in The Trust's internal deliberations and organizational learning.

Background on The Colorado Trust

As noted earlier, The Trust was established in 1985 through the sale of PSL to AMI.⁴ The Trust's initial endowment was just shy of \$124 million, which made it the second-largest foundation in Colorado and the largest health funder.⁵ The founding board had strong links to the presale medical center: six of the nine had been members of the PSL board (including the chair and vice chair) and three were physicians with the medical center (Moran, 2011).⁶

Typical of most new conversion foundations at that time, The Trust began with the intent of investing in worthy projects that had the potential to advance the health of residents. Talk of "strategic philanthropy" was still years away and The Trust was following the traditional model of grantmaking, where the foundation serves primarily as a resource to nonprofit organizations that do work in line with the foundation's mission.

John Moran, who served as The Trust's second chief executive officer from 1991 through 2005 (as well as The Trust's general counsel from 1985 through 1991), describes the early grantmaking:

⁴See Moran (2011) for an in-depth historical account of The Colorado Trust's formation and first 20 years of grantmaking and organizational development.

⁵The philanthropic landscape in Colorado has changed considerably over the subsequent 30 years. Although The Trust's assets have grown to more than \$400 million, it is no longer the largest health foundation in the state. Four more health conversion foundations have been established, one of which (The Colorado Health Foundation) is roughly five times the size of The Trust. Private foundations established by Bill Daniels and Phil Anschutz each have assets of over \$1 billion. And community foundations across the state (e.g., Denver, Aspen, Boulder) have built their endowments and developed sophisticated grantmaking strategies.

⁶One of the three physicians had also been a member of the presale PSL board. The ninth trustee did not have a direct affiliation with PSL.

[The Trust] was flooded with grant requests from many different sources. It did what came most naturally, and that was to be a responsive grantmaker within certain predefined areas of interest, such as health and wellness, medical care and research, and health policy and human services. The scope of its interests broadened after a couple years to include health promotion, indigent health policy, children's issues, and Native American health. (Moran, 2011, p. 74)

Moving Toward Strategic Philanthropy

Although the board and staff of The Trust were active and visible in the local community during those initial five years, there was a growing sense among the board members that The Trust was not achieving its potential. Many nonprofits in the metropolitan Denver region had benefited from The Trust's funding, but the grant portfolio was diffuse and scattershot. This wasn't surprising, given that new funding areas were added each year, often in response to turnover in board chair. At a deeper level, the board and staff had not coalesced around a focused set of priorities and a coherent grantmaking philosophy.

A 1999 profile of The Trust written by Allen Otten for the Milbank Memorial Fund characterizes the situation:

During the early years, there was what Moran describes as "healthy discussion" (and what onlookers call "considerable skirmishing") among the staff and between the staff and the board over the future direction of The Trust. [The initial CEO, Bruce Rockwell] tended to favor more help for existing strong community-service organizations, the doctors on the board urged more for medical research, and several board members searched for programs that would make a bigger splash for The Trust. (Otten, 1999, p. 37)

The 1990 board retreat provided the venue for moving The Trust onto a more strategic path. One board member who had consistently argued for a sharper focus, Bob Alexander, raised the defining question: How do we know we are making any difference? The ensuing conversation led to the decision to conduct an environmental scan of the social, economic, political, and technological trends and forces at work in Colorado. The

premise was that by understanding the needs, opportunities, and threats facing the state, The Trust could determine what it should do to be most effective in promoting the health of residents. Walter LaMendola, The Trust's vice president for research, led the scan and enlisted the entire staff and a contingent of consultants to carry out interviews, focus groups, and secondary data analysis.⁷ All grantmaking was suspended for the 18 months that the scan was underway.⁸

The scan provided a comprehensive view of the many factors affecting the health of Coloradans and also predicted how those factors could shift in the coming years (under three scenarios).⁹ The analysis went well beyond the approach of a traditional health assessment; it emphasized the structural determinants of health, including the distribution of wealth and allocation of resources throughout society, as well as the ways in which institutions and communities function or fail to function. With this analysis as backdrop, LaMendola made the case that The Trust should stake out a more proactive role and explicitly address the deeply rooted issues that prevent Coloradans from achieving optimal health and developing their human potential.

The board agreed with LaMendola that The Trust should become more strategic with its resources and should seek to effect change on a statewide basis rather than focusing so much attention on the Denver metro region. These two principles led the board to shift from responsive grantmaking to foundation-defined initiatives.

⁷In committing to carry out the scan and develop a strategy based on the findings, the board was effectively moving away from philosophy of philanthropy that Rockwell had championed. Rockwell left The Trust in 1991 while the scan was underway. He was replaced by The Trust's general counsel, John Moran.

⁸The Trust was able to meet its payout obligations because the board had approved a \$30 million grant in 1991 to support the "buy back" of the PSL health system from AMI, returning the system to nonprofit status. See Otten (1999) and Moran (2011) for detailed accounts of this controversial transaction.

⁹A summary of findings from the scan, Choices for Colorado's Future: Executive Summary, was released in the summer of 1992 (Colorado Trust, 1992). The full 769-page report was released the following year (LaMendola, Martin, Snowberger, Zimmerman, & Easterling, 1993).

The essential idea behind initiative-based grantmaking was that the board would identify specific health issues where it wanted to have an impact and then the staff would determine how The Trust could actually achieve impact on those issues.

Grantmaking Through Initiatives

The essential idea behind initiative-based grantmaking was that the board would identify specific health issues where it wanted to have an impact and then the staff would determine how The Trust could actually achieve impact on those issues. Based on background research, advisory committees, and expertise provided by consultants, the program staff would design an initiative that would combine grants and other forms of support (e.g., technical assistance, convening, research) within a theoretical framework. Initiatives would generally support multiple organizations or communities across the state, with each grantee carrying out parallel work and coming together in periodic networking meetings to learn from one another.

Competing Theories of Change

As The Trust set out on the task of developing initiatives, some members of the board and staff were interested in supporting community-driven problem solving, others wanted to disseminate evidence-based programming, and some wanted to do both.¹⁰

¹⁰There was also an interest in increasing the availability of health care providers and access to health care services, but no firm notion on how to advance those goals. At this point in its history, The Trust deliberately avoided venturing into work that might be interpreted as policy advocacy.

The countervailing idea of promoting evidence-based practice originated not from the environmental scan, but from the personal beliefs and training of individual board members.

