

# The Foundation Review

---

Volume 9 | Issue 4

---

12-2017

## Looking in the Mirror: Equity in Practice for Philanthropy

Ashlee Young  
*Interact for Health*

Jaime Love  
*Interact for Health*

Nancy Csuti  
*The Colorado Trust*

Christopher J. King  
*Consumer Health Foundation*

Follow this and additional works at: <https://scholarworks.gvsu.edu/tfr>



Part of the [Nonprofit Administration and Management Commons](#), [Public Administration Commons](#), [Public Affairs Commons](#), and the [Public Policy Commons](#)

---

### Recommended Citation

Young, A., Love, J., Csuti, N., & King, C. J. (2017). Looking in the Mirror: Equity in Practice for Philanthropy. *The Foundation Review*, 9(4). <https://doi.org/10.9707/1944-5660.1390>

Copyright © 2018 Dorothy A. Johnson Center for Philanthropy at Grand Valley State University. The Foundation Review is reproduced electronically by ScholarWorks@GVSU. <https://scholarworks.gvsu.edu/tfr>

# Looking in the Mirror: Equity in Practice for Philanthropy

Ashlee Young, M.P.H., and Jaime Love, M.Ed., *Interact for Health*; Nancy Csuti, Ph.D., *The Colorado Trust*; and Christopher J. King, Ph.D., *Consumer Health Foundation*

*Keywords: Equity, philanthropy, internal change, equity lens, system change*

## Introduction

Philanthropy is a system that operates from a position of power and privilege. Foundations have the ability to set an agenda for their grantmaking and decide who receives their money. From the unrest in Ferguson, Missouri, after the killing of Michael Brown to the uprising in Baltimore in the wake of the death of Freddie Gray, there has been a call to action for systems change from communities and funders alike. Events like these shed light on the structural racism that still exists throughout the country, and sparked a national dialogue about the state of historically marginalized communities of color and the organizations that now, more than ever, should be supporting those communities.

As suggested by Barnes and Burton (2017), philanthropy should “seek to break down longstanding, intentional, institutional policies that have shaped social divides in the United States and that continue to promote inequality today” (para. 2). Philanthropy is well positioned to address these issues, but to do this work authentically, foundations must look in the mirror and reflect on how their own organizations’ internal policies and practices continue to perpetuate inequality.

Ten years ago, GrantCraft and the Philanthropic Initiative for Racial Equity produced *Grantmaking With a Racial Equity Lens*, a report that looked at how several dozen foundations started to think and talk about power and privilege in order to address racial and ethnic inequities entrenched within the complex issues those funders were addressing. The report recommended ways to model diversity and inclusiveness within foundations, such as hiring people of color and working to retain them; acting to

## Key Points

- Philanthropy still needs to be reminded that there is no such thing as a post-racial America, and that systemic racism continues to underlie the problems foundation funding attempts to address. While many foundations have found it challenging to address equity in their grantmaking, they have found that process far more comfortable than addressing equity within their own organizations.
- This article will describe the efforts of three foundations in various stages of seeing themselves through an equity lens: the Consumer Health Foundation, The Colorado Trust, and Interact for Health. This article will discuss why these foundations are on this journey, what they expect to achieve, what hurdles they have encountered, and how those hurdles were — or were not — overcome.
- It is impossible for a foundation to effectively fund with an equity lens unless it commits to doing the necessary internal work around the same issue, and embarks on its own journey toward equity.

ensure that the makeup of the staff and the board reflected the community; seeking a more diverse vendor base; and, perhaps most importantly, striving for a welcoming environment that “allows staff to bring to bear skills, abilities, and insights directly related to their cultural, racial, linguistic, economic, gendered, or other experiences” (GrantCraft, 2007, p. 15).

This report is one stark reminder of how little philanthropy has progressed in the past 10 years and how far it has to go. Another can be found

*The philanthropic field has paid increasing attention to equity, with more and more funders announcing equity initiatives, specifically adding equity to formal foundation values, and requesting equity statements in grant proposals. What is less evident, however, is what these funders have done to use an equity lens to examine their own internal policies, programs, and practices.*

**FIGURE 1** Questions for Reflection

1. Does your staff and board reflect the community you serve?
2. Where are you or your organization on the equity journey?
3. Who or what is your biggest barrier?
4. What role do you play in contributing to inequities in your work?
5. Who is consulted during the decision-making process?
6. How are resources (e.g., money, time) allocated?
7. Who experiences benefits? Who experiences burdens?
8. Who leads?
9. Who decides?

in *The Exit Interview: Perceptions on Why Black Professionals Leave Grantmaking Institutions*, a 2014 report from the Association of Black Foundation Executives. The report identified challenges to the retention of African-American foundation professionals, including a sense of isolation due to politics, lack of a diverse staff, and/or a glass ceiling at the mid-management level (44 percent); an overly bureaucratic organizational culture and limited professional-track training, pipeline networks, and support systems (45 percent); and, especially among program officers, a feeling that their expertise was not valued or trusted by colleagues (*Philanthropy News Digest*, 2014.)

