

The Foundation Review

Volume 11 | Issue 4

12-2019

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Saphira M. Baker
Communitas Consulting

Mark D. Constantine
Richmond Memorial Health Foundation

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Recommended Citation

Baker, S. M., & Constantine, M. D. (2019). Making Health Equity Real: Implementing a Commitment to Engage the Community Through Fellowships. *The Foundation Review*, 11(4). <https://doi.org/10.9707/1944-5660.1493>

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Making Health Equity Real: Implementing a Commitment to Engage the Community Through Fellowships

Saphira M. Baker, M.P.A., *Communitas Consulting*, and Mark D. Constantine, Ph.D.,
Richmond Memorial Health Foundation

Keywords: *Health equity, racial equity, fellowship, place-based, philanthropy, health foundation, strategy, community partners*

Introduction

In 2016, Robert Wood Johnson Foundation commissioned a study to explore how philanthropic organizations were incorporating attention to equity into their own work. The results were described as “emerging:” “The work of embracing equity is still relatively new in the world of philanthropy. ... No foundation claimed to have ‘cracked the code.’” (Putnam-Walkerly & Russell, 2016, p. 2). At that time, foundations were exploring multiple ways to have impact, from changing their own governance and staffing structures to rethinking measures of success.

Richmond Memorial Health Foundation (RMHF) was one of those foundations. As a place-based health legacy foundation in Richmond, Virginia, a city of approximately 200,000 residents, foundation trustees and staff were beginning their own journey. They were reexamining past grantmaking practices of allocating funds almost exclusively to health safety net nonprofits providing physical and behavior health services. They were discussing the impact of nonclinical components — the social determinants of health and, in particular, how years of housing and structural discrimination had created a region with vast disparities of wealth and life expectancy, based on ZIP code and race.

The foundation’s trustees and staff were influenced by the work of the Center on Society and Health at Virginia Commonwealth University in Richmond, which identified that only a fraction of an individual’s well-being was influenced by treatment for physical health (Zimmerman et

Key Points

- Between 2016 and 2019, Richmond Memorial Health Foundation jumpstarted its transformation from a health legacy foundation committed to increasing access to health care to one promoting regional health equity through a racial and ethnic lens. A central component of this new focus was the trustees’ decision to invite community members to inform and advance the health equity strategy through two distinct community fellowship programs — the Equity + Health Fellowships. These programs ultimately provided the foundation with a new language, benchmarks, and structure for welcoming broader community engagement.
- This article highlights the outcomes of both programs, how the experience with the Fellowships enhanced the foundation’s impact and learning, and how the foundation identified areas that require strengthening as its transformation continues. The article also shares four lessons for any philanthropic organization seeking to work in direct partnership with community members.
- With these insights, foundations can use their social and financial capital to address power and health inequities directly and become stronger, trusted allies of community partners.

al., 2016). A consensus emerged that a shift was necessary not only in what they funded, but also in how they conceived of RMHF’s role in the region. They understood that this shift would

Instead of traditional academic, philanthropic, and think tank leaders, the experts were now community activists and nonprofit leaders working locally and directly to achieve health equity.

change the focus of their investments, the ways in which they used their financial and other resources, and how they engaged with community partners.

They also knew that among themselves they did not have the answers — particularly when it came to advancing health outcomes through a racial and ethnic equity lens, and that they needed to reach out to those with practical, lived, and deep experience in the Richmond region. Once they had a better understanding of the assets and needs of its residents, the foundation could employ its reputational, financial, social, and intellectual capital to achieve greater health equity in the region.

To facilitate this, in October 2016 the foundation created an Equity + Health Fellowship, inviting community members to engage with RMHF in new ways and share power in crafting a path forward. The intent was to move from a traditional hierarchical and transactional relationship with grantees to one that would reflect respect, reciprocity, and mutuality among community partners. It was also a shift in planning for the foundation, which was intentionally redefining “experts” in the field: Instead of traditional academic, philanthropic, and think tank leaders,

the experts were now community activists and nonprofit leaders working locally and directly to achieve health equity.

Between 2016 and 2019, the foundation created two distinct community fellowships, relying in part on research into effective traditional and grassroots leadership-development programs run by philanthropic organizations and nonprofits; consultations with former designers, funders, and participants in these programs; and a synthesis of the strengths and weaknesses of each model (MDC, 2003; Webb et al., (2013). These two cohorts of Equity + Health Fellows — one, in 2016, for nonprofit community leaders and another, in 2018, for grassroots leaders — provided RMHF with an agenda for change, benchmarks for measuring that change, and a new language and structure for welcoming broader community engagement (RMHF, 2019a). The Equity + Health Fellowships have been a driver of RMHF’s transformation into a foundation fully focused on fostering health equity.

The authors — a consultant who served as the lead designer and co-facilitator for these Fellowships, and RMHF’s president and CEO — share in this article our experience in designing and managing the two programs. We highlight not only their outcomes, but also how the experience with the Fellowships enhanced the foundation’s impact and learning, gave us opportunities for engaging the community as experts in health equity, and identified areas RMHF must strengthen as it continues to progress into this new way of working. In addition, we share four lessons for any philanthropic organization seeking to work in direct partnership with community members:

1. Define and communicate intent and boundaries.

RMHF’s Definition of “Health Equity”

Health equity means that everyone has a fair and just opportunity to be as healthy and well as possible. It requires engaging communities and partners to reduce health disparities by removing obstacles to health — including poverty, discrimination, and their consequences.

2. Be honest about the power you are willing to share.
3. Calibrate the pace of change.
4. Be explicit about the influence of race.

Three years after the trustees gave the green light to implement the Equity + Health Fellowship concept, RMHF has implemented many of the first cohort's recommendations — including championing health equity through a racial and ethnic lens in the community, taking strides to diversify its board as a first step in encouraging local nonprofit boards to do the same, supporting community-based and grassroots leaders, and funding local policy and advocacy organizations working on issues related to health care access (i.e., Medicaid expansion) and housing. Through the second cohort, the trustees began the process of learning what is required to share power and build relationships with community members, to advocate for influence of traditionally marginalized and unrepresented communities, and to set tables that put the voice and experience of residents at the center.

The distinct Equity + Health Fellowship models brought to the fore the possibilities and limits of what a small health legacy foundation can do when advancing health equity locally, and lifted up what is required to work toward more reciprocal relationships with community residents and nonprofit partners. The process has been powerful and imperfect.