The environmental scan provided the impetus for supporting community-driven problem solving. In interviews, focus groups, and regional forums, residents across the state had described a profound sense of disenfranchisement and inability to control their own destiny. The following two passages from the Choices for Colorado executive summary (Colorado Trust, 1992) summarize this finding:

Many participants in this study report that Coloradans are not participating in decisions that affect and determine their future. ... Lack of participation or the perception of exclusion appears to threaten democratic values more than any other underlying dynamic identified in this study. ... Study members see participation as the single most important remedy to the problems discussed in this report. (p. 13)

[Coloradans] speak widely of needing a sense of community, a measure of control over their own destiny, and a feeling of being connected with family, neighborhood, and government. They want to meet these needs through a new covenant between themselves and others that respects multicultural diversity and works to further the common good. (p. 15)

Building on this sentiment, the staff and board articulated a philosophy that explicitly endorsed the wisdom of “the community.” This was reflected in The Trust’s vision statement, which was developed at the 1993 board retreat and approved by the board in 1994. That statement, “Vision 2000,” contained the following passages:

The Trust works in partnership with its grantees, building on their strengths, spirit, efforts, talent,

and conviction to achieve goals. ... The Colorado Trust believes in the intrinsic capacity of local communities to define and solve their own problems. (Colorado Trust, 1995, p. 22)

The countervailing idea of promoting evidence-based practice originated not from the environmental scan, but from the personal beliefs and training of individual board members. Three of the nine members were physicians who personally relied upon scientific findings as a means of choosing the right course of action. Another five of the board members had strong business backgrounds and a keen mind for monitoring investment portfolios. They talked regularly at board meetings about data-driven decision-making and evaluating impact.

The board’s interest in metrics and evidence led to the hiring of Walter LaMendola as the vice president for research and information in 1990. The board also allocated funds to hire two research associates in 1991–92. In addition to orchestrating the environmental scan, LaMendola commissioned evaluation studies of some of The Trust’s largest grant-funded programs and organizations. These studies assessed program outcomes with the intent of guiding The Trust’s future grantmaking decisions. Programs with positive outcomes would be re-funded and possibly disseminated either across the state or nationally. Programs that were not achieving their objectives would not warrant further investment.

Contrasting Initiatives

Building on these two distinct philosophical frameworks, The Trust followed two parallel paths in developing its initial round of initiatives. The first path involved creating community-level forums and processes that would allow a broad range of community stakeholders to come together to explore local issues and generate locally relevant strategies. These community-based planning and problem-solving efforts generally required participation from a broad range of local stakeholders. The Trust hired professional facilitators from outside the community to help the groups carry out the planning steps and to find consensus on

solutions and action plans. The first initiative to follow this approach was the Colorado Healthy Communities Initiative (CHCI).¹¹

The second line of initiatives focused on disseminating specific program models with at least some research evidence. The first initiative under this approach was Home Visitation 2000 (HV2000), which was designed to encourage agencies across Colorado to adopt David Olds' model of home visitation for pregnant and parenting mothers. (This program is now called the Nurse-Family Partnership program, but at the time it was generally referred to as "the Olds model of home visitation.") HV2000 funded an experimental study comparing the nurse model against a model of home visitation that used paraprofessionals as visitors. The initiative was based on the theory that agency directors and policymakers would move toward the Olds model if a definitive test showed that it was superior to the approaches they were currently using.¹²

The following sections provide a deeper examination of one initiative reflecting the community-based orientation, CHCI, and one reflecting the evidence-based orientation, Home Visitation 2000. These were the two most expensive and longest-running initiatives launched by The Trust in the 1990s. For the purposes of this article, each initiative is instructive in illustrating how The Trust adapted its strategies and theories of change to address shortcomings in the

initial design.¹³ For each initiative, those adaptations involved acknowledging the validity of the contrasting perspective (i.e., the one that was not considered when formulating the original theory of change).

Colorado Healthy Communities Initiative

The Colorado Healthy Communities Initiative was the first initiative launched by The Trust when grantmaking resumed in 1992. Under CHCI, The Trust offered communities across the state an opportunity to engage in an inclusive process of assessment, visioning, and planning that would lead to an action plan to improve community health. CHCI was initially conceived as a \$4.5 million, five-year initiative, but grew in scope to eventually become an \$8.8 million, eight-year investment that supported health-improvement planning and implementation in 29 communities across Colorado (Conner & Easterling, 2009).

Initiative Design and Theory of Change

CHCI's design was based on the theory that communitywide improvements in health could be stimulated by bringing together a large group of stakeholders who represented the different sectors and perspectives that make up the community, and then taking them through an in-depth process of assessment, planning, and consensus decision-making. CHCI operationalized these principles into an initiative by incorporating the Healthy Cities model developed by the World Health Organization (1986) in the mid 1980s. Healthy Cities is premised on a broad definition of health (extending beyond the absence of disease) and broadly participatory decision-making and priority setting (Hancock & Duhl, 1986). A number of cities in Europe and Canada pursued the Healthy Cities approach during the 1980s, each in their own way (Kickbusch, 1989). With CHCI, The Trust worked closely with the National Civic League (NCL) to create a more structured model of planning and stakeholder engagement. NCL was the natural partner

¹¹A second initiative that followed this general design was the Teen Pregnancy Prevention 2000 Initiative, which brought together representative stakeholder groups in six Colorado communities to explore the factors leading to teen pregnancy in their community and to find high-leverage strategies to address the underlying determinants (Gallagher & Drisko, 2003).

¹²Shortly after the introduction of Home Visitation 2000, The Trust introduced a second initiative designed to promote the adoption of a model program. The Preconception Health Promotion Initiative used grantmaking to incentivize three institutions located in cities along Colorado's Front Range region (Colorado Springs, Fort Collins, and Greeley) to adopt a specific health-education program aimed at reducing the risk of low birth weight and poor birth outcomes. Rather than educating women early in pregnancy, the preconception program aimed at young women before they conceived and even before they were planning to get pregnant. The preconception program had a much less extensive research base than did the Olds model of home visitation.

¹³Carol Weiss introduced the term "theory of change" in her seminal 1995 article, but the basic idea was incorporated within The Trust's strategic planning and evaluation years earlier. For example, the requests for evaluation proposals issued in 1993 used path-oriented figures to lay out the theory underlying the initiatives.

CHCI's theory of change presumed that a diverse group of local residents could, with the assistance of expert facilitators, reach a deeper understanding of the health-related issues facing the community, set a common vision for becoming healthy, identify strategic leverage points that would move the community in that direction, and design and carry out concrete projects that would initiate the change process.

because it had played a lead role in bringing the Healthy Cities concept to the United States and had access to an extensive network of expert facilitators who could guide local groups of residents through the CHCI process.

CHCI's theory of change presumed that a diverse group of local residents could, with the assistance of expert facilitators, reach a deeper understanding of the health-related issues facing the community, set a common vision for becoming healthy, identify strategic leverage points that would move the community in that direction, and design and carry out concrete projects that would initiate the change process.

Results

In many ways the CHCI stakeholder groups were highly successful in meeting the expectations of the planning model, with 28 of 29 groups completing the process and submitting an implementation proposal to The Trust (all of which were funded). Across these communities,

between 14 and 130 individuals participated in the process, with the majority attending at least most of the monthly meetings over a 15-month process (Conner, Tanjasiri, et al., 2003; Conner & Easterling, 2009). Stakeholders committed a remarkable degree of time and attention to the many steps that the model required and produced action projects in line with the agreed-upon goals. The nature of those action projects, however, did not match what the board and staff of The Trust had in mind when designing CHCI.

The board in particular had expected that each action plan would contain multiple projects aimed directly at improving access to health care, improving health behaviors, and/or addressing risk factors that directly influence health status. Indeed, The Trust presented each stakeholder group with guidelines indicating that implementation grants would be available for projects that advanced the Healthy People 2000 objectives. Instead of readily identifiable efforts to prevent disease and promote health, the vast majority of the CHCI stakeholder groups proposed projects that would build social capital, increase civic participation, develop new leaders, and continue the process of collaborative planning and problem-solving that had begun with the planning phase (Conner & Easterling, 2009).

