

# The Foundation Review

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Volume 11 | Issue 4

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12-2019

## Editorial

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### Recommended Citation

Behrens, T. R. (2019). Editorial. *The Foundation Review*, 11(4). <https://doi.org/10.9707/1944-5660.1498>

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# Editorial

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Dear readers,

As sometimes happens, in this issue we serendipitously have several articles on a common theme; in this case, the theme is capacity building. These articles confirm that while there is no one right way to build capacity, there are some general principles.

**Kim, Schottenfeld, and Cavanaugh** describe the results and implications of an evaluation of a coaching program for multisectoral community partnerships to address health and health inequities. They found that the coaching strengthened some partnerships' capacity, especially their ability to engage in systems change and advocacy. They also note that partnerships are often led by professionals without lived experiences of inequity, and that coaching around inclusion may be less effective than funding partnerships that already prioritize more grassroots leadership.

The Ohio Department of Mental Health and Addiction Services found that many nonprofits lack capacity to collect and use data, preventing them from competing effectively for federally funded prevention services. The department partnered with two nonprofit organizations and a university to create an investment strategy that provided monetary awards to community organizations and included intensive, customized training and technical assistance. **Milazzo, Raffle, and Courser** identified the multi-year, tiered support and peer learning as two of the keys to successful capacity building.

**Loomis, Thomas, and Taylor** discuss the capacity-building funding experiences of Methodist Healthcare Ministries of South Texas, which created a \$1.5 million capacity-building program for organizations doing front-line work at the U.S. — Mexico border. They suggest that funders

need to consider their own role (when to step in and when to step back), how to sustain the results of capacity building, and how to use evaluation to facilitate learning.

Community foundations have the potential to promote collaborative learning in a variety of ways as conveners, funders, and, in some instances, as nonprofit capacity builders. **Bingle** focuses on nonprofit capacity building by Illinois community foundations. He categorizes these efforts as transformation or transactional, noting that different circumstances call for one or the other. Foundations identified lack of time as the biggest barrier to capacity building.

**Altman Smith and Taylor** note that nonprofits often find it challenging to find providers best suited to meet their capacity-building needs, especially true when looking to strengthen racial equity capacity. The Kresge Foundation's Fostering Urban Equitable Leadership program had sought to build both the capacity of grantees and the capacity of providers of capacity development. Among other benefits, bringing capacity builders together enabled greater collaboration and helped them identify opportunities to either expand their offerings or refer to other service providers.

The articles in this issue that do not focus on capacity building all address how funders engage with communities. **Baker and Constantine** describe how a fellowship program supported the Richmond Memorial Health Foundation's transformation from a health legacy foundation focused on access to health care to one promoting regional health equity through a racial and ethnic lens. The trustees' decided to invite community members to inform and advance the health equity strategy through two

distinct community fellowship programs — the Equity + Health Fellowships. This article highlights the outcomes of both programs. The experience enhanced the foundation's impact and learning, and enabled the foundation to identify areas that require strengthening as its transformation continues.

**Wilson, Bromer, and LaRoche** explore the need to balance foundations' internal agenda-setting, intellectual frameworks, and methods with engaging competing voices from the field. The William Penn Foundation has endeavored to achieve this balance in its support for watershed protection and restoration. Based on an evaluation conducted during the first four years of the initiative, the article examines four interrelated tensions and how each of these tensions has played out as the initiative has evolved.

**Easterling, Gesell, McDuffee, Davis, and Patel** describe cultivation as a decentralized approach to place-based philanthropy. Cultivation presumes that the seeds of high-payoff solutions are already circulating somewhere in the community. This article describes the cultivation approaches taken by the Clinton Foundation, Kate B. Reynolds Charitable Trust, and The Colorado Health Foundation, and presents findings from an evaluation of the Clinton

Foundation's Community Health Transformation model. It also introduces a taxonomy of the six roles foundations play in place-based philanthropy, which is useful in clarifying the intent of place-based foundations.

One of the guiding beliefs behind the existence of this journal is that the oft-repeated statement, "When you've seen one foundation, you've seen one foundation" is not true. There is complexity inherent in the variety of types of foundations and the issues they are addressing. We can learn from each other about how to best match what foundations can offer with the needs of grantee organizations, communities, and contexts.

Finally, as we close out Volume 11, I want to thank the many individuals who make TFR possible. Our authors regularly tell me how much they appreciate the constructive reviews from our peer reviewers; this year's are listed on pages 138–139. Our copyeditor, Domenica Trevor, gets frequent kudos from our authors. Kristen Anderson and Allyson King from Allen Press manage our review processes. We think our journal is beautiful; thanks to Karen Hoekstra for her design work. And finally, Pat Robinson is involved every step of the way and keeps it all together. My deepest gratitude to the whole team.



A handwritten signature in dark ink, appearing to read "Teresa R. Behrens".

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