A literature search on equity grantmaking brings up the decade-old GrantCraft report first, followed by several hundred thousand references to foundation websites that mention equity initiatives and equity grantmaking. Numerous funder affinity groups focus their efforts on addressing equity issues in their communities. But what has really changed — particularly in areas where many funders are working? Research over the past decade on public health, for example, has with increasing clarity identified systemic racism as a social determinant of health (Garcia & Sharif, 2015).

The philanthropic field has paid increasing attention to equity, with more and more funders announcing equity initiatives, specifically adding equity to formal foundation values, and requesting equity statements in grant proposals. What is less evident, however, is what these funders have done to use an equity lens to examine their own internal policies, programs, and practices. Has staff and board diversity increased over the years? If so, does such diversity make a difference in who and how they fund? What foundation structures have been put in place — or torn down — to make it easier for communities of color to get funding? What types of reflective work are done within the foundation, among staff, to address equity issues? (See Figure 1.) This type of information is rarely available.

This article highlights the experiences of three foundations that have made a commitment to

internal equity work. The Consumer Health Foundation has focused on equity for more than a decade; The Colorado Trust has been on this journey for over three years and Interact for Health, for just two years. Each of these foundations began this work for different reasons and their paths vary: There is no one way to initiate internal equity work, just as there is no single approach to grantmaking to address our social problems. This article explores the paths they are taking, what motivated them to start, and what lessons they can share with others embarking on this effort.

### Consumer Health Foundation

Based in Washington, the Consumer Health Foundation (CHF) is a private foundation that envisions a nation in which everyone — regardless of race, ethnicity, immigration status, religion, gender identity, sexual orientation, disability, age, education, or income — lives a healthy and dignified life (CHF, 2016). The foundation advocates for racial equity and racial justice through programs and investments that advance the health and well-being of communities of color that have faced historically rooted structural barriers to health care. A regional grantmaker, the CHF supports advocacy organizations with aligned missions in the District of Columbia, suburban Maryland, and northern Virginia.

Rather than an isolated function of the CHF's work, racial equity is an internalized process that is woven into the fabric of the foundation's operations. The CHF applies a racial-equity lens to all program areas: grantmaking, strategic communications, partnerships, and mission-consistent investing. Established in 1997, it has evolved toward racial equity within a foundation culture that has normalized continuous learning and risk taking. For example, its initial grantmaking strategy focused on programs and services to promote behavior change and increase access to care. But the release in the early 2000s of several landmark studies and publications that focused on social determinants of health prompted the CHF to rethink its approach and pursue a deeper understanding of the issues affecting health. The foundation

*A heightened awareness of the impact of structural racism on health motivated the board and leadership of the CHF to ask a strategic question: Did the foundation want to continue to operate as a safety net and an advocate for behavioral change, or did it want to change course and address structural racism as a social determinant of health? The board of trustees, which reflects the diversity of the communities served by the CHF, chose to be explicit about racial equity as a means of improving health.*

sponsored a series of “community speakouts” in 2004 and 2005, where residents were encouraged to share their lived experiences. What emerged was a recognition that contemporary manifestations of structural racism were the underlying factors impeding residents’ ability to achieve optimal health and well-being.

A heightened awareness of the impact of structural racism on health motivated the board and leadership of the CHF to ask a strategic question: Did the foundation want to continue to operate as a safety net and an advocate for behavioral change, or did it want to change course and address structural racism as a social determinant of health? The board of trustees, which reflects the diversity of the communities served by the CHF, chose to be explicit about racial equity as a means of improving health.

**FIGURE 2** Definitions

- **Racial equity:** An outcome in which “race no longer determines one’s socioeconomic outcomes. ... As a process, we apply racial equity when those most impacted by structural racial inequity” can fully participate in the development of “institutional policies and practices that impact their lives” (Center for Social Inclusion, n.d., para. 9).
- **Equity:** “Just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. Unlocking the promise of the nation by unleashing the promise in us all” (PolicyLink, 2015, p. 3).
- **Equity lens:** The lens through which you view conditions and circumstances to assess who experiences benefits and who experiences burdens as the result of a program, policy, or practice (CommonHealth Action, n.d.).
- **Systemic racism:** Racism that consists of policies and practices, entrenched in established institutions, that result in the exclusion or advancement of specific groups of people. It manifests itself in two ways: (1) institutional racism: racial discrimination that derives from individuals carrying out the dictates of others who are prejudiced or of a prejudiced society; and (2) structural racism: inequalities rooted in the system-wide operation of a society that excludes substantial numbers of members of particular groups from significant participation in major social institutions. (Henry & Tator, 2006, p. 352)

Since racial equity is rare in the field of philanthropy, the foundation engaged external experts to assess internal capacity, readiness, and potential impact. In 2007, the CHF participated in a yearlong internal assessment that was jointly conducted by the Philanthropic Initiative for Racial Equity and the Applied Research Center (now Race Forward). Many lessons were learned; one of the most salient was the importance of agreeing upon definitions and shared language. (See, e.g., Figure 2.) Before the assessment, for example, the CHF used words such as “vulnerable” and “underserved” to describe its target populations. Such terms have come to be understood as “coded” references to low-income people of color; CHF communications were reframed to explicitly state a focus on “low-income communities and communities of color.”