The theory of change for the CHCI also included the expectation that stakeholder groups would choose and design their action projects based on existing knowledge and would seek out best practices. To support informed decision-making, The Trust allowed each stakeholder group an \$8,000 line item to hire consultants with expertise on the issues that came out as priorities from the planning process. In practice, none of the groups took advantage of these funds. Perhaps not surprisingly, the projects described in the proposals for implementation grants were of uneven quality and rigor. But honoring its stated commitment to community-based decision-making, the board approved \$100,000 implementation grants for all 28 of the communities that completed the planning phase.

Although many of the implementation plans did not measure up to what the board and staff

had envisioned during the design of CHCI, the initiative actually produced a variety of meaningful outcomes during and after the two-year implementation phase. The CHCI communities launched a host of important projects, programs, and initiatives, including health clinics, family resource centers, recreation facilities, a mobile van, leadership training programs, civic forums, and even a new community foundation. Moreover, most of the organizations that were established to extend the CHCI planning process became vehicles for regional planning and problem solving, which in turn fostered new transportation systems, health centers, and low-income housing units (Conner & Easterling, 2009; Easterling, Conner, & Larson, 2012). These longer-term, larger-scale projects generally weren't included in the initial action plan, but rather emerged as the CHCI process continued to unfold (Easterling, 2014).

Shortcomings

Despite the fact that CHCI ultimately produced large-scale projects that advanced community health, a number of shortcomings in the CHCI model came to light early in the implementation process. While the stakeholder groups stuck together and carried out the prescribed planning work, they didn't always identify factors that could truly provide strategic leverage (what the NCL facilitators called "trend benders"). Focus areas and projects were sometimes selected as a function of the specific interests of individual stakeholders rather than a logical analysis. The requirement that stakeholders reach consensus (defined as a decision that "everyone would agree to live with, even if they did not fully support") sometimes discouraged groups from choosing bold, innovative projects with high potential for impact (Conner & Easterling, 2009).¹⁴

¹⁴The requirement for consensus had even more of a dampening effect within the Teen Pregnancy Prevention 2000 Initiative because of the controversial nature of teen pregnancy. This initiative required each participating group to reach out to and include stakeholders who represented all perspectives and to reach agreement on a comprehensive strategy for addressing teen pregnancy within their community. Not surprisingly, the groups developed plans that paid little if any attention to contraception, abortion, and sexuality education, despite the fact that nearly all evidence-based programs fell into these categories (Gallagher & Drisko, 2003).

At a more general level, The Trust's experience with CHCI (especially during the first two years of implementation) called into question the core assumption that communities have the capacity to define and solve their own problems. Communities might have the capacity, but they often needed to develop specific skills and to gain specific knowledge, especially when it comes to assessing the merits of alternative solutions.

These shortcomings were partially due to imperfect design and implementation of the CHCI model, but also reflected some wishful thinking and theorizing within CHCI's theory of change. The Trust and NCL presumed that local residents can capably engage in a complex strategic-planning process and make informed choices all along the way. Even agency heads find this work challenging. The theory also assumed that people without specialized training or experience could design effective projects and determine what would be needed to implement them. CHCI also was grounded in a belief that diverse groups of residents can find common ground and agree on what needs to happen to produce fundamental improvements in community health and well-being. These assumptions were confirmed within some CHCI communities but refuted in others.

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capacity to define and solve their own problems. Communities might have the capacity, but they often needed to develop specific skills and to gain specific knowledge, especially when it comes to assessing the merits of alternative solutions. The Trust also learned that capacity by itself wasn't sufficient to ensure that effective programs and projects would be developed and implemented. Personal interests, political considerations, and contextual factors often distract people from pursuing the most effective path.

Augmentation

Recognizing these shortcomings and nuances, The Trust augmented CHCI with a special funding opportunity in 1995 that allowed 15 of the funded communities to develop a set of community indicators for assessing and monitoring health. The basic idea behind the Community

Indicators Project (CIP) was that the new CHCI organizations formed out of the planning process would each translate their vision statement into a set of quantitative indicators and compile the data necessary to measure how the community was doing along each dimension. By repeating the assessment at regular intervals, local organizations and elected officials would be able to focus resources on critical issues and track the progress of their efforts (Conner, Easterling, Tanjasiri, & Adams-Berger, 2003).

This strategy drew directly from the other end of the community-based versus evidence-based polarity. While local groups would still be encouraged to make their own decisions about which indicators to include in their index, the net result would be more emphasis on metrics and a more bottom-line orientation to selecting strategies and developing programs. The CIP approach produced this result in at least some of the participating communities, where the published reports were disseminated to local decision-makers and incorporated directly into community and regional planning efforts (Conner, Easterling, et al., 2003). Some groups were able to continue publishing indicators reports even after The Trust's funding ended, including Yampa Valley Partners (2015), which recently published a 2014–15 report.

Home Visitation 2000

The second initiative approved by the board following the resumption of grantmaking in 1992 was a stark contrast to CHCI. Home Visitation 2000 was launched in 1993 as a means of demonstrating to social-service providers across the state that a nurse-based model of home visitation for young pregnant and parenting mothers was more effective than using less formally trained peer counselors to deliver these services — which was then the predominant approach across Colorado. This \$7.1 million initiative used a randomized controlled experiment to directly test the nurse model that David Olds had developed in his research in Elmyra, New York, and Memphis, Tennessee, against a comparable approach that substituted “paraprofessional” home visitors for bachelors-trained nurses. It was hoped that a rigorous study would conclusively establish the

superiority of using nurses, which in turn would persuade providers to alter their practice.

Developing an Initiative to Promote Evidence-Based Practice

The board began exploring Olds' home-visitor model in 1992, when the program staff identified this as one of only a handful of programs that showed actual evidence of improving birth outcomes. In his original study in Elmyra, Olds had shown impressive reductions in childhood injuries and improvements in cognitive development, as well as increased employment and education among mothers. These effects were particularly pronounced when the mother was poor (Olds, Henderson, Chamberlain, & Tatelbaum, 1986; Olds, Henderson, Tatelbaum, & Chamberlain, 1986). A follow-up study in Memphis was beginning to show consistent findings among an African American population, extending the generalizability of the model's effectiveness beyond the white, rural mothers who participated in Elmyra (Olds, Kitzman, et al., 2004). The board was especially impressed that both of these studies had used randomized controlled designs. Most evaluation findings on home-visitor programs came from single-group pre-post assessments.

After hearing about the program's outcomes, the board invited Olds to visit The Trust and describe his research in more depth, as well as to discuss future directions. At that point, Olds was on faculty at the University of Rochester in upstate New York. His visit to Denver in late 1992 stimulated considerable interest among the board members, as well as speculation about how The Trust could play a leadership role in disseminating the nurse model throughout Colorado. Olds suggested a head-to-head experimental test between the nurse model and the paraprofessional model. The board was intrigued with this idea, but also cautious because of the high cost of such a study. Over the next few months, the staff provided the board with analysis and options, including the possibility of co-funding the study in conjunction with other foundations. The Memphis study had been funded in this way, with Olds obtaining grants

from eight private and federal funders. But this approach had, according to Olds, delayed the start of the study by at least three years. The Trust's board was interested in proceeding with the nurse-paraprofessional study as quickly as possible, and began looking at the high price tag as a test of its commitment to the strategy.