The Fellowship Programs

2016–2017 Nonprofit Cohort

The original Equity + Health Fellowship, which we will call the “nonprofit fellowship,” was designed to engage community leaders in providing the foundation with strategic guidance. Fellows were charged with creating a framework over the course of nine months to inform and accelerate RMHF's equity and health work. The expectation was that the Fellows, through engaging with local and national speakers, sharing their own expertise with one another, and

The distinct Equity + Health Fellowship models brought to the fore the possibilities and limits of what a small health legacy foundation can do when advancing health equity locally, and lifted up what is required to work toward more reciprocal relationships with community residents and nonprofit partners.

learning about the foundation itself, would be in a position to recommend measurable goals and actions that RMHF could adopt to foster greater health equity. In addition to having responsibility for an “equity and health framework” to guide the foundation, the application for the 2017 Fellowship promised:

- a network of advocates committed to fostering an equitable and healthy Richmond region,
- trust and new relationships among Fellows, and
- documentation of the Fellowship experience that others may use to facilitate further learning and action.

RMHF's first call for proposals directly invited candidates to be strategic advisors to help the foundation connect health to housing and the built environment, which were increasingly the social determinants of health that RMHF saw as most promising for potential impact:

Our mission is to foster an equitable and healthy Richmond region, and our board believes it is fundamentally unacceptable that health disparities exist in our region based largely on a person's ZIP

The 18 Equity + Health Fellows selected included nonprofit executives and staff, community organizers, health care and university professionals, regional planners, and leaders with a range of experience in policy and advocacy.

code. While we will continue to focus on increasing access to health, we are also exploring how RMHF can best make an impact on the social, economic, and policy conditions that contribute to poor health outcomes, or the social determinants of health. (RMHF 2016, p. 1)

To reduce the possibility of bias in the Fellows' selection process, RMHF invited a group of regional and national foundation leaders to serve as external reviewers. The 18 Equity + Health Fellows selected included nonprofit executives and staff, community organizers, health care and university professionals, regional planners, and leaders with a range of experience in policy and advocacy. Each was selected based on a track record of reducing health disparities, interest in helping RMHF create and implement a broad strategy, and a demonstrated commitment to racial and health equity.

The external reviewers deliberately selected diverse leaders who would challenge and stretch RMHF. Eighty-six applicants submitted proposals for the 18 Fellowships, and many noted the unique opportunity of being able to guide a foundation as it was formulating how to have an even greater impact. Those selected were compensated in the form of \$12,000 in general operating grants to their organizations to release them for their guidance and time over the course of nine months.

Once enrolled, foundation staff and trustees were committed to letting the planning process unfold among the Fellows without influencing the outcome. For staff, this meant removing themselves from the process of selecting the Fellows; for trustees, it meant limiting their participation in the equity and health agenda to voting on the recommendations made to them. To keep the leadership informed of major themes, the co-facilitators shared the minutes of each session and worked closely with the President and CEO to select speakers and topics. Trustees and staff attended presentations by several outside speakers but departed for the reflections and discussion afterwards. The intent was to limit the foundation's influence and to create a safe space that allowed the Equity + Health Fellows to speak without concern for how RMHF might respond.

After five daylong sessions with national and local speakers over nine months of reflection and deliberation, the Fellows prepared the culminating equity and health agenda to guide the trustees for the next three years (RMHF, 2017b). Not unlike an actionable strategic plan, this agenda addressed internal operational priorities for the foundation in addition to lifting up pressing community needs for attention. It set specific benchmarks for RMHF to reach by 2020, and welcomed trustees and staff to call upon the Fellows to help them drive the envisioned change. The report urged the foundation to make greater use of all the tools at its disposal, including public education and advocacy, convening, research, leadership development, and impact investing. The nonprofit Equity + Health Fellows' work resulted in four major recommendations with detailed strategies, and a dashboard of expectations for RMHF over three years. (See Table 1.)

2018–2019 Grassroots Cohort

One of the Fellows' primary recommendations — to engage more grassroots leaders in RMHF's work — motivated us to replicate the Equity + Health Fellowship with a much different scope in the second year, and to draw participants from nonpositional and grassroots movements in the region. While the first fellowship had focused

TABLE 1 Summary of Recommendations: 2017 and 2019 Equity + Health Fellowship Cohorts

2017 (Nonprofit) Equity + Health Fellowship Recommendations	2019 (Grassroots) Equity + Health Fellowship Recommendations
<p>1. Model and support practices across sectors that explicitly promote racial equity and improve health outcomes.</p> <ul style="list-style-type: none"> • Increase understanding of structural racism and ways to dismantle these barriers. • Adopt and advocate for organizational practices and structures that promote racial equity. 	<p>1. Support more representative and inclusive nonprofit leadership.</p> <ul style="list-style-type: none"> • Invest in the work of diversifying nonprofits’ executives and board leadership. • Address funding disparities in organizations run by people of color.
<p>2. Invest in the development and participation of traditionally underrepresented community members to be decision-makers and leaders in fostering equity.</p> <ul style="list-style-type: none"> • Advocate for and model the use of a racial equity framework for organizational and community decision-making in the region. • Develop and support a cohort of grassroots leaders to promote health equity. • Invest in long-term change to advance health equity and grassroots leadership through multiyear funding commitments. 	<p>2. Increase operational support for nonprofits.</p> <ul style="list-style-type: none"> • Create a nontraditional, flexible, accessible funding mechanism for the operational needs of grassroots organizations. • Advocate for living-wage compensation among area nonprofits.
<p>3. Be a catalyst for greater racial equity and inclusion in nonprofit hiring and governance in the region.</p> <ul style="list-style-type: none"> • Increase the participation and representation of diverse and unrepresented populations in RMHF board and staff decisions and positions. • Promote and support greater racial inclusion in hiring and governance among RMHF community partner organizations. 	<p>3. Advocate for racial equity.</p> <ul style="list-style-type: none"> • Provide funding to nonprofits to support racial equity work and training. • Invest in media strategies that highlight the links among race, health equity, and Richmond’s built environment.
<p>4. Advocate for federal, state, regional, and local policies that foster regional health and equity.</p> <ul style="list-style-type: none"> • Build capacity of the RMHF board, staff, and community partners to advocate for equitable public policies. • Develop a responsive and flexible process to identify public priorities and strategies for RMHF support. • Be a leader in educating the regional community on social determinants of health, their impact, and the role of policy. 	<p>4. Invest in an affordable built environment.</p> <ul style="list-style-type: none"> • Support the purchase of land that is affordable in perpetuity for low-wealth populations. • Invest in training sessions to bring together Fellows and local leaders in improving the built environment.
	<p>5. Advance the Fellows’ projects.</p> <ul style="list-style-type: none"> • Engage Fellows as consultants to RMHF. • Hold media events to showcase Fellows’ work.
	<p>6. Connect Fellows to influential, cross-sector networks.</p> <ul style="list-style-type: none"> • Introduce Fellows to affluent and influential partners that can support and enhance their impact. • Work with Fellows and partners to convene cross-sector events.