As a private foundation, the CHF was also prompted by the internal assessment to identify its strengths and the role it could play beyond grantmaking. Convening disparate sectors,

testing new ideas, spearheading regional initiatives, and advancing the field of philanthropy to apply a racial-equity lens were highlighted. Today those concepts are the bedrock of how the foundation operates at the local level and shares lessons learned with peer foundations and stakeholders across the nation.

The lesson learned? The foundation’s commitment to racial equity as a process could not be fully realized without engaging external expertise, which was instrumental in informing the foundation’s identity — including its vision, mission, values, theory of change, and operational norms.

### *Governance*

The achievement of racial equity hinges upon resolving historical injustices in various systems and institutions, including philanthropy. Therefore, the CHF is intentional about examining its own vulnerabilities and addressing them with best practices that strengthen its capacity

to stay true and authentic to its commitment. One example of this involves trustee diversity and continuous learning. Nine of the board's 15 members — 60 percent of the trustees — are people of color. The racial and ethnic composition of the board yields productive dialogue, which is essential for understanding the complex dynamics that contribute to poor health outcomes in various racial and ethnic groups.

In order to gauge insight around individual and board capacity to govern with a racial-equity lens, an annual self-evaluation is administered with such statements as “I am comfortable articulating the intersection between health equity, racial equity, and economic justice” and “Collectively, the board has the right mix of skills and expertise to govern with a racial-equity lens.” Results inform recruitment priorities as well as a prospective board-development agenda.

Annual “learning journeys” — where the board convenes in communities that are disproportionately impacted by structural inequity — are another method of continuous learning. By focusing on topical issues such as unjust housing and employment practices, the journeys give trustees the opportunity hear the narratives of residents and engage in conversation, and they yield a deeper knowledge of social, political, economic, and environmental barriers. Consequently, the intimate level of exposure to lived experiences informs board discussions, empowering trustees to think more critically about the external landscape and the potential role of the foundation. Since the first journey, many lessons have been learned. But most importantly, the experiences have reinforced the board's commitment to advancing a racial-equity agenda through a field-building approach.

### *Field Building and Grantee Evaluation*

The CHF defines “advocacy” as efforts to create local, state, and regional policy change and systems reforms that benefit low-income communities and communities of color (CHF, 2016). Since health inequities are created and reproduced by

*[T]he intimate level of exposure to lived experiences informs board discussions, empowering trustees to think more critically about the external landscape and the potential role of the foundation.*

policies and systems, applying a racial-equity lens in advocacy work is essential. The foundation's grantmaking strategy supports work that includes community organizing, developing policy recommendations, implementing and monitoring relevant trends, building coalitions and networks, and collective problem solving among diverse groups.

Cultivating a shared vision around diversity, inclusion, and racial equity in the larger community is a prerequisite for changing policies and systems to eliminate racial inequality. Consequently, the CHF takes a different approach to grantee evaluation methods. Instead of focusing on “impact” and counting the number of people touched, field building is a marker of success: How does the foundation's philanthropic investments advance the field of advocates? Are grantee partners working toward building a robust network of organizations that have the ability to analyze legal issues and develop policy recommendations with a racial-equity lens? Are grantees generating and sharing resources? Are they able to rapidly respond during times of peril?

In an effort to learn more about the state of the field, the CHF's most recent request for proposals includes two new components: An organizational assessment tool<sup>1</sup> requires applicants to assess their capacity to address racial equity, both internally and externally; a racial-equity

<sup>1</sup> Organizational Assessment tool and Racial Equity Impact Assessment available online at <http://www.consumerhealthfdn.org/wp-content/uploads/2017/01/CHF-RFP-2017.pdf>

impact assessment tool allows applicants to systematically assess how their advocacy advances progress toward the elimination of long-standing racial inequities. Collectively, these tools motivate potential grantees to reflect on their capacity at a macro level. The CHF's review of aggregate results offers insight into strengths and gaps in the field. Lessons learned inform how the foundation prioritizes and deploys resources and programmatic investments.

### *Partnerships and Strategic Communication*

Partnerships with other funders is an important part of the CHF's work. Pooling resources and intellectual exchanges with organizations that are passionate about racial equity, but may not identify as health funders, bolsters the capacity to address social factors that drive health (i.e., housing, education, transportation, employment). One of the CHF's most recent endeavors is a partnership with the Meyer Foundation and the Urban Institute to produce an interactive equity report for the District of Columbia. Titled "A Vision of a More Equitable DC," the unconventional digital platform showcases what it will take to achieve a more racially equitable city: How many more black or Hispanic residents need to attain a high school diploma or GED? How many more will need to earn a livable wage? How many more will need to be homeowners? Using gross domestic product as a proxy, the site discloses the financial impact with and without racial equity in the nation's capital. This different way of presenting information helps other foundations, policymakers, and regional stakeholders understand the gravity of racial inequity and how it restricts progress toward healthy lives and a thriving local economy.