In the end the board agreed to fund the entire cost of the study, partly because this would expedite the process, partly because it would allow The Trust to have more control over how the study would be integrated into a larger strategy, and partly because investing \$7 million made it clear that The Trust was staking out a leadership position in promoting the dissemination of evidence-based program models. The board recognized the risk inherent in this approach, especially the possibility that the nurse model might not emerge as statistically superior to the paraprofessional model. However, the board also saw upsides if the study did turn out as hoped, especially with regard to gaining a national reputation among health foundations. A number of board members referred to HV2000 as The Trust's "moon shot" — an expensive investment but with a huge potential payoff.

The Trust's investment paid off in ways that went well beyond carrying out an experimental test of nurses versus home visitors. The grant provided an opportunity for the University of Colorado Health Sciences Center to recruit Olds into a faculty position. Once in Denver, Olds established the National Center for Children and Families, which was dedicated to disseminating the "nurse family visitor" model and providing training to local sites. Subsequently the program model was standardized and branded as the Nurse-Family Partnership program. The National Center evolved into the Nurse-Family Partnership National Service Office, which has supported communities across the country in implementing the program, as well as advocating for federal policy and funding streams in support of it.

Initiative Design

While The Trust's investment in HV2000 eventually contributed to the national dissemination of Olds' model, this occurred through a different

It is important to point out that the HV2000 strategy included more than funding an experimental study. The Trust also convened a large advisory committee that included local agency directors, health scientists, elected officials, and representatives from state agencies. This committee had a dual mission: (1) to advise the study team on research design, carrying out the study, and interpreting the findings; and (2) to serve as a vehicle for disseminating findings from the study and translating those findings into policy and practice.

pathway than the board and staff had in mind in 1993. The original HV2000 strategy involved collecting evidence that would persuade agency directors and policymakers to adopt and fund the nurse model in place of the less rigorous home-visitor models that were then in widespread practice.

It is important to point out that the HV2000 strategy included more than funding an experimental study. The Trust also convened a large advisory committee that included local agency directors, health scientists, elected officials, and representatives from state agencies. This committee had a dual mission: (1) to advise the study team on research design, carrying out the study, and interpreting the findings; and (2) to serve as a vehicle for disseminating findings from the study and

translating those findings into policy and practice. The advisory committee was specifically constructed to include some of the best-known leaders of paraprofessional home-visitor programs operating across Colorado. These leaders were in many ways the primary audience that The Trust hoped to reach with study findings, because they would be the ones who would need to change their program design if and when the nurse model was shown to be superior. The board and staff of The Trust believed that by engaging agency leaders in up-front discussions about the intent and design of the study, the study would be viewed as a legitimate method to arbitrate the relative merits of the nurse model versus the prevailing models. This acceptance in turn would, at least according to the theory of change, facilitate the adoption of the most effective model.

Designing the study to achieve The Trust's objectives raised a dilemma with regard to the specific interventions that would be received by the treatment and comparison groups. It was clear that one group would receive the nurse home-visitor program that Olds had defined based on his research in Elmyra and Memphis. It was also clear that there would be a second treatment group that would receive home visits from a paraprofessional, as well as a control group that would not receive home visits. For the paraprofessional treatment group, Trust staff initially proposed that Olds create a protocol for the home visits that would approximate the prevailing practice of the home-visitor programs that were operating in Colorado. Olds pointed out a number of shortcomings to this design, including the difficulty of finding a "prevailing program" when so many different variants were in practice. More fundamentally, Olds believed that the critical research question that needed to be answered had to do with who delivered the services, either a nurse or paraprofessional. He wanted to equate the program content so that the analyses could isolate the effect of visitor type. The Trust agreed that this experimental comparison was important, especially from a long-term and global perspective. Thus the study compared two different types of home visitor (nurse and paraprofessional), each of whom carried out the standard Olds protocol for home visits. These two

treatment groups were each compared against a control group, where mothers were provided with free developmental screening and referral to treatment (Olds, Robinson, et al., 2004).

Results

The Denver trial ran from 1994 through 1999 and produced ambiguous findings (Olds, Robinson, et al., 2004). On some outcome measures, the group visited by nurses had significantly better outcomes than the control group; on other measures, the paraprofessional group had better outcomes than the control group. Nurse-visited mothers had a longer time interval until the birth of the second child and also reported less domestic violence than the control group. In contrast, the mothers served by paraprofessional visitors were less likely than the control group to have a low-birth-weight baby in subsequent pregnancies. They also reported a greater sense of mastery and better mental health than the control group.

The HV2000 study failed to generate the evidence that The Trust had hoped would make a convincing case for Olds' nurse home-visitor model. Long before the findings were published in 2004, however, other shortcomings in the HV2000 strategy had presented themselves. When the advisory committee first convened in 1994 it was apparent that there was a deep philosophical divide between the scientists and the local agency leaders, with the policymakers and state agency representatives occupying more of a middle ground. The local agency directors came with a strong belief that their home-visitor programs had value and were well suited to the local context. They pointed out that the Olds model was much more expensive and that it required bachelors-trained nurses to serve as home visitors. Both factors made it difficult to establish and sustain the program, especially in rural communities where bachelors-trained nurses are in short supply. In addition, some committee members questioned whether the experimental study would actually provide a relevant comparison because the paraprofessional model being tested was different from the service they were providing. Perhaps most fundamentally, the agency directors on the committee found it difficult to accept that The Trust had invested \$7 million in

academic research rather than channeling the funds into grants for local programs.

The HV2000 study continued to gather data and the advisory committee continued to meet throughout the mid-1990s. Over time it became more and more clear to Trust staff that the vast majority of the 100-plus home-visitor programs operating in Colorado were unlikely to change course in response to the study findings, regardless of how compelling a case they might make for the nurse model. Although agency directors were very interested in generating outcomes in line with what Olds had produce in the Elmyra and Memphis studies, they did not necessarily aspire to run programs with that level of intensity and formality. Most home-visitor programs in Colorado simply did not have the staffing, financial resources, or organizational infrastructure that Olds' nurse model required.

Augmentations

Recognizing that evidence alone was unlikely to change practice, The Trust created a more community-based project to augment HV2000. Rather than trying to persuade the directors of local home-visitor programs to adopt the Olds model, the Home Visitation Learning Groups initiative (HVLG) convened regional clusters of program leaders to engage in peer learning and exploration of best practices. The intent was to "develop the capacity of individuals and organizations delivering home visitation in Colorado to use research literature, program evaluation, and critical reflection on practice as tools for program planning and program improvement" (Miller, Kobayashi, & Hill, 2003, p. 174). Five learning groups, comprised of leaders and program managers from 30 agencies, carried out two years of facilitated logic modeling, clarification of program intent, exploration of research literature, peer learning, and program refinement. An independent evaluation found that the vast majority of participating agencies made changes in their home-visitor programs based on the learning process. Participants reported that they valued the chance to define program goals based on their agency's own interests and perspective, as well as to decide for themselves which information to

The HV2000 and HVLG initiatives each provided a reality test of what is required for local adoption and implementation of a new program, especially one that requires significant resources and training. It became clear that, regardless of the evidence base, communities would adopt the nurse model only when key local actors had had a chance to decide for themselves that the program was valuable and appropriate. Such a realization is directly in line with what Polarity Management would recommend when an organization is operating from an evidence-based perspective.

consider when looking for ways to improve program effectiveness (Miller, et al., 2003).