Source: RMHF (2017)

Source: RMHF (2019b)

on shaping RMHF policies and practices around health equity, the second — the “grassroots fellowship” — turned the focus outward and

invited 12 community leaders to strengthen and advance their own work in neighborhoods and communities throughout the region.

The decision to invest in grassroots Fellows was a significant departure for RMHF, shifting the nature of the Fellowship from strategic planning to individualized leadership development and community engagement. In part because of the success of the first Equity + Health Fellowship cohort, we had a desire to do more — to live out the first cohort’s aspirations with a new class of Fellows, improve the community, support local leaders, and learn something about how to support local grassroots advocates along the way. The foundation’s exuberance and willingness to innovate had been positively received to date, and we took on the risk to adapt the model without, it turns out, fully considering and appreciating what this new work would require to foster the desired relationships of trust and mutuality.

Applicants to the grassroots Equity + Health Fellowship were asked to develop and advance community-based projects over a nine-month period. The premise was that skilled grassroots and community leaders working to champion improvements in the built environment, to empower residents to become engaged, and to create neighborhoods of opportunity were essential to achieving more equitable regional policies and practices. From the outset, the charge for the second cohort was broader and more experimental than the first cohort’s strategic-advisor focus. While trustees and staff intended to have informal conversations and gain insights from the grassroots Fellows on how to support community-led efforts in the field, providing recommendations to the foundation was not central to the focus of the grassroots fellowship, as it had been with the design of the first cohort.

Unlike with the first group of Fellows, RMHF employed a nomination process intended to expand the applicant pool beyond its traditional networks. This approach was in part a response to the recognition that RMHF did not have connections to the resident leaders and underrepresented communities with whom it was hoping to build relationships and invest. Nominations for grassroots or traditionally underrepresented community members were welcomed, particularly among those working with “faith-based, civic, public, or nonprofit” groups

... to improve health outcomes through housing or the built environment in the urban and rural areas. ... Those who can champion improvements in the built environment, empower residents in low-wealth communities to become engaged, and create neighborhoods of opportunity are especially encouraged. (RMHF, 2018a, p. 1)

Twenty-four leaders were nominated for 12 Fellowships, which offered a \$10,000 stipend over nine months.

The grassroots cohort was also selected by an external team of independent reviewers. Each Fellow proposed to work on a current or new initiative in the Richmond region, ranging from improving transportation and reducing neighborhood gentrification to engaging underrepresented voices in community planning. Much of the Fellows’ time in the five full-day sessions, spaced over nine months, was devoted to providing support to each other for their own projects. As with the nonprofit cohort, the Fellows reviewed the region’s history and recent data with local leaders to establish a shared understanding of challenges and conditions, and studied the foundation’s assets and tools with its president and CEO. Fellows also heard from national and community experts on the methods and benefits of sharing a compelling personal narrative, how to set outcome-based goals, the social determinants of health, and approaches to grassroots organizing.

The learning objectives for the second group of Fellows were to develop new skills, improve community conditions through their projects and work, develop an increased understanding of health and the built environment with a racial equity lens, and, in the last of the five sessions, provide insights to the foundation on working with grassroots partners.

At the grassroots Fellows’ request, the foundation’s CEO and staff had a greater presence during their sessions than they had with the nonprofit Fellows. The second cohort wanted to understand how the foundation worked day to day, and sought to influence RMHF’s actions in real time. Foundation leadership and staff

TABLE 2 Models for Grassroots Leadership Fellowships

Model	Learning & Practice Outcomes	Model Strengths	Model Weaknesses
Individual Focus	<ul style="list-style-type: none"> • Leadership skills • Public narrative • Peer and community networks • Individualized support • Understanding of power 	<ul style="list-style-type: none"> • Individual gains in competency • Personal growth • Stronger networks • Connection to senior leaders • Progress toward a racially diverse region • Building on assets and gifts of participants 	<ul style="list-style-type: none"> • Curriculum will need to encompass range of learning levels, projects, and experience • Most effective with coaching and individual homework • Risk of Fellows' mobility • May reinforce dynamics of power and privilege • Risk of lack of succession or sustainability beyond one person • May undermine collective process by incentivizing certain individual behaviors
Organizational Focus	<ul style="list-style-type: none"> • Stronger governance • Healthier infrastructure • Sustainability beyond Fellowship • Implementation assistance 	<ul style="list-style-type: none"> • Strengthens an organization and its grassroots leaders • Improves nonprofit-management skills of team • Facilitates peer problem-solving • Sustainability beyond Fellowship • Engages team of people to address project at different levels • Builds on assets of team and organization 	<ul style="list-style-type: none"> • Risk of favoring small group of organizations • Greater numbers of participants to manage • May reinforce dynamics of power and privilege • Risks favoring organizational improvements without addressing systemic problems • Grassroots leaders do not always attach to traditional organizations • May undermine collective process by having pre-established teams and organizational norms
Community (Regional or Place-Based) Focus	<ul style="list-style-type: none"> • Improved conditions in neighborhood • Policy change • Increased understanding of priority issues • Greater activism 	<ul style="list-style-type: none"> • Potential for direct connection to local change • Change informed by guidance from peers, facilitators, and networks • Potential alignment with one or more 2017 RMHF Equity and Health agenda goals 	<ul style="list-style-type: none"> • Can have only limited impact in short time span • May be time for planning only versus implementation • May favor some communities, neighborhoods, or agencies • Problem-focused versus asset/strength-focused • Long-term commitment critical to momentum and impact
Foundational Focus	<ul style="list-style-type: none"> • Long-term problem-solving • Assessment of what works • Catalyst and convener for grassroots leadership and movement 	<ul style="list-style-type: none"> • Allows foundation entry into new networks • Laboratory for learning and advising • Invests in leaders who have the potential to transform the field 	<ul style="list-style-type: none"> • Indirect connection to foundation policy and practice • Could put foundation in direct service sphere with neighborhood projects

provided background information in several sessions, shared the values and history behind the creation of the Fellowship, and encouraged the Fellows to be “very direct and unrelentingly bold” with their final insights into what was needed at the grassroots level (RMHF 2018b, p. 6).