The CHF recognizes that open and honest communication about racism and its causes is key to racial healing and the achievement of equity. Trusted spaces for heightening awareness and stimulating productive dialogue are essential. By enlisting the expertise of a communications firm, the foundation uses its voice for "narrative change" — a long-term process relying on storytelling as a method of disrupting dominant belief structures that undergird social and racial hierarchy and expanding the availability of a wide

range of stories about people of color (American Values Institute, 2013). Whether in the form of a blog or testimony from someone with a lived experience, narrative change is a powerful mechanism. It humanizes the data and helps those who lead systems of power connect the dots.

### *Mission-Consistent Investing*

Although private foundations are required to spend a minimum of 5 percent of their assets annually on charitable activities, the CHF continuously explores how the other 95 percent of its endowment can advance its mission. In pursuit of a goal to improve the structural conditions of low-income communities of color, the CHF made the decision in 2014 to transfer 100 percent of its portfolio to mission-consistent vehicles. In addition, the foundation carved out a portion of its endowment in 2016 to engage in impact investing. To date, this carve-out has been used to invest in affordable housing and loans to entrepreneurs who are women and people of color. Moreover, investment advisors are advised to apply a racial-equity lens as part of the vetting process for all subsequent investments. As part of routine financial discussions, trustees and leadership explore how the endowment can positively affect communities of color through investments in companies that value racial diversity, equity, and inclusion, as well as those that demonstrate strong labor practices.

### *Operations and Accountability*

The CHF recognizes that success would not be possible without steadfast demonstration of the core values that govern its work: consumer voice and engagement; equity and social justice; health care for all; partnership; innovation and risk taking; shared learning; and accountability. Internal diversity and equity indicators ensure the foundation normalizes operational practices that advance its mission, and by perceiving the achievement of racial equity as a process, equity indicators are monitored routinely and factored into annual performance reviews. For example,

- Human resources policies: Is a commitment to racial equity an integral part of recruitment, selection, and retention processes?

- Vendor recruitment and selection: Do marketing materials prominently encourage women and people of color to apply? Are vendors and business partners philosophically aligned, and is there a solid history of evidence?
- External communication: Is a commitment to racial equity explicitly conveyed in communication materials, and is it framed within the context of health?
- Grantmaking: Do current and prospective grantees have people of color represented in leadership and governance?

The Consumer Health Foundation started on its equity journey over 10 years ago, and we have seen how it was able to move from theory to practice and sustain those changes. The Colorado Trust and Interact for Health are early on their journeys, and we can take a look at how they focused on changes within their organizations. Their journeys reflect how messy this work can be: There is not always a clear, linear path from early development to full implementation of an equity lens, but the interest-to-action continuum among leadership and staff is evident at both foundations, as are the multiple ways to achieve sustainable change within an organization to promote equity.

### The Colorado Trust

The Colorado Trust is a health equity foundation dedicated to improving the health and well-being of the people of Colorado, and invests in advocacy, data and information, and program-related investments to support health equity. In the past few years, the trust has been implementing a strategy aimed at empowering resident-led change to advance equity at the community level.

In 2013, a new CEO brought about a shift toward purposeful community involvement in grantmaking. Although unsure what that meant, staff knew they wanted to put Colorado's residents at the center of the trust's grantmaking. To make this shift authentic, in late 2014 staff and board embarked on what

was first called diversity and inclusion (D&I) work. The Trust knew this was an endeavor that would need skilled facilitators and, after interviews with several D&I firms, Visions Inc. was chosen to help guide the foundation. The goal was to enable staff to work more effectively in Colorado communities by becoming more knowledgeable about and addressing inequities within the foundation itself.

### *The Trust's Equity Journey*

The work began with a series of individual staff interviews with Visions that led to a plan tailored to the foundation. Throughout 2015 and 2016 the work involved quarterly, one- or two-day meetings of all staff; various exercises using tools developed by Visions; and time for personal reflection. Visions staff also met with the board annually to facilitate the trustees' own journeys.

All staff have participated since the beginning of the process. From the first meeting, it was clear to them that doing this work would differ from other all-staff development opportunities over the years. Visions focused not just on the thinking and acting aspects of diversity and inclusion, but more importantly, on the aspect of feelings. Focusing on personal feelings brought up conversations about staff members' life experiences and how they reflected power, privilege, discrimination, and racism. The work was intense and at times painful; until this point, the Trust staff as an organization had not engaged in deeply internally focused reflection of this nature.