The evaluation of HVLG raised a caveat with regard to the connection of the learning group process to the larger HV2000 initiative. The person serving as the executive director of HVLG was also the director of the Denver-based National Center for Children and Families, which was serving as a vehicle to promote dissemination of the Olds model. According to the evaluators,

Although [she] was widely revered by virtually all learning group participants, there was some

concern among participants and facilitators that, because of her institutional affiliation, the initiative might have an underlying agenda at odds with the learning group's philosophy. In particular, her connections to [the study of the Olds model] suggested to some that the initiative was intended to displace existing community-based home visitation programs with that particular model. (Miller, et al., 2003, pp. 189–190)

While the directors of home-visitor programs across Colorado remained largely unconvinced that they should be moving toward the nurse model, the accumulated experiences of the HV2000 advisory committee and HVLG led to a shift in dissemination strategy on the part of the National Center for Children and Families. Initially the center had focused primarily on conducting randomized controlled studies to generate rigorous evidence in support of the Olds model, and then bringing that evidence to federal and state policymakers as a means of creating new streams of public funding dedicated to implementing the model in community settings. The HV2000 and HVLG initiatives each provided a reality test of what is required for local adoption and implementation of a new program, especially one that requires significant resources and training. It became clear that, regardless of the evidence base, communities would adopt the nurse model only when key local actors had had a chance to decide for themselves that the program was valuable and appropriate. Such a realization is directly in line with what Polarity Management would recommend when an organization is operating from an evidence-based perspective.

The specific approach that the National Center for Children and Families used to create community readiness for the nurse home-visitor model involved forming a collaborative partnership among local health departments, social service agencies, school systems, elected officials, and civic leaders. These partnerships would explore the needs of families and children in their community, and then consider the potential benefits of the Olds model of home visitation, which by then was known as the Nurse-Family Partnership (NFP) program. A Denver-based nonprofit organization called Invest in Kids (IIK) was formed in 1998

to provide facilitation and technical expertise to the partnerships, including assisting with recruiting stakeholders, building community commitment to the NFP program, and supporting the implementation process within the agency that was selected to operate the program (Hicks, Larson, Nelson, Olds, & Johnston, 2008). The Trust was a major funder of IIK during this initial phase of disseminating the NFP.

Invest In Kids began cultivating partnerships across Colorado in 1999. By 2003, 16 partnerships had been established and were actively working to promote local implementation of the NFP program. At that point, more than 2,800 families were enrolled in NFP within 50 of Colorado's 64 counties (Hicks, et al., 2008).

This experience demonstrates the need to move beyond an evidence-based orientation in order to promote the adoption of effective programming. It is important to also engage a range of local actors in a process of assessment, learning, and open-ended decision-making.¹⁵ As further testament to the importance of good community process, Hicks and his colleagues (2008) found that the partnerships with the most transparent decision-making were more likely to create the conditions that allowed successful implementation of NFP. In particular, in those communities where the partnership had a higher "authenticity" score (as measured with items that deal with openness and credibility of the process, as well as the degree to which the process is free from undue influence from special interests), the NFP program had lower attrition rates among the enrolled families.

Integrating Community-Based and Evidence-Based Perspectives on the Front End

CHCI and HV2000 were formulated according to contrasting views of how a foundation can best support the development of new community-level programming aimed at improving health. For each initiative, The Trust recognized

¹⁵This finding is entirely consistent with the RE-AIM framework for implementing evidence-based programs (Glasgow, Vogt & Boles, 1999).

In retrospect it is perhaps easy to see the limitations of each of these two theories of change. Local communities do not always reach optimal decisions about how to improve health, even when a foundation provides a well-designed model of strategic planning and expert facilitation. On the other side of the ledger, rigorous research studies don't always inform the programming of service agencies, nor should they.

relatively early that the defining perspective had shortcomings. The community-based perspective didn't allow the foundation to inject research findings or recommendations into the decision-making process, while the evidence-based perspective falsely assumed that program managers and agency leaders would (and should) choose and design their programs based on particular scientific evidence. The Trust responded directly to this learning by augmenting CHCI and HV2000 in ways that drew from the wisdom of the competing perspective, but these were reactive approaches that only partially addressed the fundamental shortcomings inherent in the original initiative design.

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In order to be out in front of the shortcomings, The Trust revised its initiative-planning process in 1994 to actively consider both perspectives during the design phase. The defining question became “How can The Trust respect the right of local communities to make their own decisions while at the same time promoting the adoption of evidence-based programs?”

The Trust attempted to answer this question with the Colorado School Health Education Initiative (CSHEI), which sought to improve health-education curriculum and training programs in 21 school districts across the state. CSHEI’s strategy explicitly blended scientific research with a rigorous approach to community planning in order to encourage districts to select and implement locally relevant, evidence-based curricula. The following section provides more specifics on how the CSHEI advanced both the community-based and the evidence-based philosophies.¹⁶ (See Table 3.)

Colorado School Health Education Initiative

CSHEI was a five-year, \$6.5 million initiative launched in 1994 as a means of reducing a variety of risk behaviors among school-age youth (Main, Fernald, Judge Nearing, Duffy, & Elnicki, 2003). The Trust’s board and staff viewed the school setting as a particularly fruitful venue for influencing behavior on a populationwide level. There was also a keen recognition that behaviors established in adolescence, either risky or healthy, have a determinative effect on a person’s health outcomes across the life span. Promoting the adoption of effective and comprehensive

health education within schools across the state was seen as a critical strategy for improving the health of Coloradans for generations to come.

The rationale for focusing on school-based health education was even more compelling because prevailing practice in this arena was suboptimal. The state of Colorado did not mandate that schools include health education in their core curricula, leaving it to individual districts and even individual teachers to determine what, if anything, would be taught. Before settling on the idea of working with individual districts across the state, some of The Trust’s board members proposed an advocacy campaign to encourage the passage of legislation that would require standardized health-education curricula. But other board members pointed out that prior efforts in this regard had been unsuccessful and frustrating. Moreover, the political landscape of Colorado — with some very conservative communities, such as Colorado Springs, and some very liberal communities, such as Boulder — would make it extremely difficult to reach consensus on what curricula should be taught.

Initiative Design and Theory of Change

Setting aside, at least temporarily, the idea of changing educational policy at the state level, the staff and board began exploring what a locally oriented strategy might look like. To inform their thinking, The Trust engaged the Rocky Mountain Center for Health Promotion and Education (RMC), a Lakewood-based training organization which had a 25-year history of providing staff development to school health educators across the country on evidence-based health-education curricula. RMC had a sophisticated understanding of how to work with school administrators as well as classroom teachers to implement health-education curricula. Rather than engaging in debates around ideology or values, they remained focused on what existing research tells us about the effectiveness of alternative programs in improving health behavior. Moreover, because many RMC staff members were former teachers, they fully appreciated the practical realities and competing demands that come into play when attempting to deliver a health-education curriculum.