RMHF chose community-level change as the primary focus for the grassroots cohort. (See Table 2.) The design, however, also included an individual focus, organizational focus, and foundation focus (MDC, 2003; Webb et al., 2013; Brown, 2002). As we will discuss later, selecting

and consistently communicating only one of the four areas of learning might have created a more integrated and consistent experience for the grassroots fellows.

It is important to note that the Equity + Health Fellowships were the most visible of the initiatives that the foundation's trustees and CEO were undertaking to foster greater health equity between 2016 and 2019. With a relatively small endowment of \$70 million, the trustees and the new CEO, Mark D. Constantine, understood that they would have a greater impact by using all resources available to them in addition to their grantmaking. Drawing on the wisdom of such philanthropic leaders as the late Paul Ylvisaker; Mary Reynolds Babcock Foundation Deputy Director Gladys Washington; Winthrop Rockefeller Foundation Executive Vice President Cory Anderson; Race Forward President Glenn Harris, Dr. Jim Marks, former executive vice president of the Robert Wood Johnson Foundation; and James A. Joseph, former U.S. ambassador to South Africa, a team of trustees and staff were also considering public education and advocacy, convening, research, leadership development, and impact investing as strategies to accelerate and supplement their work in fostering greater health equity (Council on Foundations, 2014).

Among other changes, this commitment informed the foundation's decision to take the following steps:

1. Work in partnership with Mission Investors Exchange to elevate impact investing through a convening of foundations in Richmond.
2. Explicitly change its investment policy statement to allocate up to 3% of its assets for community-based impact investing.
3. Support a market value analysis as part of its participation in the Invest Health effort led by the Reinvestment Fund in partnership with Robert Wood Johnson Foundation.
4. Invest in local artists and artist collectives as change leaders.














During the course of their time at the foundation, both cohorts of Fellows were exposed to and contributed to the thinking and development of this overall strategy.

Major Outcomes

The trustees have instituted many of the non-profit Fellowship cohort's recommendations and are in the process of incorporating the grassroots cohort's in its current work. Since 2017,

- More than 250 individuals have received training on the links between structural racism and health equity.
- All current and future grantees receiving funds greater than \$25,000 are strongly encouraged to participate in learning sessions focusing on racial equity which introduce them to the racial equity assessment process provided by RMHF.
- 14 Equity + Health Fellows are serving on foundation committees and task forces.
- Eight grantee teams included community residents in the design and execution of their grants as part of a recently completed Request for Proposals.
- Work is underway to give priority funding to nonprofits who have, or are actively working to, achieve diversity on their boards.
- The foundation approved its first general operating grants to support policy and advocacy, focusing on Medicaid expansion and increasing affordable housing.
- RMHF hired its first director for Health Equity and Community Building, to deepen the foundation's work with residents in local neighborhoods.
- All grantmaking staff have been designing multiyear strategies that integrate

TABLE 3 How Program-Design Elements Worked for Each Cohort

Elements	Nonprofit Cohort	Grassroots Cohort
Clear goals		
External reviewers		
Inspiring speakers		
Compensation		
Exposure to regional networks		
Time for peer learning and exchange		
Emphasis on communication skills and outcomes		
Policy focus of recommendations		
Emphasis on personal growth		
Increased understanding of racial equity		

the recommendations of both cohorts of Fellows.

- The Virginia Center for Inclusive Communities led RMHF’s board and staff through intensive sessions focusing on implicit bias, privilege, intersectionality, and the racialized context of Virginia.
- In partnership with the local Robins Foundation and the City of Richmond, RMHF has invested resources to help make the city a member of the Government Alliance on Race and Equity (GARE).

In addition to these results, the Fellowships have birthed new networks, contributed to reported self-confidence among individual Fellows, and improved organizational practices. These findings, as well as those on the challenges of the two Fellowship models, come from two internal evaluations conducted by Chicago-based Pratt Richards Group that were undertaken primarily to help RMHF understand what worked and didn’t and how the programs might go forward. The evaluations consisted of pre- and

post-program surveys for both sets of Fellows, individual interviews with Fellows and several external stakeholders, and a focus group of the nonprofit Fellows. The results also reflect anonymous surveys collected after each session by the co-facilitators, and our reflections and observations from managing the process. A final section draws out lessons applicable to all foundations, including those not considering a fellowship program. (See Table 3.)

Meaningful Change and Confidence

Each class of Fellows reported gains in confidence and leadership skills and, in particular, their belief in their own potential to bring about change and in the value of asking others to join in advocacy. They learned the power of the group in advancing large-scale projects and in finding allies to strengthen their own work and voice. The grassroots cohort reported gains in communication and community engagement skills as a result of the fellowship, and being better able to explain how their community-based project would improve conditions than when they entered the program (Pratt Richards Group 2017). Several participants in the nonprofit cohort

Throughout both Fellowship cohorts, participants were encouraged to think collectively, tap each other for engagement, and develop and nurture networks among themselves and with the experts brought into the meeting spaces.

became more aware of the influence they had and could have. As one Fellow put it,

Overall, one of the greatest insights I gained during this experience is that I have some power. I may not have a lot, but I have some and I can ... squander [it], or I can use it. I can use my position managing the citywide [project] to make sure that underrepresented communities are included. I can use my network to find more resources and elevate big, hairy, wicked problems to include a wider audience. (RMHF, 2018c, p. 3)

New Networks

In both cohorts, the Fellows formed close bonds with each other and expanded their social and resource networks substantially. They became comfortable advocating collectively for change as well as challenging one another's statements and beliefs during the sessions, peer coaching, committee meetings, and social events. Particularly in the second cohort, Fellows managing distinct projects — a transportation advocate, a neighborhood activist, a resident leader of a mobile home park — formed alliances to accelerate their work.