In 2017, the work shifted toward more one-on-one coaching with Visions staff, as well as bringing in other D&I coaches. Seeking to tap into local Colorado-based resources, staff also met with other consultants in an effort to go deeper into the next level of the collective journey. While the first years of this D&I work focused on race and racism, gender identity, ableism, sexism, and other facets of inclusion are starting to be addressed.

While the shifts at the Trust have been gradual, the cumulative effect has been enormous — like a dripping faucet, unnoticed, can fill a sink. At Visions' suggestion, the foundation



*Another shift has been a movement away from calling the work “diversity and inclusion” and toward use of the word “equity.” This change mirrors the changes staff want to see and better reflects the work the grantees are doing. Calling the work “diversity, equity, and inclusion,” or simply “equity work,” helps keep the goals of the foundation’s grantmaking in the forefront. It also helps prevent a falling back on old foundation habits, such as hiring people of color and thinking “diversity duty” has been completed.*

created a cross-departmental diversity and inclusion team. One of its first tasks was to review all organizational policies through a D&I lens. While the process was challenging at times and took many months, the team’s recommendations for change were accepted by all staff and board. Empowering the D&I team to make those changes helped build the trust necessary between leadership and other staff to continue the work.

Another shift has been a movement away from calling the work “diversity and inclusion” and toward use of the word “equity.” This change mirrors the changes staff want to see and better reflects the work the grantees are doing. Calling the work “diversity, equity, and inclusion,” or

simply “equity work,” helps keep the goals of the foundation’s grantmaking in the forefront. It also helps prevent a falling back on old foundation habits, such as hiring people of color and thinking “diversity duty” has been completed. Integrating equity work and embracing an equity lens helps staff understand the disparities faced by people of color and that those lived experiences not only impact their perspectives, but can also be valuable leverage points for tomorrow’s leaders.

Over the past two years, hiring practices have changed and now include questions related to the understanding of equity and a willingness join this journey. Answers to these questions are important considerations in selection of new staff. Becoming familiar with the language and concepts of diversity, equity, and inclusion is an important first step for new hires — from their first day with the trust, staff are aware of the critical role this plays in the foundation.

#### *Lessons Learned*

While there are many more years of this work ahead, lessons have emerged that might help other foundations that choose this journey:

- Leadership needs to lead the journey. The Trust’s work started with the CEO, who brought board and staff along. This has been critical to keeping the work front and center, to devoting the necessary resources of time and money, and to the willingness to listen and act when changes are required to move the work forward. As Villanueva and Cordery (2017) note,

In every case where we’ve seen equity not only emerge as a philanthropic priority but also thrive and make headway, there is a CEO and board of trustees who have stepped up to the challenge as engaged and responsive leaders and willing spokespersons on equity issues. (para. 6)

This has certainly been the case for the Trust: All board meetings, for example, include a time for trustees to reflect on a personal or professional topic using an equity lens, and discussions of the equity work factor into the selection of new board members.

- Without the right staff, the work will not happen. Organizations are made up of people, and changing the culture requires the work of everyone. New hires and existing staff must value equity: grantmaking, finance, and administrative staff; vendors; consultants — everyone doing work with and for the foundation. It may be tempting at times to shift the responsibility for understanding and embracing equity onto staff who interact most often with grantees and community members. But when grants management, finance staff, or consultants ignore the importance of equity work, the consequences can, at best, slow down the culture change and, at worst, do considerable damage to the work.
- Diversity, equity, and inclusion work is organizational culture-change work. While it might seem possible and even desirable to separate the two out, truly embracing equity means addressing issues of trust, transparency, accountability, decision-making authority, performance, and imbalances in power within an organization that lead to real or perceived inequities. It means leaning into discomfort and difficult conversations without fear. Sometimes the conversations can be deeply painful — for the speaker and the listener. Only by moving through such discomfort can change happen in an organization.
- At its core, this is a personal journey. Over the past three years, foundation staff have come to realize the changes at the Trust are ultimately changes within individuals. Staff come from diverse backgrounds and various places of power and privilege. The effects of racism and discrimination have touched each individual differently. This work provides a safe space to have these discussions and to understand one another better. Ultimately, however, the work needed to make the changes comes from within each of us. There are no glasses with equity lenses that one can put on and take off as needed. This work is about changing the way each one of us is present

*It may be tempting at times to shift the responsibility for understanding and embracing equity onto staff who interact most often with grantees and community members. But when grants management, finance staff, or consultants ignore the importance of equity work, the consequences can, at best, slow down the culture change and, at worst, do considerable damage to the work.*

in the world, every single day. It is about changing mindsets and mental models of how the world works, for whom, and why. It is about naming power and privilege; acknowledging what it means to other staff, grantees, and community members; and moving through discomfort to talk about it. Talking about the effects of racism, micro-aggression, and discrimination in one's personal life can be very challenging. Yet it is through such discussions that "we make the cruelties of inequality real for people who have only had a textbook exposure to it" (Villanueva & Cordery, 2017, para 14). When it is real for all of us, change can begin to happen.