¹⁶Shortly after the introduction of the CSHEI, The Trust introduced a second of these hybrid strategies, the Colorado Violence Prevention Initiative. This initiative supported 26 community-based organizations and coalitions in developing violence-prevention programming that would be relevant to the community’s most pressing violence issues while also based on evidence. In addition to providing grants to fund program development and operation, The Trust hired the Center for the Study and Prevention of Violence at the University of Colorado to work individually with the grantees as they designed their programs. The center brought research findings on the predictors of the particular type of violence that the organization was addressing, as well as evidence on various programs and policy approaches that might be relevant for that issue (OMNI Institute, 2001).

TABLE 3 Assumptions and Pathways for the Colorado School Health Initiative (a Hybrid of Community-Based and Evidence-Based Philanthropy)

ASSUMPTIONS	
Responsibility of local actors in selecting programs and setting strategy	A representative community-based committee is responsible for choosing health-education programming based on local needs, community values, and research evidence.
Which programs are assumed to be most effective?	Programs that have been selected to fit the local context and that have an evidence base indicating that they will be effective in that context
THEORY OF CHANGE PATHWAYS	
What are the key steps in achieving impact?	<ul style="list-style-type: none"> • Activate local actors to engage in a process to identify critical health needs and opportunities for intervening in K-12 settings • Review candidate programs and assess fit and evidence • Engage the larger community in decision-making and consensus building • Implement the selected programs with fidelity • Change policy and institutions to support the strategies • Evaluate and adapt the strategies to optimize impact and remain relevant
Role of the foundation in fostering positive impact	<ul style="list-style-type: none"> • Provide forums and resources that help activate local actors and that support community-based analysis and planning • Bring evidence-based models to the attention of organizations that could benefit from adopting them • Provide grant funding to implement evidence-based models • Help organizations build the capacity and infrastructure to implement evidence-based models (e.g., through staff training) • Assist in changing policy and institutions to support community-driven strategies

The Trust built CSHEI around the idea of helping districts to select and implement comprehensive, research-based curricula. RMC was brought in as the managing agency for CSHEI, but Trust staff also played key roles in designing the initiative. In particular, The Trust brought more of a communitywide orientation to the curriculum-selection process than RMC was accustomed to supporting. Building on its experience with CHCI and Teen Pregnancy Prevention 2000 Initiative, The Trust contended that the larger community, not just schools, must have a voice in decision-making if comprehensive school

health-education programs are to be valued, implemented, and sustained.

CSHEI codified the principle of community-based decision-making in the form of formally chartered advisory committees. Each of the 21 funded districts was required to have a Health Education Advisory Committee (HEAC) to serve as a forum for reviewing curricula and overseeing implementation. They were typically composed of parents, students, clergy, health and business professionals, district- and school-level administrators, teachers, and school nurses.

Beyond promoting the adoption of evidence-based curricula, CSHEI also succeeded in building the capacity of the participating communities to adopt and sustain effective school health-education programs.

Committee members worked together to establish the criteria for curricula selection, as well as to set decision-making rules and group norms.

The HEACs were tasked with recommending specific health-education curricula to the respective school boards, as well as to other administrative bodies with oversight over health education. Under CSHEI, the participating districts were required to decide on two distinct forms of health education:

1. a comprehensive health-education curriculum that would be taught in kindergarten through eighth grade, and
2. more targeted educational programming that would be taught in high school in order to address specific health issues that were particularly critical within the local community.

The K–8 curriculum needed to be chosen from a defined set of options that RMC had determined to have a sufficient evidence base. A more open-ended choice was left for the high school programming, although the HEACs were still encouraged to consider what had been learned through research.

The RMC staff provided the HEACs with both technical expertise and general guidance on how to reach decisions that would satisfy the evidence-based and community-based considerations contained within the CSHEI approach. In line with evidence on effective health education

(Dusenbury & Falco, 1995; Dusenbury, Falco, & Lake, 1997; Kirby, 1997), RMC staff encouraged the committees to consider curricula that are research based, theoretically driven, factually accurate, developmentally appropriate, interactive, skills-based, and of sufficient duration to promote positive behavior change. They also recommended that the classes that are taught in any given grade level be built on what has been taught in prior grades.

In addition to outside support from RMC, each HEAC was supported by a local health education coordinator. These coordinators served as advocates for health education, supported teachers, and helped mobilize and sustain local support for health education. To support the curriculum-selection process, the coordinator increased awareness and stakeholder participation and facilitated curricular decision-making. The Trust funded 100 percent of the coordinator's salary and benefits for the first year, and then 75 percent in the second year, 50 percent in the third and 25 percent in the fourth. Districts agreed to increase their own funding in order to keep the coordinator funded at a full-time level. In addition to supporting the coordinator, The Trust covered the costs associated with acquiring the curricula and with training teachers and administrators.

Results

Across the 21 funded school districts, the HEACs took seriously their task of reviewing and recommending health-education curricula. The processes for curricula selection varied, but generally followed a similar pattern: establishing group decision-making norms, reviewing local data, hearing from key constituencies to assess local needs and values, establishing comprehensive health education priorities, determining selection criteria, reviewing possible curricula, deciding (through voting or consensus), public review, presenting to school board, and district school board approval. By the end of the initiative all but two of the 21 participating districts had adopted K–12 health-education curricula.

Beyond promoting the adoption of evidence-based curricula, CSHEI also succeeded in building the capacity of the participating communities

to adopt and sustain effective school health-education programs. This occurred through the professional development of specific actors who were engaged in new work as a result of CSHEI (especially the health education coordinators, but also the members of the HEACs), as well as through the experience of carrying out a comprehensive process of selecting and implementing curricula.

At the outset of CSHEI it was generally expected that there would be less controversy surrounding health education in elementary school than in middle school or high school. Thus RMC staff counseled the HEACs to begin their process with decision-making around elementary school curricula. In practice, there was relatively little controversy of any sort across the 21 districts. When controversy did arise, it did not reach a level where it threatened to derail the decision-making process. The relative inclusiveness of curriculum-review processes, the fact that group norms and selection criteria were determined and agreed to collectively, and the presence of skilled facilitators (RMC staff and locally based health education coordinators) each contributed to an environment that tolerated disagreement but staved off conflict.

Although successful in promoting the adoption of evidence-based health education, CSHEI did not achieve its ultimate goal of ensuring that all students receive effective health education. One year after being trained on the new curriculum that their district had adopted, the vast majority of teachers (71 percent) reported that they were teaching less than half of the prescribed lessons. Only 10 percent were teaching the entire curriculum. The situation was worse a year later, when 81 percent of teachers reported that they were teaching less than half the lessons.