The first cohort of Fellows communicated in their own early-session evaluations the desire to have more informal networking and sharing time. As a result, the program built more time for peer learning and accountability into the later sessions of the nonprofit fellowship and the full design of the grassroots cohort. This relationship-building component was based on two premises:

1. Knowing more people in diverse social circles would help leaders achieve their professional goals and gain exposure and influence; and
2. Particularly in small and mid-size cities, a web of people can affect power and bring about policy change at the local level.

The results were striking. The Fellows in the second cohort not only offered tailored guidance to one another, but also worked together outside of the five sessions to advance one another's work in the region. Fellows co-wrote an editorial on transportation, supported Black Pride events, and hosted community events on food justice and neighborhood revitalization. They reported that none of those events would have taken place without the Fellowship and, in the independent evaluation, reported growing their larger professional networks (Pratt Richards Group, 2019).

Throughout both Fellowship cohorts, participants were encouraged to think collectively, tap each other for engagement, and develop and nurture networks among themselves and with the experts brought into the meeting spaces. In the grassroots cohort, the Fellows were particularly interested in access to networks outside of their peers — to professionals they perceived as having power and influence in the region. To facilitate these conversations in one session, the program invited in area philanthropists, business people, and higher education executives who had seemed to “crack the code” of access to the Richmond region's power structure. In a reflection, several Fellows shared a surprising finding: that they had already possessed what they needed to succeed without the endorsement or invitation of others.

In addition to growing the Fellows networks, RMHF trustees and staff benefited significantly from their new relationships with individuals in both cohorts, growing their own professional connections and knowledge. Program staff became savvier about the pipeline of available investments in greater health equity, and trustees became better acquainted with leaders outside of traditional organizations.

Value of a Space to Share

In interviews with Fellows, the independent evaluation of the 2016–2017 nonprofit cohort confirmed the value of a confidential space without foundation staff or leaders present, noting that the “facilitators helped create a safe space for open dialogue — even on controversial or highly charged issues.” The action-oriented approach that culminated in the creation of a set of recommendations for RMHF was deemed a highly valuable experience (Pratt Richards Group, 2017, p. 3) In the second cohort, participants reported a “strong sense of connectedness among their particular cohort” as a result of the intense five sessions and the relationships that developed. As one Fellow put it,

There was a sense of camaraderie that developed. I felt like it was the first time there had been an intentionally diverse group together that said we are of one mind and one voice and this is the change we want for our community. We had disagreements and hard conversations, but there was definitely a circle of trust. (Pratt Richards Group, 2019, p. 4)

Community Impact

The grassroots Fellows advanced impressive projects in housing, transportation, place-making, and amplifying community voices. One Fellow formed a resident association in his mobile home park to address substandard living conditions such as poor drainage systems and inadequate sidewalks connecting children to school. Another amplified the voices of people traditionally not included in city land-planning decisions, while another mobilized support to redevelop a physical bridge between neighborhoods with different income levels and races into a park celebrating the contributions of local African-American residents. The assumption at the heart of the Fellowship was affirmed: Residents in communities with vision, commitment, relationships, and power can make critical community change a reality and be powerful partners and allies.

The nonprofit Fellows’ primary responsibility was to create a plan for RMHF, and they reported being pleased with their ability to develop a collective voice. They also expressed

Both groups of Fellows appreciated the use of anonymous evaluation forms after each session, which were then used to tweak the following session and develop more responsive programming.

pride in recommending internal changes and new practices for the foundation in the community that were accepted by the trustees. Yet they were also cautious, noting that so much of the result would depend on RMHF’s future commitments to make the internal changes necessary, stay bold, and dedicate resources to move the recommendations forward.

Organic and Structured Program Design

Both groups of Fellows appreciated the use of anonymous evaluation forms after each session, which were then used to tweak the following session and develop more responsive programming. The nonprofit Fellows described the program as “well organized and substantive,” (Pratt Richards Group, 2017, p. 4) while appreciating the “organic nature of the program that incorporated their feedback and suggestions throughout” (p. 4). In this first cohort, one Fellow wrote that the facilitators “guided the process but not the outcomes” (p. 4); this allowed the Fellows to be direct strategic advisors to the foundation without interference. In the second cohort, the program design was in some ways too structured for a group that sought more informal time with RMHF and its networks. Still, the consistent evaluations and incorporating of suggestions contributed to a shared sense that this was a pilot, and that the Fellows were part of adapting and innovating along the way.

Managing Expectations

One of the distinctions between the two cohorts lay in the Fellows’ sense of completion at the end

From this experience of designing, managing, evaluating, and reflecting on the two Fellowships, we draw out some broader lessons for funders seeking, through a fellowship program or other approach, to partner authentically with community representatives.

of their fellowships. For the first cohort, Fellows' responses led the evaluators to find the engagement a "resounding success" that "exceed[ed] the expectations of participants and those within and outside of RMHF" (Pratt Richards Group, 2017, p. 2). In the grassroots cohort, more of the participants indicated a lack of clarity on the overall goals of the Fellowship. The nonprofit cohorts' emphasis on shaping policy and practice as strategic advisors was clear, while the grassroots cohorts' mandate to "get things done" in the community while sharing their insights left more room for interpretation. In addition, many of the grassroots Fellows desired the same extensive strategic advisor role — mapping out the future of the foundation — that the first cohort had occupied the year before.

Despite the program's attempts to communicate the outward-facing intent of the grassroots cohort, some participants understood that they were brought together to work on internal issues for RMHF. This implicit understanding was perhaps a holdover from what was known about the first cohorts' approach to influencing RMHF planning and policymaking. The nomination process may have also been a factor in that many of the Fellows did not have direct contact with RMHF prior to applying, as had the first cohort of Fellows, and thus came in with expectations obtained by word-of-mouth.