### Interact for Health

Interact for Health is a regional foundation serving 20 counties in Ohio, Kentucky, and Indiana. Its mission is to improve the health of people in the Cincinnati region by being a catalyst for health and wellness. Interact accomplishes its mission by promoting healthy living through grants, education, research, and policy.

In spring 2015, the staff and CEO at Interact started discussions about equity and how to be an equity-informed grantmaker. To better understand how equity can be embedded in a foundation's policies and practices, Interact asked Yanique Redwood, president and CEO of the Consumer Health Foundation (CHF), to discuss the CHF's equity journey with board and staff at an annual retreat, and the chair of CHF's board shared the perspective of a board member. The board was receptive to this session and agreed that Interact should increase its focus on equity.

### *Interact's Equity Journey*

The first major step for Interact was to form an equity committee, which was launched in August 2015 with six staff members from across the organization. The committee's membership was intentionally created to be diverse across job levels, departments, age, race, and gender.

One of Redwood's key messages was the importance of educating both staff and board members about equity, diversity, and inclusion. The equity committee was inspired by the board presentation and adopted the term "learning journey" to describe educational opportunities for Interact's board and staff to learn from others. The equity committee reached out to other foundations to learn other approaches to equity, then began planning the learning journeys. For the first learning journey, six staff members and two board members traveled to Los Angeles to meet with the Prevention Institute and its partners, and to attend PolicyLink's National Equity Summit. Interact's representatives were part of a delegation of more than 30 leaders from Greater Cincinnati. The summit was a pivotal moment for the Interact staff members and community: the knowledge gained produced a surge of momentum for equity work at Interact and within the Greater Cincinnati community. Participants brought home insights and ideas about what equity could mean in a community or organization. The equity delegation continues to meet and includes leaders from many sectors in the community.

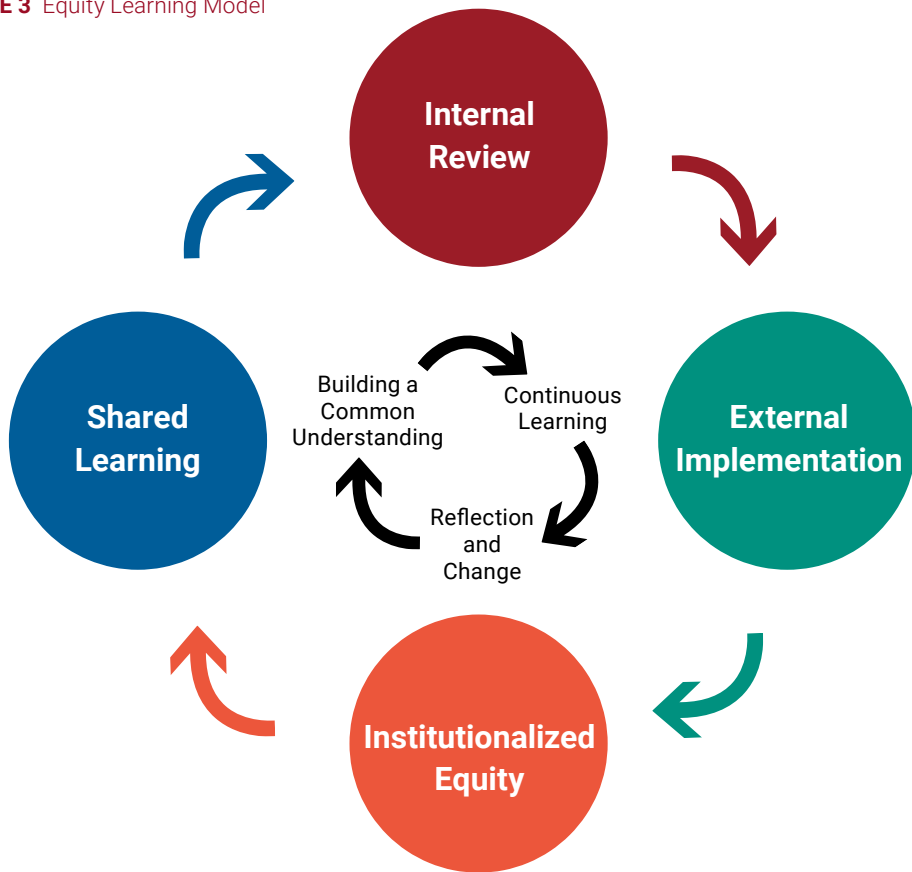
### *Equity Learning Model*

The equity committee began to track and refine all the work being done with staff and board members — both large and small changes within the organization are important wins and help shape the culture of the foundation. Interact's equity committee developed a framework to guide and track the process, the Equity Learning Model (ELM). The ELM helped Interact move equity from theory to action. There are four components to the ELM and a three-phase cycle that Interact applied and continues to apply to move through the ELM components. (See Figure 3.) The cycle is what propels change to happen within the ELM components and helps to combat resistance an organization may encounter. The four components of the ELM are:

- Internal review: using an equity lens to review internal policies, programs, and practices (e.g., vendor and consultant policies);
- External implementation: how equity is reflected in external facing work (e.g., request for proposals);
- Institutionalized equity: the formal or informal creation or update of policies and practices using an equity lens (e.g., adoption of a board matrix by a board governance committee); and
- Shared learnings: informing the field through the sharing of best practices and lessons learned with philanthropy, community, and grantees (e.g., articles).