The major obstacle that prevented full implementation of the adopted curricula was a new statewide policy, the Colorado Student Assessment Program, which instituted student testing in reading, writing, and math. The program was enacted in the spring of 1997. Regional and local newspapers published the first round of fourth-grade reading and writing test scores

By focusing exclusively at the local level, The Trust had left itself exposed to policy developments that undermined an otherwise highly successful community-based decision-making process.

in the fall of 1997, which put public pressure on schools to address their apparent deficiencies in these content areas. At about the same time, the governor proposed that the testing data be used to create a “report card” for individual schools. These political dynamics resulted in teachers having much less time to teach health education, particularly in the elementary-grade levels where a single classroom teacher is responsible for teaching all subject areas.

While CSHEI was able to lead a broad cross section of stakeholders through a complex and potentially controversial decision process, paying attention to research evidence as they went, the initiative was ultimately unable to overcome the dominant challenge of bringing health into parity with more traditional academic subjects. By focusing exclusively at the local level, The Trust had left itself exposed to policy developments that undermined an otherwise highly successful community-based decision-making process.

Larger Issues for Foundations as They Manage Polarities

The CHCI and HV2000 case studies demonstrate that the community-based and evidence-based approaches to grantmaking each have merit, but each approach also has its shortcomings. By recognizing and compensating for those shortcomings, The Colorado Trust was better able to achieve its ultimate goal of improving health programming across the state. Consistent with the philosophy of Polarity Management, The Trust found that its

Consistent with the philosophy of Polarity Management, The Trust found that its community-based and evidence-based initiatives could each be strengthened by integrating specific features drawn from the contrasting perspective. CSHEI demonstrated that it is fruitful to integrate the two perspectives on the front end during initiative design, as opposed to waiting for one perspective's shortcomings to reveal themselves during implementation.

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What Sort of Mindset Is Required?

While there is value in appreciating the merits of competing philosophical perspectives, it is not necessarily easy for people to find this equivocal, nuanced frame of mind, or to stay there if it is found. When a foundation is solving a problem or planning a project, it typically starts from a particular perspective — the one that feels most natural and that has served the foundation in the past. That perspective may feel so natural that it's difficult to recognize a contrary perspective that also offers insights. And even if staff and board

recognize that there is a competing perspective, they may be so bought into their preferred perspective that they are unwilling to acknowledge that each has limitations and merit.

Johnson's (1992) model of Polarity Management offers a set of practices that allow people and organizations to stand back and take a larger look at the upsides and downsides of competing perspectives, while at the same time working through the tensions that naturally arise when different members of an organization endorse competing perspectives. This can help organizations to find win-win strategies that respect the merits of each perspective and the validity of each person's experience. There obviously are challenges in actually achieving this level of equipoise and equanimity, especially in organizations where staff and board have strong points of view. If, however, an organization is able to live with this much ambiguity, its strategies can be made more comprehensive and effective.

Other Polarities

Polarity Management can be helpful to foundations as they navigate a variety of competing theories and philosophies. In addition to the community-based versus evidence-based tension that has been the focus of this article, two other philosophical tensions are prominent within philanthropy — both within the field and within individual foundations.

The first of these tensions involves the question of who is best suited to decide which programs should be implemented or which strategies to deploy. Some foundations (often termed "responsive") leave most of the discretion to the organizations that apply for grants, believing that they are in the best position to know what will work. Other foundations (sometimes referred to as "proactive") retain discretion internally, believing that their staff have both the expertise and the broader perspective required to determine which approaches are most likely to produce the desired results. Much of the debate around "strategic philanthropy" boils down to a fundamental question of whether foundations or grantees should be setting strategy (Kania, Kramer, & Russell, 2014;

Brest, 2015). Polarity Management would suggest that funders and grantees should find ways to collaborate and learn from one another.

A second strategic tension within philanthropy involves the preferred locus of change when seeking to create large-scale impact. During the 1990s, The Colorado Trust sought to improve population health through locally oriented change efforts. Local actors were supported in coming together to assess, plan, design programs, carry out new work, form relationships, and build capacity. It was hoped that these community-level changes would aggregate up to improve health throughout Colorado. A competing perspective would hold that the most effective strategy for improving conditions on a statewide basis is through policy change. The Trust actually moved strongly in that direction in 2006, when Irene Ibarra took over as CEO when John Moran retired. When Ned Calonge became the CEO in 2010, the pendulum swung back toward a community-oriented strategy (Csuti & Barley, 2016). Polarity Management would suggest that there is value in blending the two perspectives. Foundations such as the Health Foundation for Western and Central New York (Harder+Company, 2013) and the Health Foundation of Central Massachusetts (2016) have been intentional in this way.

Should Contrasting Philosophies Be Supported?

It is important to acknowledge that there is a competing view on whether foundations should seek to accommodate contrasting philosophies when developing their strategies. As described earlier in the article, the concept of holistic alignment would argue against embracing two competing philosophies that lead to contrasting theories of change and that point in different directions when designing strategy. The question of organizational leadership is also intimately tied to this discussion. If one views the CEO's primary responsibility as setting strategic direction for the foundation, the idea of embracing competing philosophies would seem to be counterproductive.

Polarity Management can be helpful to foundations as they navigate a variety of competing theories and philosophies. In addition to the community-based versus evidence-based tension that has been the focus of this article, two other philosophical tensions are prominent within philanthropy — both within the field and within individual foundations.

This leads to the conclusion that holistic alignment and Polarity Management provide two competing views for how an organization should set strategy and organize itself. Some foundations will go one direction and some will go another. This would seem to be one of the defining questions that a foundation should consider when developing its theory of philanthropy.

A Meta-Polarity

Finally, it is interesting to point out that the contrast between holistic alignment and Polarity Management can be viewed as a meta-polarity. At one end of the meta-polarity, the principle of holistic alignment helps an organization to clarify its purpose and approach, and then to bring organizational processes and structures into alignment for maximum impact. The downside of this perspective is that the organization may be blinded to the inherent shortcomings of its strategy and may avoid looking toward contrary bodies of work that might offer useful insights. On the other end of the meta-polarity, the Polarity Management approach of actively integrating competing perspectives keeps the organization open to shortcomings and solutions wherever they might arise, but it also begets at

least some ambiguity and possibly confusion about organizational purpose and direction.

This raises the question of whether it is possible and desirable to integrate the holistic alignment perspective with a Polarity Management approach. Can an organization operate from both perspectives in a way that advances its strategy? Or alternatively, does an organization ultimately need to pick one perspective over the other? This is the definitive test of how far the concept of Polarity Management can be taken.

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RESULTS

7

Mission Shift: Using and Evaluating Strategic Communications to Implement Organizational Change

Taryn Fort, B.A., and Kelci Price, Ph.D., Colorado Health Foundation

Strategic communications can play a role in implementing organizational change by reinforcing understanding of the changes and encouraging acceptance of those that impact a target audience. The Colorado Health Foundation uses strategic communications as an integral tool in achieving its organizational mission to improve the health of all Coloradans. Evidence reveals that a well-designed communication strategy was critical to successfully announcing and implementing significant changes to how the foundation operates and invests. This article profiles the strategic communications approach, from its inception through the application of learnings gathered from a subsequent evaluation.