Conversations on Race

At least two of the five sessions for both cohorts of Fellows were dedicated to exploring racial injustice — historical patterns in the region, structural barriers in public and private organizations, and Fellows' personal histories and perspectives on race and racism. In the first cohort, conversations about race were largely focused on conditions outside of the Fellows' specific experiences and instead on localities, organizations, and structures, and the sessions were deeply influential in the Fellows' recommendations to RMHF. Almost all of those advocated for the RMHF to be more visible, proactive, and genuine in speaking out about racial injustice as a factor in health inequities. In interviews with the evaluators, some of the nonprofit Fellows said the discussions about race inspired them to take risks in their own organizations, such as approaching hiring decisions with contractors and staff differently. For example, after a conversation with Glenn Harris, now president of Race Forward, one of the Fellows remarked,

This fellowship has given me the opportunity to manage up — to bring thriving and equity together. Institutions want to separate those, but they are together. This gave me the toolkit — concrete tools and examples. ... My institution wants to chase the best in the business and now I can show them: "Look at what Seattle is doing." I would have pushed this forward, but I have a different framework and want to think about it in a different way. (Pratt Richards Group, 2017, p. 6)

The grassroots Fellows, on the other hand, had significant lived experience advocating for racial justice and experiencing racism personally, and, while they saw the value of the conversations and content, they did not report personal growth or change in the independent evaluation. As the evaluators noted, "One area in which participants did not experience change or growth was in their knowledge of racial equity as an issue" (Pratt Richards Group, 2019, p. 7). In fact, the grassroots Fellows were instrumental in expanding RMHF's understanding of racial equity by making clear what it means to acknowledge privilege and truly address racial biases and inequitable structures.

Throughout the sessions when foundation staff were present, Fellows urged staff to recognize their extensive capacity, power, and responsibility to achieve regional health equity with a racial equity lens, particularly given RMHF's resources and privilege. They called out an uneven power dynamic in problem-solving together, given that decision-making would be left to the trustees and foundation leadership. Others wanted staff members themselves to use the foundation's reputational capital to help expand the Fellows' networks and, in some cases, to offer additional funding. In short, RMHF did not allow enough time to wrestle with the very real historical and current racial injustices and their personal and institutional impact on the Fellows and our community.

Lessons for the Field

From this experience of designing, managing, evaluating, and reflecting on the two Fellowships, we draw out some broader lessons for funders seeking, through a fellowship program or other approach, to partner authentically with community representatives. There are many components that we would retain:

- the exceptional speakers who provided deep expertise on grassroots activism, social determinants of health, innovative funding strategies for health equity, regional conditions, and historical and structural racism in the region and within institutions;
- the emphasis on both building networks within the cohorts themselves and introducing the Fellows and trustees to networks that could facilitate their work;
- a rigorous selection process using outside reviewers;
- nine-month Fellowship stipends;
- co-facilitation with consultants — one African American and one White — with expertise in racial equity, community development, and strategic planning;

Be singular in focus, know your expertise, and be clear about expectations when inviting community members into partnership. Having precise and limited organizational goals for an initiative's success gives clarity to participants and makes it clear how to finish strong.

- a protected space for Fellows to share and discuss what mattered in their individual and collective projects and their professional and personal lives; and
- integration of Fellows' expertise and recommendations into RMHF's governance, program, and operational practices.

However, we also offer four insights that might help others go beyond replication of either Fellowship and improve any type of initiative that focuses on expanding knowledge and building place-based leadership for genuine change in a community.

1. Define and Communicate Intention and Boundaries

Be singular in focus, know your expertise, and be clear about expectations when inviting community members into partnership. Having precise and limited organizational goals for an initiative's success gives clarity to participants and makes it clear how to finish strong.

In the first cohort, the role of strategic advisor to the RMHF was open to some interpretation, but ultimately clear on the intended results. Additional benefits for Fellows — new networks, greater learning, increased confidence — were supplementary to the model. In the second

Truly assess your organization's and leadership's readiness to give up authority and influence to shape programs. Setting honest expectations for what power and influence philanthropic organizations are willing to use and give away creates a readiness for change.

cohort, the expectations of the Fellowship were less uniform and consistent; some Fellows made significant progress on their individual projects or strengthened their networks, but were uncertain whether they had met the mark — for themselves or for the foundation. More clarity and consistency for the grassroots Fellows would have been beneficial. In communicating about the second Fellowship, RMHF fell short in sharing how the scope grew from the recommendations of the first cohort and yet was different, and in being clear about whether successful projects would be funded by the foundation in the future.

The grassroots Fellows wanted more direct and immediate change in the way that the foundation operated, imploring RMHF to act on its commitment to health equity through a racial and ethnic lens with all the tools at its disposal — reputational capital, funding, networks, and national influence (RMHF, 2019b). While affirming the opportunity the Fellowship provided and reporting professional growth, stronger community networks, and progress in their work, these leaders wanted more than incremental change within the constraints of what the staff and leadership of a small health care foundation perceived as possible in the moment. Communicating and retaining precise, clear, and limited goals for the Fellowship may have given

the second group of Fellows a more definitive sense of achievement.

2. Be Honest About the Power You Are Willing to Share

Truly assess your organization's and leadership's readiness to give up authority and influence to shape programs. Setting honest expectations for what power and influence philanthropic organizations are willing to use and give away creates a readiness for change.

In Greater Richmond (and likely in many other communities), relationships between nonprofit leaders, community activists, and foundation staff have historically exhibited power differentials. At a most basic level, organizations apply for resources to address priority areas determined by funders. While this dynamic is changing and these philanthropy–nonprofit relationships can be framed as partnerships, philanthropic staff and boards remain largely in control of decision-making. In designing the Fellowships, RMHF sought to begin the process of breaking down hierarchies and developing new relationships of trust in an effort to be better able to understand, target, and support effective change efforts.

Philanthropic leaders can manage expectations by deciding internally on the level of influence they are ready to cede before inviting others in from their communities. Members of the first nonprofit cohort felt they were heard and saw that the RMHF trustees were serious about the equity and health agenda Fellows presented to them. Inviting grassroots activists into a foundation in the second cohort and not expecting them to advocate for more control and influence was, in retrospect, naïve and perhaps irresponsible. The recommendations to RMHF from the grassroots Fellows were not considerably more “demanding” than those of the first cohort, and many have since been adopted by the trustees. (See Table 1.) In fact, the consistency between both is striking. But the grassroots cohort advocated for a more equitable institution in its final report to the foundation, calling for the “necessity of RMHF to be adaptive and to internally evolve its policies and staff capacity so as to be

welcoming and realize non-hierarchical, anti-racist, anti-classist, anti-sexist and anti-ableist power dynamics while engaging marginalized communities” (RMHF, 2019b, p. 15).

This assessment of where the foundation was in its culture and practices powerfully demonstrates how the word “equity” is heard and understood by people. In large measure because of the work and voice of the second cohort, RMHF trustees and staff have begun exploring how to more authentically set and join tables with community members, invest in local leaders, and integrate truly participatory grantmaking into their work and practice. The feedback from the second cohort of Fellows has been a powerful and needed catalyst for growth and change. The experience lifted up a series of critical questions and practices that the foundation must consider if it is going to walk the walk not just talk the talk of advancing health equity.