The ELM cycle consists of three parts:

- Building a common understanding: developing a common language to talk about equity (e.g., equity, diversity, and inclusion training);
- Continuous learning: engaging staff in activities that allow them to expand or develop skill sets around becoming more comfortable using an equity lens (e.g., a book club, learning journeys); and

**FIGURE 3** Equity Learning Model

- Reflection and change: reviewing programs, policies, and practices (e.g., hiring policies) with an equity lens and making necessary changes.

### *Fighting the Resistance*

The equity committee continues to work hard to make tangible changes within the foundation, from establishing new protocols such as the board matrix to educating staff in multiple ways. As with any change, the committee experienced some resistance from staff members, leadership, and the board. But it persisted and was able to push forward because it identified advocates for the work at all levels of the organization and continued to provide opportunities to learn. The most rewarding part of the work was seeing the benefits when change occurred, such as when an

equity lens was introduced into the hiring process (and first implemented with a new hire in November 2016) or when the board governance committee, in May 2017, formally adopted the board matrix as a recruitment and assessment tool. Support from the organization's leadership is essential to showing both the organization and the community why this work is important, and the equity committee has been able to continue down this road because of support and encouragement from Interact's leadership.

### *Institutionalizing Equity*

Using the ELM, the committee began to review its practices and to institutionalize equity into its internal processes. Interact's board tasked the equity committee with developing an equity value statement. Using language from the

*Equity is often viewed as a one-sided matter, and when the internal supporters of this work are people of color there can be additional resistance. Finding staff and board members of various races and at different levels in the organization who will advocate for equity within can help to open the mindset of different people.*

PolicyLink (2015) Equity Manifesto, the following value statement was created: “Equity: We advocate for just and fair inclusion into a society in which all can participate, prosper, and reach their full potential.” This statement was adopted by the board in December 2015 and incorporated into Interact’s core values. In addition, the equity committee created a mission statement for itself: “We advocate for a culture of equity at Interact for Health through education and accountability.”

Several foundations recommend hiring an external consultant to assist with staff and board training because it allows staff members to participate and can provide an unbiased perspective. Interact hired CommonHealth Action (CHA), of Washington, in June 2016 because of its experience with and philosophy of equity, diversity, and inclusion work and its strong background in public health. In August 2016, the CHA conducted a two-day equity, diversity, and inclusion (EDI) training for Interact’s staff to lay the foundation for creating a common understanding, language, and personal connection to equity within the organization; this training helped deepen Interact’s equity focus. The CHA also conducted an EDI assessment survey, interviewing 10 key staff and board members to identify

ways in which inequities in Interact’s operations and culture may ultimately affect the health and well-being of the staff and the community.

In October 2016, Interact welcomed a new CEO, who asked that he and all new staff members participate in EDI training; the incoming board chair also participated in the training and joined the equity committee. In June 2017, the new chair facilitated a discussion about equity at a board retreat and, as a result, the entire board participated in an eight-hour EDI workshop in November 2017.

Interact has implemented other institutional changes and pursued other activities in the past two years as part of its effort to embed equity into its work, including open-dialogue sessions begun in 2016, allowing any staff member to put a topic up for discussion and invite all to an open space for discussion. In August 2016, the equity committee started a book club: One book is to be chosen annually that addresses various issues related to equity (e.g., race, poverty); the books can be recommended by any staff member and are purchased for entire staff, with discussion facilitated by the equity committee. And at board and staff retreats in the spring of 2017, equity was identified as a critical part of the conversation during strategic planning and time was allotted for equity-focused activities and team building.

The work of the equity committee is coming full circle to embed equity into the practices of the organization. The next step is using an equity lens in the creation of Interact’s new strategic plan, which is being developed.

#### *Lessons Learned*

- Staff and board development: EDI training is key to creating culture change and institutionalizing equity in the organization.
- Leadership buy-in: Support from an organization’s leaders is critical to moving this work forward more quickly. When leaders do not see the value of continued staff learning and internal reflection, everything gets stalled. Buy-in at the board level can be challenging, but continuing to advocate

can greatly increase board engagement in the process.

- The messenger matters: Equity is often viewed as a one-sided matter, and when the internal supporters of this work are people of color there can be additional resistance. Finding staff and board members of various races and at different levels in the organization who will advocate for equity within can help to open the mindset of different people.