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SECTOR

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How Do You Measure Up? Finding Fit Between Foundations and Their Evaluation Functions

Julia Coffman, M.S., and Tanya Beer, M.P.A., Center for Evaluation Innovation

As the number of foundations has grown, the philosophies and ways of working across the sector have diversified. This variance means that there is no one right model for how a foundation's evaluation function should be designed. It is imperative for a foundation to think carefully about how the structure, position, focus, resources, and practices of its evaluation function can best fit its own needs and aspirations. This article focuses on questions foundations can ask to assess that fit, and the specific considerations that can inform these decisions.

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REFLECTIVE PRACTICE

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Tackling Big Issues Together: The Story of One Funders Network Promoting the Mental Health of Young Children

Whitney Gustin Connor, M.P.A., Rose Community Foundation; Colleen Church, M.P.A., Caring for Colorado; and Barbara Yondorf, M.P.P., Yondorf & Associates

Funder collaboratives have been a part of the foundation landscape for years. Foundations have recognized the potential to have an impact on the social sector that goes well beyond the sum of each partner's contributions. Rose Community Foundation and the Caring for Colorado Foundation established the Early Childhood Mental Health Funders Network, an organization of more than 12 community, private, and family foundations, to develop shared strategies for promoting the behavioral health of young children and families. This article examines the evolution of the network from a learning collaborative to an incubator for jointly funded initiatives. Among its collaborative funding efforts is LAUNCH Together, a five-year, \$11.4 million initiative to support the behavioral health of young children and their families. DOI: 10.9707/1944-5660.1326

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Integrating Funders Into a Multisector Transit-Equity Collaborative: Lessons From the Field

Davian Gagne, M.S.W., Mile High Connects

With the implementation of its \$7.8 billion FasTracks light- and commuter-rail project, the Denver region has the potential to be a national model for equitable transit and community development. This article examines the efforts of Mile High Connects, a collaborative working to ensure that the transit project benefits low-income communities and communities of color by connecting them to affordable housing, healthy environments, quality education, and good-paying jobs. The collaborative, which includes local and national funders that have coalesced around the central issue of transit equity, has adopted a collective-impact model that has at its core two tools to measure and track its work and to show the social-impact outcomes achieved through its initiatives. DOI: 10.9707/1944-5660.1327

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Disrupting a Foundation to Put Communities First in Colorado Philanthropy

Nancy Csuti, Dr.P.H., and Gwyn Barley, Ph.D., *The Colorado Trust*

For decades, funders have held the power of the purse and nonprofits have written proposals to secure funding to improve the community. 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 grant-making process aimed at achieving a new vision of health equity. Resident groups were empowered to identify the needs in their own communities, and received 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, thus shifting power from the funder to the community in the evaluation process, too.

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Reconciling Community-Based Versus Evidence-Based Philanthropy: A Case Study of The Colorado Trust's Early Initiatives

Douglas Easterling, Ph.D., *Wake Forest School of Medicine*, and Deborah Main, Ph.D., *University of Colorado Denver*

One of the dominant tensions in philanthropy involves the question of whether foundations should focus their grantmaking on projects that come from the community versus projects that have a base of scientific evidence. How a foundation answers this question leads to different strategic orientations. This article describes how this tension was expressed and resolved during The Colorado Trust's early years of initiative-based grantmaking. The community-based philosophy is illustrated through the Colorado Healthy Communities Initiative, while Home Visitation 2000 serves as an exemplar of the evidence-based approach. The Colorado School Health Education Initiative purposefully integrated the two philosophies. The community-based and evidence-based philosophies each have inherent limitations which can be overcome by incorporating the opposing philosophy. This finding is consistent with Barry Johnson's (1992) Polarity Management model and potentially at odds with the principle of strategic alignment.

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call for papers

FOR VOLUME 9, ISSUE 3

The Foundation Review invites scholars, evaluators and community philanthropy leaders to submit ideas for articles that will advance the field of global community philanthropy for publication in the September 2017 issue of *The Foundation Review* (Volume 9, Issue 3). To be considered for publication, please submit an article abstract of no more than 250 words by November 30, 2016.

Community philanthropies have been among the fastest growing institutional forms of giving around the globe. Between 2000 and 2010, the most common type — community foundations — grew by 86% with an average of 70 institutions created every year and today there are over 1,800 place-based foundations around the world granting more than US\$5 billion annually. Similar growth has been seen in many other areas of global community philanthropy including the spread of giving circles, expansion of global crowdfunding platforms, and rising diaspora giving. While this growth has been dramatic, research and evaluation to inform and improve the field has not kept pace and *The Foundation Review* seeks new articles that will shed light on this growth and improve the practice of global community philanthropy.

We seek articles for this issue that address issues such as:

- How have community foundations grown or evolved in a specific region or part of the world? What roles are they playing in the community? How are they cultivating local funding support? If/how are they helping to democratize philanthropy?
- How are giving circles launching and adapting around the world, across different cultural, economic and philanthropic environments? How do giving circles engage donors across diverse identities and backgrounds? What models (in-person, online, hybrid) are the most popular and why? What are the impact(s) of giving circles on donors and communities?
- How has online giving expanded the scale of global giving and expanded the options for community giving on a regional or global scale? How have crowdfunding platforms shifted or redefined the parameters for collective giving across borders or oceans? How has giving by diaspora communities evolved?
- What has been the impact of private foundation giving that has supported the spread of community philanthropy efforts around the globe? How are these efforts changing and evolving in the current political and philanthropic environment?

continued on next page

call for papers

(continued)

Submit abstracts to submissions@foundationreview.org by November 30, 2016. If a full paper is invited, it will be due March 31, 2017 for consideration for publication in September 2017.

Abstracts are solicited in four categories:

- **Results.** Papers in this category generally report on findings from evaluations of foundation-funded work. Papers should include a description of the theory of change (logic model, program theory), a description of the grant-making strategy, the evaluation methodology, the results, and discussion. The discussion should focus on what has been learned both about the programmatic content and about grantmaking and other foundation roles (convening, etc.).
- **Tools.** Papers in this category should describe tools useful for foundation staff or boards. By “tool” we mean a systematic, replicable method intended for a specific purpose. For example, a protocol to assess community readiness for a giving circle would be considered a tool. The actual tool should be included in the article where practical. The paper should describe the rationale for the tool, how it was developed, and available evidence of its usefulness.
- **Sector.** Papers in this category address issues that confront the philanthropic sector as whole, such as diversity, accountability, etc. These are typically empirically based; literature reviews are also considered.
- **Reflective Practice.** The reflective practice articles rely on the knowledge and experience of the authors, rather than on formal evaluation methods or designs. In these cases, it is because of their perspective about broader issues, rather than specific initiatives, that the article is valuable.

Book Reviews: *The Foundation Review* publishes reviews of relevant books. Please contact the editor to discuss submitting a review. Reviewers must be free of conflicts of interest.

Questions? Contact Jason Franklin, guest editor of *The Foundation Review*, at jason.franklin@gvsu.edu, or Teri Behrens, editor in chief, at behrenst@foundationreview.org.

How do you learn philanthropy?

INSTITUTE FOR FOUNDATION AND DONOR LEARNING

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To learn more, contact Teri Behrens, Ph.D., director of the Institute for Foundation and Donor Learning, at behrenst@gvsu.edu, or call 616-331-7585.

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