The grassroots cohort brought to the table powerful and visionary leaders who, for the most part, had less experience working with foundations, applying for grants, and navigating the culture and practices of institutional philanthropy than did the nonprofit cohort. In necessary and very important ways, the cohort tested the limits of sharing power as Fellows sought to have policy and planning influence with RMHF. Fellows clearly identified the practices that reinforce the power hierarchy within foundations, distort relationships, and limit impact — such as cumbersome grant strategies, privileged access to established networks, an inability to move quickly without board approval, and assuming an unequal relationship in decision-making.

Foundations cannot and should not readily extract themselves from the money-giving part of their role; the effective investment of their financial resources to address community needs is a fundamental part of their mission. Nor should they deny that they hold relative wealth and privilege in a local community. What they can control, however, is determining when they are fully ready to share control of their reputational, moral, social, and economic resources

Pace internal organizational change to set realistic expectations in the face of urgent community needs.

with community partners, and then doing the internal work to determine how to proceed. Without this level of internal work and clarity — and clear communication inside and outside of the walls of philanthropies — foundations can further undermine the trust and relationships we often speak of and to which we aspire.

3. Calibrate the Pace of Change

Pace internal organizational change to set realistic expectations in the face of urgent community needs.

In October 2017, a receptive RMHF board of trustees received the final recommendations of the first nonprofit cohort and voted to advance all four of them, complete with strategies and targeted outcomes (RMHF, 2017b). As one trustee suggested (only somewhat humorously) on the evening the Fellows shared their findings, the recommendations were so good that the board would have felt better if the presentation had been given to a stadium of 8,000 people rather than to a staff of five and 13 trustees.

Foundation staff and trustees dove into implementing the four recommendations. In retrospect, they did not realize the capacity and understanding it would take to make the cultural and programmatic shifts called for in the report. They felt a desire to keep the momentum going and to be responsive to the call to engage a more diverse group of grassroots leaders, and to continue the positive learning and action that the first group had inspired. They went with the enthusiasm and spirit of learning.

The Fellows of the nonprofit cohort themselves understood the importance of pacing. The cohort’s evaluation, citing interviews with participants, reported:

Allow time to reflect on both the emotional and pragmatic work of confronting racism.

Given the bold nature of the recommendations, and the likelihood that it will take some time and effort to do the internal change work described, ... Fellows suggested that RMHF should not try to change the program structure or participants too quickly, as this could undermine progress and the ultimate success of the program. To this end, RMHF should think carefully about how it engages “grassroots” leadership in the program — something that has been identified by Fellows as an area for growth. (Pratt Richards Group, 2017, p. 9.)

The grassroots Fellows, once on board, were not disposed to slow things down. Many noted that creating a space for networking and learning was a baby step for RMHF in supporting change that addressed historical racial inequalities resulting in poor health outcomes in impoverished neighborhoods throughout the region. Some sought the foundation’s ongoing support to advance the individual and collective work they had begun. Others saw the nine-month time frame as artificial in ongoing community change work, and almost all saw it as just a beginning and not the end of their projects. Most Fellows’ projects were still well underway when the Fellowship period concluded.

Both cohorts of Fellows were accurate about what it takes to bring about disruptive change in a region. What was distinct was the pace at which it was expected. Managing change and conflict is an art form that requires keeping the heat high enough to make people uncomfortable but at a pace that can be tolerated (Heifetz & Linsky, 2002). In many respects, foundations can only move as quickly as the majority on their boards, their staff capacity, and their community environment allows. RMHF underestimated the capacity of its staff to manage, respond to, and honor the engagement of the Fellows in current time, let alone to consider the long-term reach of both cohorts’ recommendations.

When developing a Fellowship with communitywide aspirations, the foundation learned the importance of establishing a pace which the organization can achieve productively and be inclusive and respectful of stakeholders — where all parties can truly listen and wrestle through difficult conversations together and on their own. In an effort to be responsive to the recommendations of the first class of Fellows, RMHF fell short in building in more time for listening, planning, and thinking through the cultural and structural implications of implementing the proposed actions. While the investment in grassroots and community leaders was the correct and needed one, the foundation would have been wise to take more time to do the critical internal work required.

4. Be Explicit About the Influence of Race

Allow time to reflect on both the emotional and pragmatic work of confronting racism. When designing a fellowship that explicitly addresses race and brings in people of nontraditional or neighborhood leadership, we learned to approach the task with care, space, and intentionality. To enter as co-learners and co-designers shifts the power balance and changes the expectations of all involved and allows more time to reflect on and discuss individual experiences.

Truth be told and simply put, conversations the foundation had with the grassroots Fellows about privilege and race were uncomfortable and necessary. In ways different from the first cohort, the second cohort forced us to understand how everything matters in trust and relationship building — who sets the table, which voices are privileged, what power looks like, and how it can be used. For RMHF, the grassroots cohort provided an even deeper and disruptive learning experience that ultimately was well worth the risk. One of the most important contributions the second cohort of Equity + Health Fellows brought to the foundation was to bring to light the internal work it still needs to do with its board, staff, and practices in order to play a larger regional role to speak out on health and racial equity. Another was the importance of creating space and capacity for grassroots organizations to do this work on their own.

The grassroots Fellows affirmed that RMHF was not fully ready to be an advocate for health equity through a racial and ethnic equity lens without having its own equitable policies and practices in place, and being truly receptive to a shared power relationship. They urged trustees and staff to acknowledge their privilege as a grantmaker and source of power in the community.

Ultimately, RMHF learned that engaging the true experts in community organizing and the impact of racism means understanding and recognizing that there are people in the region who can support grassroots leaders and discussions about race much more effectively than a health foundation can. In this case, the foundation might have been wiser to invest resources in the right people and organizations embedded in the community, rather than owning the role itself.

Conclusion

Less than two years after the first Equity + Health Fellowship concluded, RMHF is engaging hundreds of new colleagues, peers, and community allies in its education, grantmaking, and investment strategies, and learning alongside residents. In their final recommendations, both cohorts of Fellows commended the foundation for taking the risk to open its platform and resources to others, and urged it to increase its advocacy role — for example, amplifying the need to diversify the nonprofit field in the region and modeling this change within its own leadership and team. With the Fellows' assistance, RMHF is taking steps to do this and doing its best to stay accountable to these individuals who committed their time and energy to support the foundation.