## Conclusion

Systemic and progressive change can be achieved when foundations step up to address the inequities in the system of philanthropy through internal reflection. Moving equity from a box to be checked to concerted action requires philanthropy to be bold, intentional, risk taking, and strategic. The disparities that exist in communities did not develop overnight — they were intentionally created through policies and practices over many decades to provide privilege to certain groups and oppress others. This cycle will not be resolved overnight, but the field of philanthropy has an opportunity and obligation to use its power and resources to create that change.

This article discusses how three foundations embarked on their own equity journeys. Although each case was unique, there were some common themes:

- Using outside consultants to assist with this work is vital to moving staff through difficult conversations and moving equity forward.
- This is a journey — personal and professional — with continuous learning and risk taking.
- Leadership buy-in is key. Senior leadership and the board of directors must be on board, if not leading the effort.
- Diversity, equity, and inclusion work is organizational culture-change work.

Other foundations tackling these issues will most likely go about this work differently. It's impossible to take a cookie-cutter approach; each foundation is unique and must take the journey in a way that's best for that organization. One possible inclusion would be to ask for community input into new policies and procedures. Understanding how the changes within a foundation impact grantees could provide added insights.

The word “philanthropy” comes from the Greek *philanthropia*, meaning “love of mankind.” If foundations are to embrace this definition, then moving toward incorporating an equity lens into everything they do is their logical next step. Foundations must move from “doing” equity to “being and living” equity. Systems of inequity in society have been designed to withhold power from certain groups. One system that needs to change is philanthropy. One hundred years from now, how will philanthropy say it responded internally to the injustices faced by marginalized communities? Will foundations be able to say they changed their own policies and practices to create equity in the communities they serve?

## References

- AMERICAN VALUES INSTITUTE. (June 2013). *Telling our own story: The role of narrative in racial healing*. Retrieved from <https://perception.org/wp-content/uploads/2014/11/Telling-Our-Own-Story.pdf>
- BARNES, C. B. B., & BURTON, O. D. (2017, January 3). Shifting philanthropy from charity to justice. *Stanford Social Innovation Review*. Retrieved from [https://ssir.org/articles/entry/shifting\\_philanthropy\\_from\\_charity\\_to\\_justice](https://ssir.org/articles/entry/shifting_philanthropy_from_charity_to_justice)
- CENTER FOR SOCIAL INCLUSION. (n.d.). *What is racial equity?* Retrieved from <http://www.centerforsocialinclusion.org/our-work/what-is-racial-equity/>
- COMMONHEALTH ACTION. (2016, August). *Equity, diversity, and inclusion training institute materials*. Washington, DC: Author.
- CONSUMER HEALTH FOUNDATION. (2016). *Strategic plan 2017–2019*. Washington, DC: Author. Retrieved from <http://www.consumerhealthfdn.org/wp-content/uploads/2017/01/CHF-strategic-plan-2017.pdf>
- GARCIA, J. J., & SHARIF, M. Z. (2015). Black lives matter: A commentary on racism and public health. *American Journal of Public Health*, 105(8), e27–e30.
- GRANTCRAFT. (2007). *Grantmaking with a racial equity lens*. Retrieved from <http://www.grantcraft.org/assets/content/resources/equity.pdf>
- HENRY, F., & TATOR, C. (2006). *The colour of democracy: Racism in Canadian society* (3rd Ed.). Toronto: Nelson.
- PARADIES, Y., BEN, J., DENSON, N., ELIAS, A., PRIEST, N., PIETERSE, A., ET AL. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLOS ONE*, 10(9), e0138511. Retrieved from <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0138511#abstract0>
- POLICYLINK. (2015). *The equity manifesto*. Available online at [http://www.policylink.org/sites/default/files/pl\\_sum15\\_manifesto\\_FINAL\\_4app.pdf](http://www.policylink.org/sites/default/files/pl_sum15_manifesto_FINAL_4app.pdf)
- PHILANTHROPY NEWS DIGEST. (2014, June 12). *Study finds African Americans see barriers to philanthropic leadership*. Retrieved from <http://philanthropynewsdigest.org/news/study-finds-african-americans-see-barriers-to-philanthropic-leadership>
- VILLANUEVA, E., & CORDERY, W. (2017). *Sit in it: Philanthropy must embrace discomfort and rapid change on the road to achieving equity*. Retrieved from <https://www.huffingtonpost.com/entry/58f924afe4b0f02c3870e82d>
- Ashlee Young, M.P.H.**, is a former evaluation officer at Interact for Health. Correspondence concerning this article should be addressed to Ashlee Young, Interact for Health, 3805 Edwards Road, Suite 500, Cincinnati, OH 45209-1948 (email: [ashleeyoung.10@gmail.com](mailto:ashleeyoung.10@gmail.com)).
- Nancy Baughman Csuti, Ph.D.**, is vice president of research, evaluation, and strategic learning at The Colorado Trust.
- Christopher King, Ph.D.**, is a trustee at the Consumer Health Foundation and a professor of health systems administration at Georgetown University.
- Jaime Love, M.Ed.**, is a program officer at Interact for Health.