Few fields have philanthropy's capacity and room to innovate. With a great degree of freedom to set and pursue priorities, philanthropic organizations can test out ideas and seed promising practices. Through the two fellowship cohorts, RMHF trustees and staff ventured into a new way of working in equal partnership with people and organizations in the region. As intended with the nonprofit cohort, the foundation gained a road map for operationalizing its commitment to health equity. With the grassroots cohort,

though the goals were more diffuse, the trustees and staff gained a deeper appreciation and understanding of the full organizational and personal commitment it takes to address racial equity.

Staff and boards at foundations are figuring out new ways to share power with communities and to do the business of investing resources. The Equity + Health Fellowships, while imperfect, had profound effect on RMHF and, it hopes, on many of those who completed this journey with us. What made them impactful was the willingness of 30 individuals who cared enough about the community to take a risk and the trustees who had the courage to call for guidance, step back, and listen.

These outcomes, challenges, and insights scratch the surface of all that is transferable to philanthropic decision-making and practice. By understanding our boundaries, moving from a traditional funding role to a deeper awareness of our power and privilege, and pacing and sequencing internal change, foundations have the potential to be stronger and trusted allies to community partners. By investing in and strengthening networks among community influencers, and being explicit about race and the historical marginalization of underrepresented communities, foundations can use their social and financial capital to address power and health inequities directly. While a foundation may never be entirely "ready" to undertake this work, that is not a reason to delay: With right-sized expectations, tolerance for discomfort, clear communication, respect, and openness for change, foundations can be well on their way to achieving greater equity in their communities.

Acknowledgments

We are indebted to Susie Pratt and Julie Richards of Pratt Richards Group for their formative evaluations of the Equity + Health Fellowships, to the RMHF trustees, and to the 30 Equity + Health Fellows for their investment in the Richmond region.

A special thanks to Dr. David W. Camp (nonprofit cohort) and Ebony Walden (grassroots cohort) for their able co-facilitation and insights.

References

- BROWN, P. (2002). *Promoting grassroots leadership development: The role of a learning program*. Chicago, IL: Chapin Hall Center for Children, University of Chicago. Retrieved from <https://www.mrbf.org/sites/default/files/Promoting%20GLD.pdf>
- COUNCIL ON FOUNDATIONS. (2014). *Beyond grantmaking: Reimagining the potential of the community foundation in its second century*. Presentation by Ambassador James A. Joseph at the Council on Foundations Fall Conference for Community Foundations, October 20, 2014. Retrieved from <https://www.cof.org/content/beyond-grantmaking-reimagining-potential-community-foundation-its-second-century>
- HEIFETZ, R., & LINSKY, M. (2002, June). A survival guide for leaders. *Harvard Business Review*. Retrieved from <https://hbr.org/2002/06/a-survival-guide-for-leaders>
- MDC INC. (2003). *Fertile ground: Reflections on grassroots leadership development*. Winston-Salem, NC: Mary Reynolds Babcock Foundation.
- PRATT RICHARDS GROUP (2017). *Richmond Memorial Health Foundation Equity and Health Fellowship, Final Evaluation Report*. Internal document.
- PRATT RICHARDS GROUP (2019). *Richmond Memorial Health Foundation Equity + Health Fellowship Cohort 2, Final Evaluation Report*. Internal document.
- PUTNAM-WALKERLY, K., & RUSSELL, E. (2016). *The road to achieving equity: Findings and lessons from a field scan of foundations that are embracing equity as a primary focus*. Westlake, OH: Putnam Consulting Group.
- RICHMOND MEMORIAL HEALTH FOUNDATION (2016). *Equity + Health Fellowships: A Design and Action Lab*. Internal document and website posting.
- RICHMOND MEMORIAL HEALTH FOUNDATION. (2017). *Equity + Health Fellows report*. Richmond, VA: Author. Retrieved from http://www.comunitasconsulting.com/wp-content/uploads/2017/07/RMHF_Fellows_report-2017-v2_web.pdf
- RICHMOND MEMORIAL HEALTH FOUNDATION. (2018a). 2018 RMHF Equity + Health Fellowship Call for Nominations. Internal document and website posting.
- RICHMOND MEMORIAL HEALTH FOUNDATION. (2018b). E+H November 13 session notes. Internal documents.
- RICHMOND MEMORIAL HEALTH FOUNDATION. (2018c). *Equity + Health Fellows, individual Fellows' final reports*. Internal documents.
- RICHMOND MEMORIAL HEALTH FOUNDATION. (2019a). *Equity and health fellowships*. Richmond, VA: Author. Available online at <https://www.rmhfoundation.org/fellowships/equity-and-health>
- RICHMOND MEMORIAL HEALTH FOUNDATION. (2019b). *Equity + Health Fellows class 2 report*. Richmond, VA: Author. Retrieved from http://rmhfoundation.org/wp-content/uploads/2019/10/RMHF_EHFReport_Final_Pages.pdf
- WEBB, A., WOODWARD, A., OVERTON ADKINS, B. J., PARKER, D., WEBB-PETETT, F., CAMPBELL, J. L., ... GOULD, S., (2013, July 25). *Grassroots leadership development: Workbook for current or aspiring grassroots leaders*. Battle Creek, MI: W.K. Kellogg Foundation. Retrieved from <http://www.racialequitytools.org/resourcefiles/kellogg.pdf>
- ZIMMERMAN, E., HALEY, A., WALKER, A., WOOLF, S., NGUYEN, K., SHUE, W., ET AL. (2016). *Health equity in Richmond, Virginia*. Richmond, VA: Virginia Commonwealth University. Retrieved from <https://societyhealth.vcu.edu/media/society-health/pdf/RVA-HealthEquityFINAL.pdf>

Saphira M. Baker, M.P.A., is the founder and principal of *Communitas Consulting*. Correspondence concerning this article should be addressed to Saphira M. Baker, *Communitas Consulting*, 1839 Edgewood Lane, Charlottesville, VA 22903 (email: baker@communitasconsulting.com).

Mark D. Constantine, Ph.D., is president and CEO of the *Richmond Memorial Health Foundation (RMHF)*. Correspondence concerning RMHF should be addressed to Mark D. Constantine, President and CEO, RMHF, 4901 Libbie Mill E Blvd, Suite 210, Richmond, VA 23230 (email: mconstantine@rmhfoundation.org).